Department of the Treasury Internal Revenue Service

Т

## EXTENSION GRANTED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Αŀ	or th	e 2022 calendar year, or tax year beginning and	ending							
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number					
	Addre									
	Name Chang	e Doing business as		23-70825	50					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ŕ					
	Final	695 ASHLEY ROAD		(805) 96						
	termir ated			<b>G</b> Gross receipts \$	14,228,538.					
	Amen	SANTA BARBARA, CA 95100		H(a) Is this a group re						
	Applio tion pendi			for subordinates	? Yes X No					
	-	SAME AS C ABOVE		H(b) Are all subordinates in	Icluded? Yes No					
-		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 🛄 527		list. See instructions					
	Vebsi			H(c) Group exemption						
		forganization: X Corporation Trust Association Other	L Year	of formation: 2009	State of legal domicile: CA					
Pa	art I				~~ ~~~					
e	1	Briefly describe the organization's mission or most significant activities:	RESERV	E AND ENHAN	CE THE					
ane		UNIQUE AND HISTORIC ESTATE OF MADAME GAN								
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1						
õ	3				21 21					
ø		Number of independent voting members of the governing body (Part VI, line 1b)			66					
ties			ber of individuals employed in calendar year 2022 (Part V, line 2a)							
Activities &		Total number of volunteers (estimate if necessary)			233					
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b Prior Year	Current Year					
		Contributions and swants (Dart )/III line 1b)		5,244,346.	7,366,742.					
anı	8	Contributions and grants (Part VIII, line 1h)		758,881.	724,463.					
Revenue	-	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		914,260.	451,664.					
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		97,034.	34,888.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,014,521.	8,577,757.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,670,594.	3,233,904.					
Ise		Professional fundraising fees (Part IX, column (A), line 11e)		87,060.	74,670.					
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 1,423,3	37.							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,847,109.	2,024,338.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,604,763.	5,332,912.					
		Revenue less expenses. Subtract line 18 from line 12		2,409,758.	3,244,845.					
or			Be	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		33,491,956.	33,690,902.					
Net Assets or Fund Balances		Total liabilities (Part X, line 26)		554,904.	583,818.					
		Net assets or fund balances. Subtract line 21 from line 20		32,937,052.	33,107,084.					
Pa	art II	Signature Block								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date							
	REBECCA ANDERSON, EXECUTIVE DIRECTOR								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	CHRISLEY N. REED, CPA			self-employed P00025230					
Preparer									
Use Only Firm's address 200 E CARRILLO STREET, SUITE 300									
	SANTA BARBARA, CA	93101-7141		Phone no. (805) 962-9175					
May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

Form	990 (2022) GANNA WALSKA LOTUSLAND 23-7082550 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PRESERVE AND ENHANCE THE UNIQUE, HISTORIC ESTATE OF MADAME GANNA
	WALSKA, CARE FOR AND IMPROVE ITS COLLECTIONS, AND DEVELOP ITS
	CONSERVATION AND HORTICULTURE PROGRAMS TO EDUCATE, INSPIRE, AND
	ADVANCE UNDERSTANDING AND APPRECIATION OF THE IMPORTANCE OF PLANTS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,144,131. including grants of \$) (Revenue \$ 943,626.)
	GARDEN OPERATIONS AND PUBLIC TOURS: GANNA WALSKA LOTUSLAND'S PLANT
	COLLECTIONS INCLUDE OVER 3,000 TAXA, INCLUDING SPECIES FROM
	MEDITERRANEAN REGIONS AROUND THE WORLD, AND MANY ARE RARE, ENDANGERED
	AND SOME EXTINCT IN THE WILD. COLLECTIONS INCLUDE CACTI, SUCCULENTS,
	CYCADS, PALMS, FERNS, BEGONIAS AND CONIFERS. OUR SUSTAINABLE
	HORTICULTURE SYSTEMS ARE BASED ON FULLY BALANCED, ECOLOGICAL SOIL
	MANAGEMENT PRACTICES, WHICH REPLENISH AND MAINTAIN SOIL FERTILITY BY
	PROVIDING OPTIMUM CONDITIONS FOR SOIL BIOLOGICAL ACTIVITY. OUR SOIL
	PRACTICES INCLUDE GREEN WASTE RECYCLING THROUGH COMPOSTING, MULCHING
	AND APPLICATIONS OF COMPOST TEAS, INSECTARIES TO ATTRACT AND SUPPORT
	BENEFICIAL INSECT POPULATIONS, ORGANIC PEST AND DISEASE TREATMENTS AS A
	LAST RESORT TO CONTROL UNACCEPTABLE OUTBREAKS, AND ORGANIC FERTILIZERS.
4b	(Code: ) (Expenses \$ 29,607. including grants of \$ ) (Revenue \$ 4,190.)
	FOURTH GRADE OUTREACH: WHILE THE COVID OUTBREAK INTERRUPTED CLASSROOM
	FIELD TRIPS, IN THE 2021-2022 ACADEMIC YEAR, REGIONAL ELEMENTARY
	SCHOOL'S FOURTH GRADE TEACHERS WERE INVITED TO SEND STUDENTS TO
	LOTUSLAND TO REGISTER AND TAKE AN EXPERIENTIAL LEARNING TOUR ALIGNED
	WITH THE GOAL OF STEAM KNOWLEDGE AND EXPOSURE WITHIN THE SETTING OF
	LOTUSLAND'S 37-ACRE GARDEN CLASSROOM. IN 2022, LOTUSLAND'S FOURTH GRADE
	OUTREACH PROGRAM WAS REIMAGINED AND ADAPTED TO INDIVIDUAL FAMILY TOURS,
	AS SCHOOL FIELD TRIPS WERE SUSPENDED POST-PANDEMIC. WE MAINTAINED FREE
	PUBLIC ACCESS FOR FOURTH GRADE STUDENTS AND THEIR FAMILIES. TRAINED
	EDUCATIONAL GARDEN GUIDES MET STUDENTS, AND STAFF DEVELOPED A NEW JR.
	BOTANIST PROGRAM GUIDE, INTEGRATING THE CA FOURTH GRADE CURRICULUM FOR
	LIFE SCIENCES. STUDENTS AND FAMILIES TOURED THE GARDEN FREE OF CHARGE
4c	
	OPEN PATHWAYS: LOTUSLAND OPEN PATHWAYS PROGRAM TOURS WERE SUSPENDED IN
	2022. INSTEAD, DUE TO THE COVID PANDEMIC AND SAFETY CONCERNS, LOTUSLAND
	OFFERED FREE VISITATION SPONSORED BY INDIVIDUAL DONORS FOR COMMUNITY
	GROUPS SUPPORTING THE PANDEMIC, INCLUDING HEALTHCARE WORKERS, FIRST RESPONDERS AND TEACHERS.
	RESPONDERS AND TEACHERS.
44	Other program services (Describe on Schedule O.)
τu	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses 3,173,738.
	Form <b>990</b> (2022)
23200	SEE SCHEDULE O FOR CONTINUATION(S)
	2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
U	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		37	
-	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	foreign organization Per Views, " complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximant on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II.	04		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		- <u></u>

