

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2011**Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,**B Check if applicable:**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C
WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES
6150 MISSION GORGE ROAD #210
SAN DIEGO, CA 92120

D Employer Identification Number

94-2358632

E Telephone number

619-584-5777

G Gross receipts \$ 5,956,552.

F Name and address of principal officer: **TERESA STIVERS**
SAME AS C ABOVE

H(a) Is this a group return for affiliates?☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☒ No

If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.WALDENFAMILY.ORG**H(c) Group exemption number** ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of Formation: 1976**M State of legal domicile:** CA**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WALDEN IS A FOSTER FAMILY AND ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT, CERTIFICATION, AND TRAINING OF FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF FOSTER AND ADOPTIVE CHILDREN.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a).....	8	
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	8	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a).....	68	
	6	Total number of volunteers (estimate if necessary).....	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34.....	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h).....	Prior Year 609,158.	Current Year 5,956,368.
	9	Program service revenue (Part VIII, line 2g).....	6,736,272.	184.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	952.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	7,346,382.	5,956,552.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14	Benefits paid to or for members (Part IX, column (A), line 4).....		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	3,177,290.	2,595,684.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	4,244,599.	3,370,251.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	7,421,889.	5,965,935.
19	Revenue less expenses. Subtract line 18 from line 12.....	-75,507.	-9,383.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16).....	Beginning of Current Year 1,357,219.	End of Year 1,206,131.
	21	Total liabilities (Part X, line 26).....	655,304.	513,599.
	22	Net assets or fund balances. Subtract line 21 from line 20.....	701,915.	692,532.

Part 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.

TAXPAYERS COPY**Sign Here**

Signature of officer

Date

TERESA STIVERS

EXECUTIVE DIRECTOR

Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

JULIE A. FIRL

JULIE A. FIRL

5/29/12

P00085551

Firm's name

▶ LEAF & COLE, LLP

Firm's address

▶ 2810 CAMINO DEL RIO SOUTH, SUITE 200

Firm's EIN ▶ 95-2076568

SAN DIEGO, CA 92108-3820

Phone no. 619.294.7200

May the IRS discuss this return with the preparer shown above? (see instructions)..... ☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0113L 08/18/11

Form 990 (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III.

☒

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐

Yes

☒

No

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?

☐

Yes

☒

No

If 'Yes,' describe these changes on Schedule O.

- 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 and section 4947(a)(1) trusts 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 \$ 4,689,944. including grants of \$) (Revenue \$ 5,206,577.)SEE SCHEDULE O4b (Code:) (Expenses \$ 334,667. including grants of \$) (Revenue \$ 350,000.)

ADOPTION: WALDEN FAMILY SERVICES IS COMMITTED TO THE CHILD'S NEED FOR A PERMANENT HOME. IN ORDER TO FACILITATE STRONG ATTACHMENTS, WALDEN PROVIDES TRAINING AND SUPPORTIVE THERAPY FOR THE FAMILY AND CHILD. IN ADDITION, POST ADOPTIVE SERVICES ARE PROVIDED AFTER THE LEGAL ADOPTION SERVICES ARE FINALIZED. WALDEN IS COMMITTED TO FACILITATING THE FAMILY'S ADJUSTMENTS AS THE CHILD GROWS THROUGH EACH DEVELOPMENTAL STAGE INTO EARLY ADULTHOOD.

4c (Code:) (Expenses \$ 230,640. including grants of \$) (Revenue \$ 220,926.)

APPLE VALLEY AFTER CARE: WALDEN'S AFTERCARE PROGRAM IS A SUPPORTIVE SERVICE THAT ASSISTS FORMER FOSTER YOUTH WITH OVERCOMING THE CHALLENGES THEY MAY FACE WHEN LEAVING FOSTER CARE. WE BELIEVE FORMER FOSTER YOUTH HAVE WHAT IT TAKES TO SUCCEED AND SUPPORT THEM IN COMMON AREAS THAT FORMER FOSTER YOUTH OFTEN STRUGGLE SUCH AS, DAILY LIFE SKILLS, MEDICAL, DENTAL AND EMOTIONAL HEALTH, MENTORING, EDUCATIONAL ASSISTANCE, EMPLOYMENT ASSISTANCE, HOUSING ASSISTANCE AND PERMANENT CONNECTION SUPPORT.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O(Expenses \$ 111,837. including grants of \$) (Revenue \$ 105,760.)4e Total program service expenses 5,367,088.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		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.		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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
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 as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
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.		X
c 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.		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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
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.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.		X
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, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.		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).		X
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.		X
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.		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>		X
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 23		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 68		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3b		
4a 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)?	4a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c 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?	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		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c 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		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the 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.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		
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		
Note. See the instructions for additional information the organization must report on Schedule O.			
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b		

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 in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ X**Section 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 8		
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 in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent. 1b 8		
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
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?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or 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 in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
b Other officers of key employees of the organization.	X	
If 'Yes' to line 15a or 15b, describe the process in 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?	X	
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 taken steps to safeguard the organization's exempt status with respect to such arrangements?		X

Section 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► TERESA A. STIVERS 6150 MISSION GORGE ROAD #210 SAN DIEGO CA 92120 619-584-5777