232003 12-13-22

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
~~	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 43			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 66							
b								
3a								
b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	<b>b</b> If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
•	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	-						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
 a	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	lou						
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
~	organization is licensed to issue qualified health plans							
с	Enter the amount of reserves on hand							
14a		14a		X				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>				
.0	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
.0	If "Yes," complete Form 4720, Schedule O.	15						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.	17						

Form 990 (2022)
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#### GANNA WALSKA LOTUSLAND

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	- 23				
C	on Schedule O how this was done	12c	х				
13	Did the organization have a written whistleblower policy?	13	X				
14							
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	Х				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	х				
	Other officers or key employees of the organization	15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only	) availa	able			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website Upon request X Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	DIRECTOR OF FINANCE - (805) 969-3767						
	695 ASHLEY ROAD, SANTA BARBARA, CA 93108						

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations.
 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization,

more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Name and title         Average hours per between directed methods between directed methodirected method methods between directed methods be	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any hours for pelated area at all mouth and an output and an output of the organizations below week (list any hours for pelated area at all mouth and an output and an output of the area at all mouth and an output and an output of the area at all mouth and an output and an output of the area at all mouth and an output and an output of the area at all mouth and an output and an output of the area at all mouth and an output and an output of the area at all mouth and area at an output and an output of the area at all mouth and an output and an output of the area at all mouth and area at a star (1) REBECCA ANDERSON         amount of the area at all mount of area at all mount of the area at all mount of area at all mount of the area at all mount of area at all mount of the area at all mount of area at all mount of area at all mount of the area at all mount of area at all mount of area at all mount of the area at all mount of area at al	Name and title	Average	(do					one	Reportable	Reportable	Estimated
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(1)         REBECCA ANDERSON         40.00         x         217,835.         0.         17,343.           (2)         TULED DIRECTOR         40.00         x         107,093.         0.         15,660.           DIRECTOR OF GROUNDS         40.00         x         107,093.         0.         15,660.           OTRECTOR OF GROUNDS         40.00         x         105,961.         0.         1,683.           (4)         DIRECTOR OF PLANCE         x         92,600.         0.         14,091.           (5)         DANIEL BIFANO         2.00         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           (6)         GROFF CRANE         2.00         x         0.         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           (3)         DERCY UNNINGHAM         8.00         x         0.         0.         0.           (4)         DARDHE PAST PRESIDENT         x         X         0.         0.         0.           (10)         MIMI MICHABLIS         2.00			<u> </u>	cer ar	ia a a I	recto	or/trus	tee)			
(1)         REBECCA ANDERSON         40.00         x         217,835.         0.         17,343.           (2)         TULED DIRECTOR         40.00         x         107,093.         0.         15,660.           DIRECTOR OF GROUNDS         40.00         x         107,093.         0.         15,660.           OTRECTOR OF GROUNDS         40.00         x         105,961.         0.         1,683.           (4)         DIRECTOR OF PLANCE         x         92,600.         0.         14,091.           (5)         DANIEL BIFANO         2.00         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           (6)         GROFF CRANE         2.00         x         0.         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           (3)         DERCY UNNINGHAM         8.00         x         0.         0.         0.           (4)         DARDHE PAST PRESIDENT         x         X         0.         0.         0.           (10)         MIMI MICHABLIS         2.00			irecto							•	
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(1)         REBECCA ANDERSON         40.00         x         217,835.         0.         17,343.           (2)         TULED DIRECTOR         40.00         x         107,093.         0.         15,660.           DIRECTOR OF GROUNDS         40.00         x         107,093.         0.         15,660.           OTRECTOR OF GROUNDS         40.00         x         105,961.         0.         1,683.           (4)         DIRECTOR OF PLANCE         x         92,600.         0.         14,091.           (5)         DANIEL BIFANO         2.00         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           (6)         GROFF CRANE         2.00         x         0.         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           (3)         DERCY UNNINGHAM         8.00         x         0.         0.         0.           (4)         DARDHE PAST PRESIDENT         x         X         0.         0.         0.           (10)         MIMI MICHABLIS         2.00			id ual 1	ution	5	mplo	est co o yee	er	,		
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(8)LESLEY CUNNINGHAM8.00XXX0.0.0.IMMEDIATE PAST PRESIDENTXXX0.0.0.0.(9)DOROTHY H. GARDNER2.00X0.0.0.0.TRUSTEEX0.0.0.0.0.0.(10)MIMI MICHAELIS2.00X0.0.0.0.TRUSTEEX0.0.0.0.0.0.(11)DAVID M. JONES8.00XX0.0.0.(12)ANTHONY GRUMBINE2.00X0.0.0.TRUSTEEX0.0.0.0.0.(13)JOSEPH MAREK2.00XX0.0.0.(14)STEPHEN SCHAIBLE8.00XX0.0.0.0.TRUSTEEX0.0.0.0.0.0.0.(15)RICK VITELLE2.00X0.0.0.0.0.TRUSTEEX0.0.0.0.0.0.0.(16)RON CAIRD2.00X0.0.0.0.0.TRUSTEEX0.0.0.0.0.0.0.(17)RACHAEL DOUGLAS2.00X0.0.0.0.TRUSTEEX0.0.0.0.0.0.	(7) CAROLINE THOMPSON	2.00									