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE O										
(1) RITA SZCZOTKA BOARD MEMBER	1	X						0.	0.	0.
(2) JENNIFER CHAVEZ BOARD MEMBER	1	X						0.	0.	0.
(3) ADAMN RAJAH GAINEY BOARD MEMBER	1	X						0.	0.	0.
(4) TERESA STIVERS EXECUTIVE DIREC	20	X		X				39,803.	48,648.	11,988.
(5) LEE WILLS-IRVINE BOARD MEMBER	1	X						0.	0.	0.
(6) SUSAN EVANS DIRECTOR OF OPS	37			X				91,807.	0.	0.
(7) MARYANNE CARLIN, CPA TREASURER	1			X				0.	0.	0.
(8) HAL DUNNING CHAIRMAN	1			X				0.	0.	0.
(9) ED EARL VICE CHAIR	1			X				0.	0.	0.
(10) MICHELLE WALSH-OZANNE SECRETARY	1			X				0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1 b Sub-total								131,610.	48,648.	11,988.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								131,610.	48,648.	11,988.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions).....	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above.....	1 f				
	g Noncash contributions included in lns 1a-1f: \$.....					
	h Total. Add lines 1a-1f.....					
PROGRAM SERVICE REVENUE		Business Code				
	2 a FEES & CONTRACTS GOV AGENCIES	624100	5,533,263.	5,533,263.		
	b ADOPTION REVENUE	624110	350,000.	350,000.		
	c OTHER PROGRAM REVENUE	900099	73,105.	73,105.		
	d					
	e					
	f All other program service revenue.....					
	g Total. Add lines 2a-2f.....		5,956,368.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....		184.			184.
	4 Income from investment of tax-exempt bond proceeds.....					
	5 Royalties.....					
		(i) Real (ii) Personal				
	6 a Gross rents.....					
	b Less: rental expenses.....					
	c Rental income or (loss).....					
	d Net rental income or (loss).....					
		(i) Securities (ii) Other				
	7 a Gross amount from sales of assets other than inventory.....					
	b Less: cost or other basis and sales expenses.....					
	c Gain or (loss).....					
	d Net gain or (loss).....					
	8 a Gross income from fundraising events (not including \$..... of contributions reported on line 1c). See Part IV, line 18.....	a				
	b Less: direct expenses.....	b				
	c Net income or (loss) from fundraising events.....					
	9 a Gross income from gaming activities. See Part IV, line 19.....	a				
	b Less: direct expenses.....	b				
	c Net income or (loss) from gaming activities.....					
	10 a Gross sales of inventory, less returns and allowances.....	a				
b Less: cost of goods sold.....	b					
c Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue.....						
e Total. Add lines 11a-11d.....						
12 Total revenue. See instructions.....			5,956,552.	5,956,368.	0.	184.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	143,598.	123,494.	20,104.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,847,222.	1,586,947.	260,275.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	458,480.	374,055.	84,425.	
10 Payroll taxes.	146,384.	125,389.	20,995.	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.	157,825.	148,862.	8,963.	
12 Advertising and promotion.	53,364.	53,364.		
13 Office expenses.	28,390.	20,500.	7,890.	
14 Information technology.				
15 Royalties.				
16 Occupancy.	276,661.	254,220.	22,441.	
17 Travel.	3,496.	824.	2,672.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	13,436.	11,286.	2,150.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	29,316.	12,331.	16,985.	
23 Insurance.	104,740.	91,631.	13,109.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOSTER PARENTS	2,191,570.	2,191,570.		
b MISC EXPENSE	213,436.	145,379.	68,057.	
c CONTRACT LABOR	63,641.	12,866.	50,775.	
d REGIONAL CENTER RESPITE CARE	56,278.	56,278.		
e All other expenses.	178,098.	158,092.	20,006.	
25 Total functional expenses. Add lines 1 through 24e.	5,965,935.	5,367,088.	598,847.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	337,767.	1	222,124.
	2 Savings and temporary cash investments	3.	2	64,732.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	810,495.	4	637,286.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,397.	9	26,428.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 318,526.		
b Less: accumulated depreciation	10b 276,768.	68,221.	10c 41,758.	
11 Investments — publicly traded securities		11		
12 Investments — other securities. See Part IV, line 11		12		
13 Investments — program-related. See Part IV, line 11		13		
14 Intangible assets		14		
15 Other assets. See Part IV, line 11	95,336.	15	213,803.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,357,219.	16	1,206,131.	
LIABILITIES	17 Accounts payable and accrued expenses	611,923.	17	468,579.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,219.	23	3,733.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	32,162.	25	41,287.
	26 Total liabilities. Add lines 17 through 25	655,304.	26	513,599.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	701,915.	27	692,532.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	701,915.	33	692,532.	
34 Total liabilities and net assets/fund balances.	1,357,219.	34	1,206,131.	

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Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	5,956,552.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	5,965,935.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	-9,383.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	701,915.
5	Other changes in net assets or fund balances (explain in Schedule O).....	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).....	6	692,532.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....

b Were the organization's financial statements audited by an independent accountant?.....

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	Employer identification number 94-2358632
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization'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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	42,872.	91,297.	715,247.	608,101.		1,457,517.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,248,266.	8,743,139.	7,685,441.	6,737,329.	5,956,368.	38,370,543.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	9,291,138.	8,834,436.	8,400,688.	7,345,430.	5,956,368.	39,828,060.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b 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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						39,828,060.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	9,291,138.	8,834,436.	8,400,688.	7,345,430.	5,956,368.	39,828,060.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,316.	5,726.	6,894.	952.	184.	28,072.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	14,316.	5,726.	6,894.	952.	184.	28,072.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	9,305,454.	8,840,162.	8,407,582.	7,346,382.	5,956,552.	39,856,132.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	99.93 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.91 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	0.07 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.09 %

19a **33-1/3% support tests — 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒

b **33-1/3% support tests — 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES

Employer identification number

94-2358632

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ► \$ _____

b Assets included in Form 990, Part X..... ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance.....	1c
d Additions during the year.....	1d
e Distributions during the year.....	1e
f Ending balance.....	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations.....	3a(i)	
(ii) related organizations.....	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

- (i) unrelated organizations.....
- (ii) related organizations.....
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....

- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....				
b Buildings.....				
c Leasehold improvements.....		22,834.	22,155.	679.
d Equipment.....				
e Other.....		295,692.	254,613.	41,079.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				41,758.

BAA

Schedule D (Form 990) 2011

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	32,330.
(2) DUE FROM WALDEN FAMILY SERVICES FOUNDATI	181,473.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	213,803.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OVERPAYMENTS	41,287.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	41,287.

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). SEE PART XIV

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

N/A

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

N/A

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

N/A

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION USES A LOSS CONTINGENCIES APPROACH FOR EVALUATING UNCERTAIN TAX

POSITIONS AND CONTINUALLY EVALUATES CHANGES IN TAX LAW AND NEW AUTHORITATIVE

RULINGS

Part XIV Supplemental Information (continued)

This image shows a single sheet of white paper with horizontal dashed lines, similar to notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

Employer identification number

94-2358632

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- ----- ----- -----					
(2) ----- ----- ----- ----- -----					
(3) ----- ----- ----- ----- -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) WALDEN FAMILY SERVICES FOUNDATION 6150 MISSION GORGE ROAD, STE 210 SAN DIEGO, CA 92120 91-2160214	PROVIDE SUPPORT TO WALDEN ENVIRONMENT, INC	CA	11	501(C) 3	N/A		X
(2) ----- ----- ----- ----- -----							
(3) ----- ----- ----- ----- -----							
(4) ----- ----- ----- ----- -----							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												

(2) -----												

(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							

(2) -----							

(3) -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)		
r Other transfer of cash or property from related organization(s)		

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WALDEN FAMILY SERVICES FOUNDATION, INC.	N	179,866.	FAIR VALUE
(2) WALDEN FAMILY SERVICES FOUNDATION, INC.	P	460,697.	FAIR VALUE
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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 990-EZ.