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(9) DOROTHY H. GARDNER       2.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (10) MIMI MICHAELIS       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11) DAVID M. JONES       8.00       X       X       0.       0.       0.       0.         (12) ANTHONY GRUMBINE       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.	(8) LESLEY CUNNINGHAM	8.00									
TRUSTEE         X         0         0.         0.         0.           (10) MIMI MICHAELIS         2.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (11) DAVID M. JONES         8.00         X         X         0.         0.         0.           PRESIDENT         X         X         0.         0.         0.         0.           (12) ANTHONY GRUMBINE         2.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (13) JOSEPH MAREK         2.00         X         0.         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.         0.           (14) STEPHEN SCHAIBLE         8.00         X         X         0.         0.         0.         0.           (15) RICK VITELLE         2.00         X         0.         0.         0.         0.         0.           (16) RON CAIRD         2.00         X	IMMEDIATE PAST PRESIDENT		X		Х				0.	0.	0.
(10) MIMT MICHAELIS       2.00       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (11) DAVID M. JONES       8.00       0.0.0.0.0.       0.0.0.0.         PRESIDENT       X       X       0.0.0.0.0.       0.0.0.         (12) ANTHONY GRUMBINE       2.00       0.0.0.0.0.       0.0.0.0.         TRUSTEE       X       0.0.0.0.0.0.       0.0.0.0.         (13) JOSEPH MAREK       2.00       0.0.0.0.0.       0.0.0.0.         TRUSTEE       X       0.0.0.0.0.0.       0.0.0.         (14) STEPHEN SCHAIBLE       8.00       0.0.0.0.0.       0.0.0.0.         TRUSTEE       2.00       X       0.0.0.0.0.       0.0.0.         (15) RICK VITELLE       2.00       0.0.0.0.0.       0.0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (16) RON CAIRD       2.00       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (17) RACHAEL DOUGLAS       2.00       0.0.0.0.       0.0.0.	(9) DOROTHY H. GARDNER	2.00									
TRUSTEE         X         0         0.	TRUSTEE		Х						0.	0.	0.
(11) DAVID M. JONES8.00XXXPRESIDENTXXX0.0.(12) ANTHONY GRUMBINE2.00X0.0.0.TRUSTEEX0.0.0.0.(13) JOSEPH MAREK2.00X0.0.0.TRUSTEEX0.0.0.0.(14) STEPHEN SCHAIBLE8.00XX0.0.TREASURERXX0.0.0.(15) RICK VITELLE2.00X0.0.0.TRUSTEEX0.0.0.0.(16) RON CAIRD2.00X0.0.0.TRUSTEEX0.0.0.0.(17) RACHAEL DOUGLAS2.00X0.0.0.TRUSTEEX0.0.0.0.	(10) MIMI MICHAELIS	2.00									
PRESIDENTXXX0.0.0.(12) ANTHONY GRUMBINE2.00X0.0.0.TRUSTEEX0.0.0.0.(13) JOSEPH MAREK2.00X0.0.0.TRUSTEEX0.0.0.0.(14) STEPHEN SCHAIBLE8.00X0.0.0.TREASURERXX0.0.0.(15) RICK VITELLE2.00X0.0.0.TRUSTEEX0.0.0.0.(16) RON CAIRD2.00X0.0.0.TRUSTEEX0.0.0.0.(17) RACHAEL DOUGLAS2.00X0.0.0.TRUSTEEX0.0.0.0.	TRUSTEE		Х						0.	0.	0.
(12) ANTHONY GRUMBINE       2.00       X       0.       0.       0.       0.         TRUSTEE       X       2.00       X       0.       0.       0.       0.       0.         (13) JOSEPH MAREK       2.00       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         (14) STEPHEN SCHAIBLE       8.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.       0.         (15) RICK VITELLE       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         (16) RON CAIRD       2.00       X       0.       0.       0.       0.       0.       0.         (17) RACHAEL DOUGLAS       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0. </td <td>(11) DAVID M. JONES</td> <td>8.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(11) DAVID M. JONES	8.00									
TRUSTEE       X       0.       0.       0.       0.         (13) JOSEPH MAREK       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) STEPHEN SCHAIBLE       8.00       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (15) RICK VITELLE       2.00       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (16) RON CAIRD       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (17) RACHAEL DOUGLAS       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       V       0.       0.       0.       0.       0.	PRESIDENT		Х		Х				0.	0.	0.
(13) JOSEPH MAREK       2.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (14) STEPHEN SCHAIBLE       8.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (15) RICK VITELLE       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) RON CAIRD       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (17) RACHAEL DOUGLAS       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.	(12) ANTHONY GRUMBINE	2.00									
TRUSTEE       X       0       0.       0.       0.         (14) STEPHEN SCHAIBLE       8.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (15) RICK VITELLE       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (16) RON CAIRD       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (17) RACHAEL DOUGLAS       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.	TRUSTEE		Х						0.	0.	0.
(14) STEPHEN SCHAIBLE8.00XX0.0.0.TREASURERXXX0.0.0.0.(15) RICK VITELLE2.00X0.0.0.0.TRUSTEEX0.0.0.0.0.(16) RON CAIRD2.00X0.0.0.0.TRUSTEEX0.0.0.0.0.(17) RACHAEL DOUGLAS2.00X0.0.0.0.TRUSTEEX0.0.0.0.0.	(13) JOSEPH MAREK	2.00									
TREASURER       X       X       X       0.       0.       0.         (15) RICK VITELLE       2.00       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.         (16) RON CAIRD       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.         (17) RACHAEL DOUGLAS       2.00       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.	TRUSTEE		Х						0.	0.	0.
(15) RICK VITELLE       2.00       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       <	(14) STEPHEN SCHAIBLE	8.00									
TRUSTEE     X     0.     0.     0.       (16) RON CAIRD     2.00     X     0.     0.     0.       TRUSTEE     X     0.     0.     0.     0.       (17) RACHAEL DOUGLAS     2.00     X     0.     0.     0.       TRUSTEE     X     0.     0.     0.     0.	TREASURER		Х		Х				0.	0.	0.
(16) RON CAIRD       2.00       X       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.         (17) RACHAEL DOUGLAS       2.00       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.	(15) RICK VITELLE	2.00									
TRUSTEEXO.O.O.(17) RACHAEL DOUGLAS2.00XO.O.O.TRUSTEEXO.O.O.O.	TRUSTEE		Х						0.	0.	0.
(17) RACHAEL DOUGLAS     2.00     X     0.     0.     0.	(16) RON CAIRD	2.00									
TRUSTEE X 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
	(17) RACHAEL DOUGLAS	2.00									_
	TRUSTEE		Х						0.	0.	