Open to Public
Inspection

Name of the organization **WALDEN ENVIRONMENT, INC.**
DBA: WALDEN FAMILY SERVICES

Employer identification number
94-2358632

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WALDEN ENVIRONMENT DBA WALDEN FAMILY SERVICES (WALDEN) WAS FORMED IN 1976 AS A
NONPROFIT ORGANIZATION TO PROVIDE ADVOCACY, OUT OF HOME PLACEMENT, AND TREATMENT
SERVICES FOR CHILDREN UNABLE TO REMAIN IN THEIR OWN HOMES DUE TO ABANDONMENT, ABUSE,
OR NEGLECT. WALDEN'S GOAL IS TO HELP STABILIZE CHILDREN, YOUTH AND FAMILIES THROUGH
COMMUNITY-BASED PREVENTION AND INTERVENTION SERVICES. WALDEN IS A FOSTER FAMILY AND
ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT, CERTIFICATION, AND TRAINING OF
FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF FOSTER AND ADOPTIVE CHILDREN.
WALDEN'S FUNDING COMES PRIMARILY FROM FEDERAL, STATE, AND COUNTY WELFARE PROGRAMS.
WALDEN PROVIDED SERVICES TO 478 UNIQUE CLIENTS IN 2011.

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

FOSTER CARE PLACEMENTS:

THERAPEUTIC FOSTER CARE IS AN ALTERNATIVE TO INSTITUTIONALIZATION FOR CHILDREN. THE
CHILDREN IN WALDEN'S CARE HAVE SEVERE EMOTIONAL AND BEHAVIORAL CHALLENGES AS A RESULT
OF PAST ABUSE AND ARE IN NEED OF INTENSIVE SERVICES TO HELP THEM HEAL AND REMAIN IN A
FAMILY ENVIRONMENT. MANY OF THE CHILDREN HAVE SUFFERED THE TRAUMA OF MULTIPLE FOSTER
FAMILIES OR GROUP HOME PLACEMENTS BEFORE COMING TO WALDEN. WITH WALDEN'S SPECIALLY
TRAINED FOSTER FAMILIES AND SUPPORT SERVICES, CHILDREN THAT OTHERWISE WOULD BE IN A
GROUP HOME ARE ABLE TO LIVE WITH A FAMILY. WALDEN IS A COST-EFFECTIVE ALTERNATIVE TO
GROUP HOME CARE THAT ALLOWS CHILDREN TO GROW INTO HEALTHY ADULT MEMBERS OF THE
COMMUNITY.

SPECIAL HEALTH CARE NEEDS: WALDEN'S SPECIAL HEALTH CARE NEEDS (SHCN) PROGRAM IS
DESIGNED TO MOVE MEDICALLY FRAGILE CHILDREN OUT OF SKILLED NURSING FACILITIES AND
HOSPITALS INTO HIGHLY SKILLED AND SPECIFICALLY TRAINED CERTIFIED FOSTER FAMILIES.
THIS PROGRAM ALSO CARES FOR CHILDREN WITH TECHNOLOGY-DEPENDENT CONDITIONS SUCH AS
APNEA MONITORS, NEBULIZERS, OXYGEN, FEEDING TUBES AND OTHER ADAPTIVE EQUIPMENT.

Name of the organization WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES

Employer identification number
94-2358632

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

OTHER CHILDREN IN THE PROGRAM MAY INCLUDE DRUG-EXPOSED INFANTS, JUVENILE DIABETICS, FAILURE TO THRIVE INFANTS, PREMATURE INFANTS, OR CHILDREN WITH OTHER LIFE THREATENING MEDICAL CONDITIONS. THIS UNIQUE PROGRAM INCLUDES INTENSIVE TRAINING AND SUPPORT FOR FOSTER PARENTS WILLING TO CARE FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS.

DEVELOPMENTAL DISABILITIES PROGRAM: WALDEN FAMILY SERVICES SERVES THE NEEDS OF FOSTER CHILDREN AND TEENS WITH DEVELOPMENTAL DISABILITIES AND BEHAVIORAL CHALLENGES.

DEVELOPMENTAL DISABILITIES INCLUDE MENTAL RETARDATION, CEREBRAL PALSY, EPILEPSY,

AUTISM AND OTHER SIMILAR CHALLENGES. THE GOAL OF THIS PROGRAM IS TO PREVENT

INSTITUTIONALIZATION, PREPARE CHILDREN AND TEENS FOR MAXIMUM INDEPENDENCE AND ENRICH LIVES BY PARTICIPATION IN A FULL RANGE OF NORMAL LIFE EXPERIENCES IN FAMILY AND COMMUNITY SETTINGS.

FOSTER CARE FOR PREGNANT AND PARENTING TEENS: WALDEN PROVIDES SUPPORT AND TRAINING TO PRE AND POST EMANCIPATED PREGNANT AND PARENTING TEENS THROUGH THIS PROGRAM.

SERVICES INCLUDE SUPPORT WITH THE COURT PROCESS, PARENTING TRAINING, BUDGETING

ASSISTANCE AND REFERRALS TO COMMUNITY RESOURCES. THE PROGRAM OFFERS SERVICES AND

SUPPORT TO BOTH TEENS THAT HAVE CUSTODY OF THEIR CHILDREN AND TEENS WORKING TOWARD

REUNIFICATION WITH THEIR DEPENDENT CHILDREN. ADDITIONALLY, UNDER THIS PROGRAM,

WALDEN SUPPORTS CALIFORNIA STATUTE SB500 (WHOLE FAMILY FOSTER HOME - WFFH) PLACEMENTS

AND PROVIDES THE SERVICES LISTED IN THE ABOVE PARAGRAPH TO WFFH PLACEMENTS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

MENTAL HEALTH SERVICES: AS A RESULT OF PAST TRAUMA, MANY FOSTER CHILDREN NEED

MENTAL HEALTH SERVICES SUCH AS INDIVIDUAL, GROUP AND FAMILY COUNSELING, SKILL

BUILDING ACTIVITIES AND PSYCHIATRIC SERVICES TO HEAL. IN 2002, WALDEN OPENED A

MENTAL HEALTH CLINIC IN SAN DIEGO COUNTY TO ENSURE OUR CHILDREN DEVELOP INTO HEALTHY

ADULTS. SERVICES INCLUDE INDIVIDUAL AND FAMILY THERAPY, GROUP THERAPY, SKILLS

TRAINING, PARENT COACHING AND PSYCHIATRIC SERVICES. MENTAL HEALTH SERVICES WERE

Name of the organization **WALDEN ENVIRONMENT, INC.**
DBA: WALDEN FAMILY SERVICES

Employer identification number
94-2358632

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CEASED IN JUNE 2011 DUE TO SAN DIEGO COUNTY NOT EXTENDING THE CONTRACT TO INDIVIDUAL
FOSTER FAMILY AGENCIES.

INDEPENDENT FUTURES PROGRAM: WALDEN CREATED THE INDEPENDENT FUTURES PROGRAM IN 2001
TO ASSIST PRE AND POST EMANCIPATED FOSTER YOUTH WHO WERE PLACED WITH WALDEN WHEN
THEY EXIT FROM FOSTER CARE. IT IS A GRANT AND PHILANTHROPY FUNDED PROGRAM WHICH
SERVES OVER 150 PRE AND POST EMANCIPATED FOSTER YOUTH.

WALDEN BELIEVES THAT MANY TRANSITION AGE YOUTH ARE EAGER TO TAKE CONTROL OF THEIR
OWN DESTINIES, BUT DON'T HAVE THE MEANS AND/OR SKILLS TO DO SO. FOR THAT AND MANY
OTHER IMPERATIVE REASONS, WALDEN IS COMMITTED TO RESPONDING TO THE REALITIES THAT
ALL FOSTER YOUTH FACE AS THEY TRANSITION TO ADULthood. WALDEN GIVES PARTICULAR
ATTENTION TO THE CHALLENGES THAT YOUTH FACE AS THEY LEAVE FOSTER CARE. INDEPENDENT
FUTURES SEEKS TO HELP ADOLESCENTS AND YOUTH ADULTS DEVELOP CONCRETE AND ABSTRACT
LIFE SKILLS THAT ARE NECESSARY TO LIVE AS HEALTHY, SELF-SUFFICIENT, RESPONSIBLE AND
PRODUCTIVE ADULTS. THIS IS ACCOMPLISHED BY PROVIDING THE YOUNG ADULT WITH
STRENGTHS-BASED AND YOUTH ADULT DRIVEN CASE MANAGEMENT AS WELL AS A SAFE AND
SUPPORTIVE SETTING THAT FACILITATES OPPORTUNITIES FOR AGE-APPROPRIATE MISTAKES AND
ACCOUNTABILITY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ACCOUNTING MANAGER REVIEWS THE 990 TAX RETURN FOR ACCURACY AND THEN THE CEO
REVIEWS AND SIGNS RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY. BOARD
MEMBERS ARE REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS THROUGHOUT THE YEAR AND

Name of the organization WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES

Employer identification number
94-2358632

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

REFRAIN FROM VOTING ON ANY TRANSACTION OR MATTER BEFORE THE BOARD IN WHICH A
CONFLICT OR POSSIBLE CONFLICT EXISTS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

WE HAVE A COMPENSATION SALARY RANGE GUIDE FOR ALL JOB TITLES AND NEW HIRES SIGN AN
OFFER LETTER DETAILING SALARY AND BENEFITS. WE BENCHMARK AGAINST THE NON-PROFIT
SALARY PROFILES. FOR THE EXECUTIVE DIRECTOR, THE BOARD OF DIRECTORS MAKES HIRING
AND COMPENSATION DECISIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990, FROM THE PREVIOUS THREE
YEARS, WILL BE AVAILABLE FOR INSPECTION OR COPYING AT THE ORGANIZATION'S MAIN OFFICE
DURING NORMAL BUSINESS HOURS AT NO CHARGE

FORM 990, PART VII - COMPENSATION EXPLANATION**TERESA STIVERS**

ALL PAYROLL IS PAID BY WALDEN ENVIORNMENT, INC. AND ALLOCATED TO THE RELATED ENTITY,
WALDEN FAMILY FOUNDATION.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2011Attachment
Sequence No. **179**Name(s) shown on return **WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES**Identifying number
94-2358632

Business or activity to which this form relates

DEPRECIATION SCHEDULES ONLY**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	29,316.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B — Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	29,316.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDI02812L 05/20/11

Form **4562** (2011)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	<input checked="" type="checkbox"/> 94-2358632
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	6150 MISSION GORGE ROAD #210	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN DIEGO, CA 92120	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► TERESA A. STIVERS

Telephone No. ► 619-584-5777 FAX No. ► 619-584-5757

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ☒ calendar year 20 11 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)

12/31/11

2011 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 11-014

WALDEN ENVIRONMENT, INC.
DBA WALDEN FAMILY SERVICES

94-2358632

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	CUR 179 BONUS	BUS. PCT	COST/ BASIS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR. SCHEDULE ONLY																
IMPROVEMENTS																
2	LEASEHOLD IMPROVEMENTS	VARIOUS				22,834					22,834	21,673	S/L	5		482
	TOTAL IMPROVEMENTS			0	0	22,834	0	0	0	0	22,834	21,673				482
MACHINERY AND EQUIPMENT																
1	FURNITURE & EQUIPMENT	VARIOUS				253,889					253,889	188,492	S/L	5		26,915
	TOTAL MACHINERY AND EQUIPMENT			0	0	253,889	0	0	0	0	253,889	188,492				26,915
MISCELLANEOUS																
3	SOFTWARE	VARIOUS				41,803					41,803	37,287	S/L	3		1,919
	TOTAL MISCELLANEOUS			0	0	41,803	0	0	0	0	41,803	37,287				1,919
	TOTAL DEPRECIATION			0	0	318,526	0	0	0	0	318,526	247,452				29,316
	GRAND TOTAL DEPRECIATION			0	0	318,526	0	0	0	0	318,526	247,452				29,316

TAXABLE YEAR **2011** **California Exempt Organization Annual Information Return**

FORM
199

Calendar Year 2011 or fiscal year beginning month day year, and ending month day year

Corporation/Organization Name **WALDEN ENVIRONMENT, INC.**
DBA: WALDEN FAMILY SERVICES