232007 12-13-22

Form	990	(2022)
	000	(2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do	F not ch		itior		one	Reportable	Reportable		Estimate	<del>;</del> d
	hours per	box	, unles	is pe	rson	is bot	h an	compensation	compensation		amount	of
	week		cer and	Jau	recio	or/trus	lee)	from	from related		other	
	(list any hours for	irecto						the	organizations	,	compensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		from the organizat	
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-1120)		and relate	
	below	d ual t	Institutional trustee	_	nploy	st col	ar ar				organizati	
	line)	Individual trustee or director	In stitu	Officer	Key employee	Highest compensated employee	Former				5	
(18) JEFFREY F. ROMANO	2.00											
TRUSTEE		Х						0.	0	).		0.
(19) LAURA BRIDLEY	2.00								_			
TRUSTEE		Х						0.	0	).		0.
(20) MERRYL BROWN	2.00											_
TRUSTEE		Х						0.	0	).		0.
(21) MARI MITCHEL	8.00											
VICE PRESIDENT		Х		х				0.	0	).		0.
(22) CRYSTAL WYATT	8.00											
SECRETARY		Х		Х				0.	0	).		0.
(23) LISA WOLF	2.00											_
TRUSTEE		Х						0.	0	).		0.
(24) ASHLEY ADELSON	2.00											•
TRUSTEE		X						0.	0	).		0.
(25) JEANNE ANDERSON	2.00							0	0			0
TRUSTEE	2.00	X						0.	0	).		0.
(26) MARK SCHMIDT TRUSTEE	2.00	x						0.	0	).		0.
		I						523,489.		).	48,7	77
1b Subtotal c Total from continuation sheets to Part VI								0.		).	±0,7	0.
								523,489.		).	48,7	77.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>									-	<u> </u>		
compensation from the organization		1030	1510	ua	000	0, 101	101					3
											Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	(ev e	mp	love	e. or	hic	hest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule J for s								· · · ·		- 1	3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	),000? If "Yes,	" со	mple	te S	Sche	edule	Ji	for such individual		. [	4 X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion fr	om	any	y unr	elat					
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ch	pers	son .					5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	depe	ender	nt c	ont	racto	ors 1	that received more than	\$100,000 of compe	ensa	tion from	
the organization. Report compensation for	the calendar y	ear e	endir	ng v	vith	or w	ithi	n the organization's tax	/ear.			
(A)								(B)		<u> </u>	(C)	
Name and business								Description of s	ervices		mpensatio	a
STEVE HANSON LANDSCAPING		<u>י</u> כר	10								202 1	4 5
PO BOX 4547, SANTA BARBAR	RA, CA	93	L40				_	LANDSCAPING			303,4	45.
BRIGHT EVENT RENTALS		0.7	201	2				EVENT RETNAL			249,2	06
1120 MARK AVE., CARPINTER	LIA, CA	93	L U T				_				447,4	

Total number of independent contractors (including but not limited to those listed above) who received more than 2 \$100,000 of compensation from the organization 2 SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 GANNA WAI									23-708	2550					
Part VII Section A. Officers, Directors, Trustees, Key Employees, and I					nd H	ligh	est	st Compensated Employees (continued)							
(A) Name and title	<b>(B)</b> Average hours			( Pos	<b>C)</b> ition	1		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of					
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations					
(27) WENDY SCHMIDT	2.00	v						0.	0.	0					
TRUSTEE		X						0.	0.	0.					
Total to Part VII, Section A, line 1c			<u></u>	<u></u> .	<u></u>	<u></u>									

			00110		1130		(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenuè exclu
								function revenue	business revenue	from tax und sections 512 -
				<u> </u>						Sections 512 -
		Federated campaigns								
		Membership dues				966,251.				
		Fundraising events				993,252.				
		Related organizations								
		Government grants (contr				9,585.				
		All other contributions, gifts,								
		similar amounts not included				5,397,654.				
	-	Noncash contributions included in				605,372.				
	h	Total. Add lines 1a-1f					7,366,742.			
						Business Code	<b>COC B I B</b>			
		ADMISSION FEES				110000	636,747.	636,747.		
	b	EDUCATIONAL PROGRAM	FEI	ES		110000	87,716.	87,716.		
	С									
	d									
	е					├				
		All other program service								
	g	Total. Add lines 2a-2f					724,463.			
3		Investment income (inclue	•	-						
	other similar amounts)						566,496.			566,
4		Income from investment o		•						
5		Royalties	· · · · · · ·							
				(i) Real		(ii) Personal				
		Gross rents	6a	43,4						
		Less: rental expenses	6b	12	0.	I				
		Rental income or (loss)	6c	43,4		L	40.450			4.2
		Net rental income or (loss	)				43,470.			43,
7	а	Gross amount from sales of	_	(i) Securit		(ii) Other				
		assets other than inventory	7a	4,329,5	067.					
		Less: cost or other basis	L							
		and sales expenses	7b	4,444,3		I				
		Gain or (loss)	7c	-114,8			114 022			114
		Net gain or (loss)					-114,832.			-114,
8		Gross income from fundraisin								
		including \$								
		contributions reported on				022 225				
		Part IV, line 18			8a	833,325.				
					8b	1,065,260.	-231,935.			-231,
		Net income or (loss) from		•			-231,333.			-231,
9	a	Gross income from gamin	-							
	<b>b</b>	Part IV, line 19			9a	├				
		Less: direct expenses			9b					
		Net income or (loss) from			<u>```</u>					
	a	Gross sales of inventory,			10	270 462				
	<b>k</b>	and allowances			10a					
		Less: cost of goods sold			10b	· · · ·	120 240	120 240		
	C	Net income or (loss) from	sales	s or invento	у		129,340.	129,340.		
	_	OTHER INCOME				Business Code 900099	0/ 012	04 013		
		OTHER INCOME				300033	94,013.	94,013.		
	b					├				
	C					├				
		All other revenue				<u> </u>	04 012			
	•	Total. Add lines 11a-11d					94,013.			

GANNA WALSKA LOTUSLAND

232009 12-13-22

Form 990 (2022) GANNA WA

Form 990 (2022)	GANNA WALSK	A LOTUSLAND	23-
Part IX Statement o	f Functional Expens	Ses	
Section 501(c)(3) and 501(c)	(4) organizations must con	nplete all columns. All other orga	nizations must complete column (A).

	t include amounts reported on lines 6b,	(A) Total expenses	this Part IX (B) Program service	<b>(C)</b> Management and	(D) Fundraising
-	o, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Arants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (	Compensation of current officers, directors,				
t	rustees, and key employees	341,869.	47,036.	153,727.	141,106
6 (	Compensation not included above to disqualified				
p	ersons (as defined under section 4958(f)(1)) and				
p	ersons described in section 4958(c)(3)(B)				
7 (	Other salaries and wages	2,292,425.	1,519,169.	16,009.	757,247
	Pension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)	45,475.	32,923.	127.	12,425
	Other employee benefits	349,654.	214,752.	24,342.	110,560
10 F	Payroll taxes	204,481.	120,390.	20,148.	63,943
1 <b>1</b> F	ees for services (nonemployees):				
a M	/lanagement				
bι	.egal	39,208.		39,208.	
c /	Accounting	63,657.		63,657.	
	obbying				
	Professional fundraising services. See Part IV, line 17	74,670.			74,670
	nvestment management fees	117,848.		117,848.	
-	Other. (If line 11g amount exceeds 10% of line 25,		2 224		o 400
	olumn (A), amount, list line 11g expenses on Sch 0.)	97,707.	3,024.	92,203.	2,480
	Advertising and promotion	82,862.	16,100.	46,270.	20,492
	Office expenses	272,743.	180,517.	58,567.	33,659
	nformation technology	102,918.	60,714.	19,698.	22,506
	Royalties	202 000	226 000	22 120	22.000
	Decupancy	382,986.	336,880.	23,120.	22,986
	ravel	11,883.	7,010.	2,274.	2,599
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	29,597.	17,460.	5,665.	6,472
	Conferences, conventions, and meetings	49,597.	17,400.	5,005.	0,4/2
	Payments to affiliates	588,056.	470,445.	47,044.	70,567
	Depreciation, depletion, and amortization	62,082.	37,273.	3,630.	21,179
		02,002.	57,275.	5,050.	21,119
a li	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	PUBLIC PROGRAMS AND EDU	123,599.	61,527.	1,626.	60,446
	AGRICULTURAL MATERIALS	49,192.	48,518.	674.	
c -					
d -					
-	All other expenses				
	otal functional expenses. Add lines 1 through 24e	5,332,912.	3,173,738.	735,837.	1,423,337
	loint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
e					

#### GANNA WALSKA LOTUSLAND

23-7082550 Page 11

		Check if Schedule O contains a response or note	a to ar	w line in this Part X			
			5 10 41		(A)		(B)
					Beginning of year		End of year
	1	Cash, pop interest bearing			1,600.	1	585.
	2	Cash - non-interest-bearing Savings and temporary cash investments			3,323,033.	2	4,070,723.
	3				118,651.	3	418,500.
	4	Pledges and grants receivable, net			227,218.	4	26,082.
	5	Accounts receivable, net Loans and other receivables from any current or	forme	r officer director		-	20,0020
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				5	
	ľ	under section 4958(f)(1)), and persons described				6	
w	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			46,156.	8	70,894.
As	9	Prepaid expenses and deferred charges			196,206.	9	99,199.
		Land buildings, and aquipments east as other				5	557255
		basis Complete Part VI of Schedule D	102	18.253.747.			
	h	basis. Complete Part VI of Schedule D	10b	7.051.148.	11,181,619.	10c	11,202,599.
	11	Investments - publicly traded securities			,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11	,,
	12	Investments - other securities. See Part IV, line 1			18,397,471.	12	17,727,858.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2.	15	74,462.
	16	Total assets. Add lines 1 through 15 (must equa			33,491,956.	16	33,690,902.
	17	Accounts payable and accrued expenses			554,904.	17	509,291.
	18	Grants payable				18	,,
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		21			
Ś	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			0.	25	74,527.
	26				554,904.	26	583,818.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions			22,490,810.	27	20,382,747.
Ba	28	Net assets with donor restrictions			10,446,242.	28	12,724,337.
pun		Organizations that do not follow FASB ASC 98					
Ē		and complete lines 29 through 33.					
15 0	29	Capital stock or trust principal, or current funds				29	
sel	30	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come,	or other funds		31	
Ne	32	Total net assets or fund balances			32,937,052.	32	33,107,084.
	33	Total liabilities and net assets/fund balances			33,491,956.	33	33,690,902.
							Form <b>990</b> (2022)

Form 990 (2022)

	990 (2022) GANNA WALSKA LOTUSLAND	23-7	0825	50	Paç	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
			-		_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,	577	,7	57.
2	Total expenses (must equal Part IX, column (A), line 25)	2				12.
3	Revenue less expenses. Subtract line 2 from line 1	3				45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,			
5	Net unrealized gains (losses) on investments	5	-3,	074	, 8	13.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				_	
	column (B))	10	33,	107	,0	84.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHEDULE A
------------

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection
 identification mumber

OMB No. 1545-0047

L

Name of the organization

Nam	e of t	the organization							identification number
	_		A WALSKA L						3-7082550
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	ıs.	
The o	organ	ization is not a private found							
1		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .							
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	<b>)(b)(1)(A)(i</b> i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10	Х	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributic	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the oi	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	ifety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section &	509(a)(2).	See <b>section</b> !	509(a)(3). 🤇	Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving						r giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information				ninghi an linta d			
	(i	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	
Tota	1								

	A (Form 990) 2	2022
Part II	Support	Scł

#### GANNA WALSKA LOTUSLAND

	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
-	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ions)	•	•	12	
13	First 5 years. If the Form 990 is for th	ne organization's f				501(c)(3)	
	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2022 (	ine 6, column (f), d	divided by line 11,	column (f))		14	%
	Public support percentage from 2021						%
<b>1</b> 6a	1 33 1/3% support test - 2022. If the c	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2021.</b> If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, checl	<pre>&lt; this box</pre>
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2022. If the orc	ganization did not	check a box on lir	ne 13, 16a, or 16b,	, and line 14 is 10	1% or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the orç	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15	is 10% or
	more, and if the organization meets the	ne facts-and-circu	mstances test, ch	eck this box and <b>s</b>	<b>top here.</b> Explain	in Part VI how th	e
	organization meets the facts-and-circ	umstances test. T	he organization q	ualifies as a public	ly supported orga	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	'b, check this box	and see instructi	ons
							A (E 000) 0000