Address (suite, room, or PMB no.)
6150 MISSION GORGE ROAD #210

City **SAN DIEGO, CA 92120** State ZIP Code

California corporation number
C0775003

FEIN
94-2358632

A First Return. ☐ Yes ☒ No

B Amended Return. ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust. ☐ Yes ☒ No

D Final Return. ☐ Yes ☒ No

☐ Dissolved ☐ Surrendered (Withdrawn)

☐ Merged/Reorganized Enter date: ☐

E Check accounting method:
1 ☐ Cash 2 ☒ Accrual 3 ☐ Other

F Federal return filed?
1 ☐ 990T 2 ☐ 990 (PF) 3 ☐ Sch H (990)

G Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No
If 'Yes,' attach a roster. See instructions

H Is this organization in a group exemption? ☐ Yes ☒ No
If 'Yes,' What's the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ☐ Yes ☒ No
If 'Yes,' explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ☐ Yes ☒ No
If 'Yes,' complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If 'Yes,' enter gross receipts from nonmember sources \$ ☐

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required ☒

M Is the organization a Limited Liability Company? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,956,552.
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B.	4	5,956,552.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	5,956,552.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,965,935.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-9,383.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	
	12	Total payments	12	
	13	Penalties and Interest. See General Instruction J	13	
	14	Use tax. See General Instruction K	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	TAXPAYERS COPY	Title	Date
Paid Preparer's Use Only	Preparer's signature	JULIE A. FIRL	Date	5/29/12
	Firm's name (or yours, if self-employed) and address	LEAF & COLE, LLP 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108-3820	Check if self-employed	<input checked="" type="checkbox"/>
	Telephone	619-584-5777	Paid PTIN	P00085551
	FEIN	95-2076568	Telephone	619.294.7200
	May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	184.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule	7	5,956,368.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	5,956,552.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	143,598.
	12	Other salaries and wages	12	1,847,222.
	13	Interest	13	
	14	Taxes	14	146,384.
	15	Rents	15	276,661.
	16	Depreciation and depletion (See instructions)	16	29,316.
	17	Other Expenses and Disbursements. Attach schedule	17	3,522,754.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	5,965,935.

Schedule L Balance Sheets

		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		337,770.		286,856.
2	Net accounts receivable		810,495.		637,286.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments Attach schedule				
10 a	Depreciable assets	315,673.		318,526.	
b	Less accumulated depreciation	247,452.	68,221.	276,768.	41,758.
11	Land				
12	Other assets. Attach schedule		140,733.		240,231.
13	Total assets		1,357,219.		1,206,131.
Liabilities and net worth					
14	Accounts payable		611,923.		468,579.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		11,219.		3,733.
18	Other liabilities. Attach schedule		32,162.		41,287.
19	Capital stock or principle fund		701,915.		692,532.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		1,357,219.		1,206,131.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	-9,383.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	-9,383.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	-9,383.			

2011**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 3885 ONLY**Corporation name **WALDEN ENVIRONMENT, INC.**

California corporation number

DBA: WALDEN FAMILY SERVICES**C0775003****Part I Election to Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	FURNITURE & EQUI	VARIOUS	253,889.	188,492.	S/L	5	26,915.	
	LEASEHOLD IMPROV	VARIOUS	22,834.	21,673.	S/L	5	482.	
	SOFTWARE	VARIOUS	41,803.	37,287.	S/L	3	1,919.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	29,316.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g)						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

PROGRAM SERVICE REVENUE.....	\$ 5,956,368.
TOTAL	<u>\$ 5,956,368.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SUSAN EVANS 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	DIRECTOR OF OPS 37.00	\$ 91,807.	\$ 0.	\$ 0.
MARYANNE CARLIN, CPA 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	TREASURER 1.00	0.	0.	0.
HAL DUNNING 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	CHAIRMAN 1.00	0.	0.	0.
ED EARL 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	VICE CHAIR 1.00	0.	0.	0.
RITA SZCZOTKA 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	BOARD MEMBER 1.00	0.	0.	0.
JENNIFER CHAVEZ 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	BOARD MEMBER 1.00	0.	0.	0.
MICHELLE WALSH-OZANNE 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	SECRETARY 1.00	0.	0.	0.
ADAMN RAJAH GAINES 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	BOARD MEMBER 1.00	0.	0.	0.
TERESA STIVERS 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	EXECUTIVE DIREC 20.00	51,791.	0.	0.
LEE WILLS-IRVINE 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	BOARD MEMBER 1.00	0.	0.	0.
TOTAL		<u>\$ 143,598.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

2011

CALIFORNIA STATEMENTS

PAGE 2

CLIENT 11-014

WALDEN ENVIRONMENT INC
DBA WALDEN FAMILY SERVICES

94-2358632

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$ 53,364.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	13,436.
CONTRACT LABOR.....	63,641.
EMANCIPATED YOUTH.....	54,839.
EQUIPMENT RENTAL & EXPENSE.....	33,572.
FOSTER PARENTS.....	2,191,570.
INSURANCE.....	104,740.
LICENSES & PERMITS.....	26,903.
MISC EXPENSE.....	213,436.
OFFICE EXPENSES.....	28,390.
OTHER EMPLOYEE BENEFIT.....	458,480.
OTHER FEES.....	157,825.
POSTAGE AND SHIPPING.....	10,472.
PRINTING AND PUBLICATIONS.....	9,521.
REGIONAL CENTER RESPITE CARE.....	56,278.
TELECOMMUNICATION.....	42,791.
TRAVEL.....	3,496.
TOTAL	<u>\$ 3,522,754.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

DEPOSITS.....	32,330.
DUE FROM WALDEN FAMILY SERVICES FOUNDATI.....	181,473.
PREPAID EXPENSES AND DEFERRED CHARGES.....	26,428.
TOTAL	<u>\$ 240,231.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

OVERPAYMENTS.....	41,287.
TOTAL	<u>\$ 41,287.</u>

IN
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>018997</u>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report			
WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES Name of Organization		Corporate or Organization No. <u>C0775003</u>			
6150 MISSION GORGE ROAD #210 Address (Number and Street)		Federal Employer ID No. <u>94-2358632</u>			
SAN DIEGO, CA 92120 City or Town State ZIP Code					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts					
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300
PART A – ACTIVITIES					
For your most recent full accounting period (beginning <u>1/01/11</u> ending <u>12/31/11</u>) list: Gross annual revenue \$ <u>5,956,552.</u> Total assets \$ <u>1,206,131.</u>					
PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT					
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.					
				Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 1				<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Organization's area code and telephone number <u>619-584-5777</u>					
Organization's e-mail address _____					
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.					
TAXPAYERS COPY					
TERESA STIVERS		EXECUTIVE DIRECTOR			
Signature of authorized officer		Printed Name		Title	
				Date	