Schedule A (Form 990) 2022

#### GANNA WALSKA LOTUSLAND

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

_	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2451521.	6692280.	3553839.	5825411.	7366742.	25889793.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	494,214.	567 250	435,603.	758,881.	724,463.	2980411.
~	organization's tax-exempt purpose	474,214.	507,250.	±33,003•	750,001.	724,403.	2700411.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2945735.	7259530.	3989442.	6584292.	8091205.	28870204.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	317,198.	478,154.	428,707.	1477791.	1698353.	4400203.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	119,000.		387,050.	76,003.	2022415.	
c	Add lines 7a and 7b	436,198.	4357843.	815,757.	1553794.	3720768.	10884360.
8	Public support. (Subtract line 7c from line 6.)						17985844.
See	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	2945735.	7259530.	3989442.	6584292.	8091205.	28870204.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	547,125.	391,001.	487,843.	492,423.	566,496.	2484888.
Ł	Unrelated business taxable income		-				
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	547,125.	391,001.	487,843.	492,423.	566,496.	2484888.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			10,70100			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	138,258.	17,318.	41,934.	140,173.	94,013.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	3631118.	7667849.	4519219.	7216888.	8751714.	31786788.
14	First 5 years. If the Form 990 is for the check this box and stop here	ne organization's fi	rst, second, third,			501(c)(3) organizat	ion,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			<u></u>	······
	Public support percentage for 2022 (I			column (f))		15	56.58 %
16	Public support percentage for 2022 (i Public support percentage from 2021		•			16	61.71 %
-	ction D. Computation of Inves						<u> </u>
	•		-	a 10 a b mar (4)		17	7.82 %
17							0 1 1
18	Investment income percentage from 2					18	,,,
19a	a 33 1/3% support tests - 2022. If the	-					
	more than 33 1/3%, check this box a						X
k	o 33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is mo	ore than 33 1/3%,	and
_	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organizatio						

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A	(Form 990) 2022	GANNA	WALSKA	LOTUSLAND
Part IV	Supporting O	rganizations (co	ntinued)	

Supporting Organizations (continued)

1

2

٥V

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

Section C.	Type II Supporting Organizations	

		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sol	tion D. All Type III Supporting Organizations			

Sec	cuon D. All Type III Supporting Organizations			
			Yes	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			Γ
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			Ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			Γ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			Γ
	significant voice in the organization's investment policies and in directing the use of the organization's			Ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		1

supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

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990	) 2022	GANNA	WALSKA	LOTUSLAND	

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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instructions).

Schedule A (Form

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
-	Excess from 2019				
-	Excess from 2020				
	Excess from 2020				
	Excess from 2022				

Schedule A (Form 990) 2022

	Schedule A (	(Form 990	) 2022
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

### GANNA WALSKA LOTUSLAND

Employer identification number 23 - 7082550

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
		· · · · ·	
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	vation easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footr	iote to the organization's infancial state	hents that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art. Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
iu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its finar		•
b	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A		<b>U</b> , <b>F</b> =
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		

Sche		ALSKA LOTUS						) Page <b>2</b>
Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simila	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	s, check any of the	following that make	significant	use of its		
а	X Public exhibition	Ь		hange program				
b	X Scholarly research	e		nange program				
	X Preservation for future generations	e						
с 4	Provide a description of the organization's co	lections and explain	how they further t	he organization's ex	empt purpo	oso in Par	+ ¥Ш	
5	During the year, did the organization solicit o							
5	to be sold to raise funds rather than to be ma						Yes	X No
Par	t IV Escrow and Custodial Arran							
1 41	reported an amount on Form 990, Par		te il the organizatio	IT allowered Tes O	111 0111 990	, raitiv,	1116 9, 01	
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribution	is or other assets no	t included			
	on Form 990, Part X?		-				Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
		·	C C				Amount	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II			
Par	rt V Endowment Funds. Complete it	f the organization and	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	8,471,060.	7,835,260.	7,714,777.	5,1	31,297.	5,	309,979.
b	Contributions	1,060,000.	85,500.	254,250.	2,0	15,000.		68,555.
с	Net investment earnings, gains, and losses	-1,238,942.	584,679.	-100,662.	5	68,480.	-	247,237.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		34,379.	33,105.				
f	Administrative expenses							
g	End of year balance	8,292,118.	8,471,060.	7,835,260.	7,7	14,777.	5,	131,297.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	.0000	_%					
b	Permanent endowment 92.4500	%						
с	Term endowment 7.5500	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the		-	
	organization by:							Yes No
	(i) Unrelated organizations							X
	(ii) Related organizations						. 3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered		· · · ·		(, line 10.			
	Description of property	(a) Cost or ot basis (investm			Accumulate epreciation	;d	<b>(d)</b> Book	value
<b>1</b> a	Land			8,370.			3,418	3,370.
	Buildings				638,7			,144.
	Leasehold improvements				908,7			,111 <b>.</b>
	Equipment			9,590.	503,63			, 974.
	Other				-			
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)	<u>.</u>	1	<u>1,20</u> 2	2,599.

Schedule D (Form 990) 2022

Schedule D (	(Form 990) 202	22 GA	NNA	WALSKA	LOTUSLAND
Part VII	Investmen	ts - Other	Secu	rities.	

Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) FIXED INCOME	7,106,605.	END-OF-YEAR MARKET	
(B) EQUITIES AND MUTUAL FUNDS	10,621,253.	END-OF-YEAR MARKED	YALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (b) must equal Form 000, Part V, col. (D) line 12.)	17,727,858.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<i>тт, 141,</i> 000.		
Complete if the organization answered "Yes" of	n Form 990 Part IV line 1	11c See Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	d-of-vear market value
	(b) DOOK VAIUE	(c) Method of Valuation. Cost of el	o or your market value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	I		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			-
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1 1e or 111. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) FINANCE LEASE LIABILITY			74,527
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		74,527.
2. Liability for uncertain tax positions. In Part XIII, provide t	the text of the footnote to	the organization's financial statements	that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 GANNA WALSKA LOTUSLAND			23-	7082550 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	5,526,218.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-3,074,813.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-3,074,813.
3	Subtract line 2e from line 1			3	8,601,031.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	117,848.		
b	Other (Describe in Part XIII.)	4b	-141,122.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	-23,274.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,577,757.
-					
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents W			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients W	ith Expenses per	Retu	ırn.
Pa 1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ients W	ith Expenses per		
	rt XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per	Retu	ırn.
1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents W	ith Expenses per	Retu	ırn.
1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	ith Expenses per	Retu	ırn.
1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	/ith Expenses per		ırn.
1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith Expenses per	Retu	ırn. 5,356,186.
1 2 a b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses per	Retu	ırn. 5,356,186. 141,122.
1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith Expenses per	Retu	ırn. 5,356,186.
1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	/ith Expenses per	Retu 1 2e 3	ırn. 5,356,186. 141,122.
1 2 3 4	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	/ith Expenses per	Retu 1 2e 3	ırn. 5,356,186. 141,122.
1 2 3 4 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	/ith Expenses per	Retu 1 2e 3	urn. 5,356,186. 141,122. 5,215,064.
1 2 d c 3 4 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	/ith Expenses per 141,122. 117,848.	Retu 1 2e 3 4c	urn. 5,356,186. 141,122. 5,215,064. 117,848.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	/ith Expenses per 141,122. 117,848.	Retu 1 2e 3	urn. 5,356,186. 141,122. 5,215,064.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART III, LINE 1A:

#### PART III, LINE 4:

THE ORGANIZATION'S BOTANICAL COLLECTIONS ARE MADE UP OF RARE AND UNUSUAL
232054 09-01-22 Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

PLANT SPECIMENS ASSEMBLED IN NUMEROUS THEME GARDENS WHICH ARE OPEN TO VISITORS OF LOTUSLAND. THE ORGANIZATION EMPLOYS NUMEROUS HORTICULTURAL PROFESSIONALS TO MAINTAIN THE GARDENS. OTHER COLLECTIONS INCLUDE BOOKS AND VARIOUS PERSONAL EFFECTS OF MADAME GANNA WALSKA.