**STATEMENT 1
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

COUNTY OF SAN BERNARDINO
HUMAN SERVICES- ADMINISTRATIVE SUPPORT DIVISION
150 S. LENA ROAD
SAN BERNARDINO, CA 92415
LISA ORDAZ
909.388.0222

COUNTY OF SAN DIEGO
CHILDRENS' MENTAL HEALTH
3255 CAMINO DEL RIO SOUTH
SAN DIEGO, CA 92108
KATIE ASTOR
619.584.5004

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
744 P STREET
SACRAMENTO, CA 95814

COUNTY OF ORANGE
SOCIAL SERVICES AGENCY
888 N. MAIN STREET
SANTA ANA, CA 92701-3518
714.541.7700

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES
10281 KIDD STREET
RIVERSIDE, CA 92506

COUNTY OF LOS ANGELES
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 SHATTO PLACE
LOS ANGELES, CA 90020
213.351.5602

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C
 WALDEN ENVIRONMENT, INC.
 DBA: WALDEN FAMILY SERVICES
 6150 MISSION GORGE ROAD #210
 SAN DIEGO, CA 92120

D Employer Identification Number

94-2358632

E Telephone number

619-584-5777

G Gross receipts \$ 5,956,552.

F Name and address of principal officer: TERESA STIVERS
 SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☒ No
If 'No,' attach a list. (see instructions)I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.WALDENFAMILY.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of Formation: 1976

M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WALDEN IS A FOSTER FAMILY AND ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT, CERTIFICATION, AND TRAINING OF FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF FOSTER AND ADOPTIVE CHILDREN.</u>																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	3	Number of voting members of the governing body (Part VI, line 1a)	8																	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8																	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	68																	
	6	Total number of volunteers (estimate if necessary)	0																	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.																
7b		Net unrelated business taxable income from Form 990-T, line 34	0.																	
<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td>609,158.</td> <td></td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td>6,736,272.</td> <td>5,956,368.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>952.</td> <td>184.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td></td> <td></td> </tr> <tr> <td>12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>7,346,382.</td> <td>5,956,552.</td> </tr> </tbody> </table>				Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	609,158.		9 Program service revenue (Part VIII, line 2g)	6,736,272.	5,956,368.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	952.	184.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,346,382.	5,956,552.
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12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,346,382.	5,956,552.																		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)																		
	14	Benefits paid to or for members (Part IX, column (A), line 4)																		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,177,290.																	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)																		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶																		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,244,599.																	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,421,889.																	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-9,383.																	
	<table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td>1,357,219.</td> <td>1,206,131.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td>655,304.</td> <td>513,599.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td>701,915.</td> <td>692,532.</td> </tr> </tbody> </table>				Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	1,357,219.	1,206,131.	21 Total liabilities (Part X, line 26)	655,304.	513,599.	22 Net assets or fund balances. Subtract line 21 from line 20	701,915.	692,532.					
		Beginning of Current Year	End of Year																	
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21 Total liabilities (Part X, line 26)	655,304.	513,599.																		
22 Net assets or fund balances. Subtract line 21 from line 20	701,915.	692,532.																		

Part 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 Here	Signature of officer		Date		
	TERESA STIVERS		EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	JULIE A. FIRL	JULIE A. FIRL	5/29/12		P00085551
	Firm's name ▶ LEAF & COLE, LLP				
	Firm's address ▶ 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108-3820	Firm's EIN ▶ 95-2076568 Phone no. 619.294.7200			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III. ☒ **X**

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
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? ☐ Yes ☒ No
If 'Yes,' describe these changes on Schedule O.
- 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 and section 4947(a)(1) trusts 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 \$ 4,689,944. including grants of \$) (Revenue \$ 5,206,577.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 334,667. including grants of \$) (Revenue \$ 350,000.)
ADOPTION: WALDEN FAMILY SERVICES IS COMMITTED TO THE CHILD'S NEED FOR A PERMANENT HOME. IN ORDER TO FACILITATE STRONG ATTACHMENTS, WALDEN PROVIDES TRAINING AND SUPPORTIVE THERAPY FOR THE FAMILY AND CHILD. IN ADDITION, POST ADOPTIVE SERVICES ARE PROVIDED AFTER THE LEGAL ADOPTION SERVICES ARE FINALIZED. WALDEN IS COMMITTED TO FACILITATING THE FAMILY'S ADJUSTMENTS AS THE CHILD GROWS THROUGH EACH DEVELOPMENTAL STAGE INTO EARLY ADULTHOOD.

4c (Code:) (Expenses \$ 230,640. including grants of \$) (Revenue \$ 220,926.)
APPLE VALLEY AFTER CARE: WALDEN'S AFTERCARE PROGRAM IS A SUPPORTIVE SERVICE THAT ASSISTS FORMER FOSTER YOUTH WITH OVERCOMING THE CHALLENGES THEY MAY FACE WHEN LEAVING FOSTER CARE. WE BELIEVE FORMER FOSTER YOUTH HAVE WHAT IT TAKES TO SUCCEED AND SUPPORT THEM IN COMMON AREAS THAT FORMER FOSTER YOUTH OFTEN STRUGGLE SUCH AS, DAILY LIFE SKILLS, MEDICAL, DENTAL AND EMOTIONAL HEALTH, MENTORING, EDUCATIONAL ASSISTANCE, EMPLOYMENT ASSISTANCE, HOUSING ASSISTANCE AND PERMANENT CONNECTION SUPPORT.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O(Expenses \$ 111,837. including grants of \$) (Revenue \$ 105,760.)4e Total program service expenses 5,367,088.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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 similar amounts as defined in Revenue Procedure 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 Schedule D, Part III.....	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	10	X
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 as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	11a X	
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	X
c 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	11e X	
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 X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.....	12a	X
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, XII, and XIII 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
14a 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 or more? If 'Yes,' complete Schedule F, Parts I and IV.....	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' 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 assistance to individuals located outside the United States? 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	X
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	X
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
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....	20	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....	20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		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 Schedule J.		X
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		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 Schedule L, Part I.		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		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.		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	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.		X
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.		X
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.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 23		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X		
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 68		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3b		
4a 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)?	4a		X
b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c 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?	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		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c 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		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the 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.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		
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		
Note. See the instructions for additional information the organization must report on Schedule O.			
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.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b		