PART X, LINE 2:

THE ORGANIZATION IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, WHICH IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND STATE OF CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D); THEREFORE, NO PROVISION FOR INCOME TAXES IS REQUIRED. THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B) (1) (A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) (1).

THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2022, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

THE ORGANIZATION FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL JURISDICTIONS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2019 AND 2018, RESPECTIVELY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GARDEN SHOP COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

-141,122.

Schedule D (Form 990) 2022

Part XIII S	Supplem	ental Inf	<b>formation</b> (co	ntinued)			
			)F GOODS				141,122.

SCHEDULE G	Suppleme	ental Information Regarding	ı Fun	drais	ing or Gaming	Activities	0	MB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1						2022
Department of the Treasury		Attach to Form 990	or For	m 990	-EZ.			Open to Public
Internal Revenue Service	Go t	to www.irs.gov/Form990 for instru	ctions	and t	he latest informatio			nspection
Name of the organizatio								tification number
	GANNA W	IALSKA LOTUSLAND				23-70	825	550
	complete this par	• Complete if the organization answert.	ered "\	res" o	n Form 990, Part IV,	line 17. Form 99	90-EZ	filers are not
<ol> <li>Indicate whether the a X Mail solicitate</li> <li>Mail solicitate</li> <li>X Internet and</li> <li>C Phone solicitate</li> <li>C Phone solicitate</li> <li>C In person solicitate</li></ol>	ne organization rais tions l email solicitations itations plicitations on have a written o ted in Form 990, F D highest paid indi	sed funds through any of the followi e Solicita s f Solicita g X Special pr oral agreement with any individua Part VII) or entity in connection with pr viduals or entities (fundraisers) purs	tion of tion of fundra l (inclu profess	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, tru iundraising services?	stees, or	<b>Yes</b> s to be	X No
(i) Name and addres	s of individual	(v) Amount pa to (or retained fundraiser listed in col.	by)	<b>(vi)</b> Amount paid to (or retained by) organization				
AWB CONSULTING - 6	19 STODDARD		Yes	No				
LANE, SANTA BARBAR	A, CA	CONSULTING		Х	1,042,500.	45,	000.	997,500.
CAROLYN GAMBLE - 1	89 LYRIC							
LANE, SANTA BARBAR	A, CA	GRANT WRITING		х	130,000.	32,	070.	97,930.
MELISSA WALKER CON	SULTING -							
2917 LA COMBADURA	ROAD, SANTA	CONSULTING		x	10,000.	1,3	302.	8,698.
					1 100 500	70	370	1 104 129
Total           3         List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrit	oution	1,182,500. s or has been notifie	78 , : d it is exempt fr		1,104,128. gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS GANNA WALSKA LOTUSLAND

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	PEZ, lines T and 6D. List 6	events with gross receip	ots greater than \$5,000.
			(a) Event #1 LOTUSLAND	(b) Event #2	(c) Other events	(d) Total events
				PLANT SALES	1	(add col. (a) through
0			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,546,899.	187,634.	92,044.	1,826,577.
	2	Less: Contributions	993,252.			993,252.
	3	Gross income (line 1 minus line 2)	553,647.	187,634.	92,044.	833,325.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs	171,947.	11,923.	25,966.	209,836.
Direct Expenses	7	Food and beverages	115,544.	13,844.	18,162.	147,550.
Ō	8	Entertainment	36,277.		1,442.	38,059.
	9	Other direct expenses	574,160.	69,787.	25,868.	
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			1,065,260.
_			, ()			-231,935.
Ра	ırt I	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev		<u></u>				
	1	Gross revenue				
sesue	2	Cash prizes				

xpei	3	Noncash prizes					
Direct Exper	4	Rent/facility costs					
	5	Other direct expenses					
				Yes%	Yes%	Yes%	
	6	Volunteer labor		No	No	No	
	7	Direct expense summary. Add lines 2 through	ז 5 in	n column (d)	 	 	
	8	Net gaming income summary. Subtract line 7	from	n line 1, column (d)	 	 	
	Ent	tor the state(s) in which the ergenization condu					-

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states	?	Ves	No No
<b>b</b> If "No," explain:			

\_ No **b** If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 G	SANNA	WALSKA	LOTUSLAND	23-7	08255	0 Page 3
11	Does the organization conduct gamin	ng activitie	s with nonme	mbers?		Yes	No No
12				, or a member of a partnership or other entity for			
	to administer charitable gaming?					Yes	No No
13	Indicate the percentage of gaming a	ctivity cond	ducted in:				
á	The organization's facility					13a	%
k	An outside facility					13b	%
14	Enter the name and address of the p	erson who	prepares the	organization's gaming/special events books an	d records:		
	Name						
	Address						
15a	Does the organization have a contrac	ct with a th	ird party from	n whom the organization receives gaming revenu	e?	Yes	🗌 No
k	If "Yes," enter the amount of gaming	revenue re	eceived by th	e organization \$ and t	the amount		
	of gaming revenue retained by the th						
c	If "Yes," enter name and address of						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer		ee	Independent contractor			
17	Mandatory distributions:						
a				ble distributions from the gaming proceeds to			
						└── Yes	└── No
k		•		be distributed to other exempt organizations or	spent in the		
	organization's own exempt activities			5 			
Fa			-	anations required by Part I, line 2b, columns (iii) and additional information. See instructions.	and (V); and Par	t III, lines s	9, 90, 100,
sc	HEDULE G. PART T. I	TNE 2	B. LTS	F OF TEN HIGHEST PAID FU	NDRATSER	s:	
	,,		.,				
(I	) NAME OF FUNDRAISE			ILTING			
<u> </u>	/ NAME OF FUNDRAISE	11. AW	B CONSC				
(1	) ADDRESS OF FUNDRA	ISER:	619 ST	CODDARD LANE, SANTA BARBA	ARA, CA	9310	8
(I	) NAME OF FUNDRAISE	ER: CA	ROLYN (	GAMBLE			
(1	) ADDRESS OF FUNDRA	ISER:	189 LY	RIC LANE, SANTA BARBARA	, CA 93	110	
1 -	\						