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 in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒**Section 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 8		
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 in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent. 1b 8		
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director or 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 in Schedule O.	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12a X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	12c X	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	15a X	
b Other officers of key employees of the organization.	15b X	
If 'Yes' to line 15a or 15b, describe the process in 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 X	
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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ TERESA A. STIVERS 6150 MISSION GORGE ROAD #210 SAN DIEGO CA 92120 619-584-5777

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☒ X**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE O										
(1) RITA SZCZOTKA BOARD MEMBER	1	X						0.	0.	0.
(2) JENNIFER CHAVEZ BOARD MEMBER	1	X						0.	0.	0.
(3) ADAMN RAJAH GAINNEY BOARD MEMBER	1	X						0.	0.	0.
(4) TERESA STIVERS EXECUTIVE DIREC	20	X		X				39,803.	48,648.	11,988.
(5) LEE WILLS-IRVINE BOARD MEMBER	1	X						0.	0.	0.
(6) SUSAN EVANS DIRECTOR OF OPS	37			X				91,807.	0.	0.
(7) MARYANNE CARLIN, CPA TREASURER	1			X				0.	0.	0.
(8) HAL DUNNING CHAIRMAN	1			X				0.	0.	0.
(9) ED EARL VICE CHAIR	1			X				0.	0.	0.
(10) MICHELLE WALSH-OZANNE SECRETARY	1			X				0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1 b Sub-total								131,610.	48,648.	11,988.
c Total from continuation sheets to Part VII, Section A.								0.	0.	0.
d Total (add lines 1b and 1c)								131,610.	48,648.	11,988.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns.....	1a				
	b Membership dues.....	1b				
	c Fundraising events.....	1c				
	d Related organizations.....	1d				
	e Government grants (contributions).....	1e				
	f All other contributions, gifts, grants, and similar amounts not included above.....	1f				
	g Noncash contributions included in lns 1a-1f: \$					
h Total. Add lines 1a-1f.....						
PROGRAM SERVICE REVENUE		Business Code				
	2a FEES & CONTRACTS GOV AGENCIES	624100	5,533,263.	5,533,263.		
	b ADOPTION REVENUE	624110	350,000.	350,000.		
	c OTHER PROGRAM REVENUE	900099	73,105.	73,105.		
	d					
	e					
	f All other program service revenue ...					
g Total. Add lines 2a-2f.....		5,956,368.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....		184.			184.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties.....					
		(i) Real (ii) Personal				
	6a Gross rents.....					
	b Less: rental expenses.....					
	c Rental income or (loss).....					
	d Net rental income or (loss).....					
		(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory. .					
	b Less: cost or other basis and sales expenses.....					
	c Gain or (loss).....					
	d Net gain or (loss).....					
	8a Gross income from fundraising events (not including: \$ _____ of contributions reported on line 1c). See Part IV, line 18.....	a				
	b Less: direct expenses.....	b				
	c Net income or (loss) from fundraising events.....					
	9a Gross income from gaming activities. See Part IV, line 19.....	a				
b Less: direct expenses.....	b					
c Net income or (loss) from gaming activities.....						
10a Gross sales of inventory, less returns and allowances.....	a					
b Less: cost of goods sold.....	b					
c Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue.....						
e Total. Add lines 11a-11d.....						
12 Total revenue. See instructions.....			5,956,552.	5,956,368.	0.	184.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	143,598.	123,494.	20,104.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,847,222.	1,586,947.	260,275.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	458,480.	374,055.	84,425.	
10 Payroll taxes.	146,384.	125,389.	20,995.	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.	157,825.	148,862.	8,963.	
12 Advertising and promotion.	53,364.	53,364.		
13 Office expenses.	28,390.	20,500.	7,890.	
14 Information technology.				
15 Royalties.				
16 Occupancy.	276,661.	254,220.	22,441.	
17 Travel.	3,496.	824.	2,672.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	13,436.	11,286.	2,150.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	29,316.	12,331.	16,985.	
23 Insurance.	104,740.	91,631.	13,109.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOSTER PARENTS	2,191,570.	2,191,570.		
b MISC EXPENSE	213,436.	145,379.	68,057.	
c CONTRACT LABOR	63,641.	12,866.	50,775.	
d REGIONAL CENTER RESPITE CARE	56,278.	56,278.		
e All other expenses.	178,098.	158,092.	20,006.	
25 Total functional expenses. Add lines 1 through 24e.	5,965,935.	5,367,088.	598,847.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	337,767.	1	222,124.
	2 Savings and temporary cash investments	3.	2	64,732.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	810,495.	4	637,286.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,397.	9	26,428.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 318,526.		
	b Less: accumulated depreciation	10b 276,768.	68,221.	10c 41,758.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	95,336.	15	213,803.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,357,219.	16	1,206,131.	
LIABILITIES	17 Accounts payable and accrued expenses	611,923.	17	468,579.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,219.	23	3,733.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	32,162.	25	41,287.
	26 Total liabilities. Add lines 17 through 25	655,304.	26	513,599.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		
27 Unrestricted net assets		701,915.	27	692,532.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances.		701,915.	33	692,532.
34 Total liabilities and net assets/fund balances.	1,357,219.	34	1,206,131.	

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Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	5,956,552.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	5,965,935.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	-9,383.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	701,915.
5	Other changes in net assets or fund balances (explain in Schedule O).....	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).....	6	692,532.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....

b Were the organization's financial statements audited by an independent accountant?.....

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization **WALDEN ENVIRONMENT, INC.**
DBA: WALDEN FAMILY SERVICES

Employer identification number
94-2358632

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III – Functionally integrated
 - d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization'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.						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	%

16a **33-1/3% support test — 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐

b **33-1/3% support test — 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐

17a **10%-facts-and-circumstances test — 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐

b **10%-facts-and-circumstances test — 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐

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Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	42,872.	91,297.	715,247.	608,101.		1,457,517.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,248,266.	8,743,139.	7,685,441.	6,737,329.	5,956,368.	38,370,543.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	9,291,138.	8,834,436.	8,400,688.	7,345,430.	5,956,368.	39,828,060.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b 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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						39,828,060.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.	9,291,138.	8,834,436.	8,400,688.	7,345,430.	5,956,368.	39,828,060.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	14,316.	5,726.	6,894.	952.	184.	28,072.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	14,316.	5,726.	6,894.	952.	184.	28,072.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lns 9, 10c, 11, and 12.)	9,305,454.	8,840,162.	8,407,582.	7,346,382.	5,956,552.	39,856,132.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.93 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.91 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.07 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.09 %

19a **33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☒

b **33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number

94-2358632

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$

b Assets included in Form 990, Part X..... ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance.....	1c
d Additions during the year.....	1d
e Distributions during the year.....	1e
f Ending balance.....	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations.....	3a(i)	
(ii) related organizations.....	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....				
b Buildings.....				
c Leasehold improvements.....		22,834.	22,155.	679.
d Equipment.....				
e Other.....		295,692.	254,613.	41,079.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).....				41,758.

BAA

Schedule D (Form 990) 2011

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	32,330.
(2) DUE FROM WALDEN FAMILY SERVICES FOUNDATI	181,473.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

213,803.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OVERPAYMENTS	41,287.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

41,287.

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). SEE PART XIV

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

N/A

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

N/A

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

N/A

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION USES A LOSS CONTINGENCIES APPROACH FOR EVALUATING UNCERTAIN TAX POSITIONS AND CONTINUALLY EVALUATES CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

2011Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

94-2358632

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					

(2) -----					

(3) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) WALDEN FAMILY SERVICES FOUNDATION, 6150 MISSION GORGE ROAD, STE 210 SAN DIEGO, CA 92120 91-2160214	PROVIDE SUPPORT TO WALDEN ENVIRONMENT, INC	CA	11	501 (C) 3	N/A		X
(2) -----							

(3) -----							

(4) -----							

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

TEEA5001L 09/08/11

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												

(2) -----												

(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							

(2) -----							

(3) -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.....		X
b Gift, grant, or capital contribution to related organization(s).....		X
c Gift, grant, or capital contribution from related organization(s).....	X	
d Loans or loan guarantees to or for related organization(s).....		X
e Loans or loan guarantees by related organization(s).....		X
f Sale of assets to related organization(s).....		X
g Purchase of assets from related organization(s).....		X
h Exchange of assets with related organization(s).....		X
i Lease of facilities, equipment, or other assets to related organization(s).....		X
j Lease of facilities, equipment, or other assets from related organization(s).....		X
k Performance of services or membership or fundraising solicitations for related organization(s).....		X
l Performance of services or membership or fundraising solicitations by related organization(s).....		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....		X
n Sharing of paid employees with related organization(s).....	X	
o Reimbursement paid to related organization(s) for expenses.....		X
p Reimbursement paid by related organization(s) for expenses.....	X	
q Other transfer of cash or property to related organization(s).....		
r Other transfer of cash or property from related organization(s).....		

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WALDEN FAMILY SERVICES FOUNDATION, INC.	N	179,866.	FAIR VALUE
(2) WALDEN FAMILY SERVICES FOUNDATION, INC.	P	460,697.	FAIR VALUE
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES

Employer identification number

94-2358632

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WALDEN ENVIRONMENT DBA WALDEN FAMILY SERVICES (WALDEN) WAS FORMED IN 1976 AS A
NONPROFIT ORGANIZATION TO PROVIDE ADVOCACY, OUT OF HOME PLACEMENT, AND TREATMENT
SERVICES FOR CHILDREN UNABLE TO REMAIN IN THEIR OWN HOMES DUE TO ABANDONMENT, ABUSE,
OR NEGLECT. WALDEN'S GOAL IS TO HELP STABILIZE CHILDREN, YOUTH AND FAMILIES THROUGH
COMMUNITY-BASED PREVENTION AND INTERVENTION SERVICES. WALDEN IS A FOSTER FAMILY AND
ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT, CERTIFICATION, AND TRAINING OF
FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF FOSTER AND ADOPTIVE CHILDREN.
WALDEN'S FUNDING COMES PRIMARILY FROM FEDERAL, STATE, AND COUNTY WELFARE PROGRAMS.
WALDEN PROVIDED SERVICES TO 478 UNIQUE CLIENTS IN 2011.

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

FOSTER CARE PLACEMENTS:

THERAPEUTIC FOSTER CARE IS AN ALTERNATIVE TO INSTITUTIONALIZATION FOR CHILDREN. THE
CHILDREN IN WALDEN'S CARE HAVE SEVERE EMOTIONAL AND BEHAVIORAL CHALLENGES AS A RESULT
OF PAST ABUSE AND ARE IN NEED OF INTENSIVE SERVICES TO HELP THEM HEAL AND REMAIN IN A
FAMILY ENVIRONMENT. MANY OF THE CHILDREN HAVE SUFFERED THE TRAUMA OF MULTIPLE FOSTER
FAMILIES OR GROUP HOME PLACEMENTS BEFORE COMING TO WALDEN. WITH WALDEN'S SPECIALLY
TRAINED FOSTER FAMILIES AND SUPPORT SERVICES, CHILDREN THAT OTHERWISE WOULD BE IN A
GROUP HOME ARE ABLE TO LIVE WITH A FAMILY. WALDEN IS A COST-EFFECTIVE ALTERNATIVE TO
GROUP HOME CARE THAT ALLOWS CHILDREN TO GROW INTO HEALTHY ADULT MEMBERS OF THE
COMMUNITY.

SPECIAL HEALTH CARE NEEDS: WALDEN'S SPECIAL HEALTH CARE NEEDS (SHCN) PROGRAM IS
DESIGNED TO MOVE MEDICALLY FRAGILE CHILDREN OUT OF SKILLED NURSING FACILITIES AND
HOSPITALS INTO HIGHLY SKILLED AND SPECIFICALLY TRAINED CERTIFIED FOSTER FAMILIES.
THIS PROGRAM ALSO CARES FOR CHILDREN WITH TECHNOLOGY-DEPENDENT CONDITIONS SUCH AS
APNEA MONITORS, NEBULIZERS, OXYGEN, FEEDING TUBES AND OTHER ADAPTIVE EQUIPMENT.

Name of the organization **WALDEN ENVIRONMENT, INC.**
DBA: WALDEN FAMILY SERVICES

Employer identification number
94-2358632

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

OTHER CHILDREN IN THE PROGRAM MAY INCLUDE DRUG-EXPOSED INFANTS, JUVENILE DIABETICS, FAILURE TO THRIVE INFANTS, PREMATURE INFANTS