#### (I) NAME OF FUNDRAISER: MELISSA WALKER CONSULTING

(I)	ADDF	RESS	OF	FUNDRAISER:	2917	LA	COMBADURA	ROAD,	SANTA	BARBARA,	CA	93105

SCHEDU	LEJ	Compensation Information	1	OMB No. 1	1545-00	47
(Form 99		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	77	)
·	,	Compensated Employees		ZU	22	•
Department of th		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
Internal Revenue		Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Name of the	organization		Employer id			mber
		GANNA WALSKA LOTUSLAND	23-7	08255	0	
Part I	Questions	Regarding Compensation				
					Yes	No
		te box(es) if the organization provided any of the following to or for a person listed on Form	1990,			
	, ,	ne 1a. Complete Part III to provide any relevant information regarding these items.				
	rst-class or ch					
	avel for comp					
		tion and gross-up payments				
	scretionary sp	bending account	ur, chef)			
<b>b</b> If any a	f the beyon o	n line to are checked, did the exception follow a written policy recording powment or				
-		n line 1a are checked, did the organization follow a written policy regarding payment or ovision of all of the expenses described above? If "No," complete Part III to explain		1b		
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	•	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
1113166						
3 Indicate	e which if any	r, of the following the organization used to establish the compensation of the organization?	s			
		tor. Check all that apply. Do not check any boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but explain in Part III.				
	ompensation					
	•	ompensation consultant IX Compensation survey or study				
		ner organizations <b>X</b> Approval by the board or compensation of	ommittee			
		5				
4 During	the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
		ited organization:				
a Receive	e a severance	payment or change-of-control payment?		4a		Х
<b>b</b> Particip	oate in or rece	ive payment from a supplemental nonqualified retirement plan?		4b		Х
<b>c</b> Particip	oate in or rece	ive payment from an equity-based compensation arrangement?		4c		X
If "Yes'	" to any of line	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For per	sons listed or	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
•	gent on the re					
a The org	ganization?			5a		X
		tion?		<b>5b</b>		X
		5b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
•		earnings of:				v
a The org	ganization?			6a		X X
		tion?		6b		A
		6b, describe in Part III.	-			
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		x
		es 5 and 6? If "Yes," describe in Part III		7		
	•	eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				x
		tion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
		I the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9 Ile J (Forn	n 000	0000
	ahei woik uei	aution Att Notice, see the man uctions for Form 330.	Schedu		1 330	, 2022

232111 10-18-22

#### 23-7082550

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REBECCA ANDERSON	(i)	217,835.	0.	0.	10,250.	7,093.	235,178.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

23 - 7082550

Name of the organization

#### GANNA WALSKA LOTUSLAND

Pal	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contril amounts report		Method of de		•	-
		applicable		Form 990, Part VII		noncash contrib	ution ai	nount	S
1	Art - Works of art				-				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	8	64	,261.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (LLC EVENT ITEMS)	Х	100			FAIR MARKET			
26	Other ( OTHER )	Х	10			FAIR MARKET		LUE	
27	Other ( PLANTS )	Х	115	48	,490.	RETAIL VALU	JE		
28	Other (								
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	oorted in Part I, line	s 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	ich isn't required to	be used	for			
	exempt purposes for the entire holding period?	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard	d contribu	itions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell	noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column	(a) is che	cked,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

23-7082550 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



23-7082550

GANNA WALSKA LOTUSLAND

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LOTUSLAND HAS BEEN AND CONTINUES TO BE A PIONEER AMONG PUBLIC GARDENS

AND OUTDOOR RECREATIONAL ENTITIES IN PRACTICING AND REFINING THESE

TECHNIQUES. LOTUSLAND OPERATES WITH A COUNTY PERMIT LIMIT OF 20,000

VISITORS PER YEAR. 15,000 VISITORS PER YEAR CAN VISIT THE GARDENS ALONG

WITH 5,000 SANTA BARBARA COUNTY K-12 STUDENTS (WITH AN EMPHASIS ON

TITLE 1 SCHOOLS). ALL OF LOTUSLAND'S VISITORS, INCLUDING MEMBERS AND

THOSE ATTENDING CLASSES, LECTURES, AND OTHER PROGRAMS, MUST MAKE

ADVANCE RESERVATIONS. MOST OF THESE VISITORS TOUR THE GROUNDS WITH A

TRAINED VOLUNTEER DOCENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND WERE GIFTED A PLANT TO TAKE HOME AND TEND, INSTILLING

RESPONSIBILITY FOR THE ENVIRONMENT AND CARE OF PLANTS IN OUR STUDENT

POPULATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATIONS'S AUDIT COMMITTEE REVIEWS THE DRAFT FORM 990 AND, UPON

COMPLETING ITS REVIEW, ACCEPTS THE DOCUMENT AND DIRECTS MANAGEMENT TO

PROVIDE THE FORM 990 TO THE FULL BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST STATEMENTS ARE RENEWED ANNUALLY BY THE BOARD OF

TRUSTEES AT THE JANUARY MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

COMMITTEE AND WHEN A NEW CONTRACT IS EXECUTED, IT IS VOTED AND APPROVED BY

THE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990, GOVERNING DOCUMENTS AND FORM 1023 ARE AVAILABLE AT THE

LOTUSLAND OFFICES FOR REVIEW BY THE GENERAL PUBLIC.

FORM 990, PART VI, SECTION C, LINE 19:

FOUR YEARS OF FINANCIAL STATEMENTS ARE AVAILABLE AT THE LOTUSLAND OFFICES

UPON REQUEST FOR REVIEW BY THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 2C

THE AUDIT COMMITTEE OVERSEES THE AUDIT AND SELECTION OF THE INDEPENDENT

ACCOUNTANT. THERE WERE NO CHANGES IN THE OVERSIGHT OR SELECTION

PROCESS DURING THE TAX YEAR.

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

M ))(	J FRGE 10		_		_	_	_	990	_					_	
sset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1 F	PROPERTY AND EQUIPMENT	VARIOUS		.000	ну	16	18253747.				18253747.	7,051,148.		٥.	7,051,148.
×	* TOTAL 990 PAGE 10 DEPR						18253747.				18253747.	7,051,148.		٥.	7,051,148.

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone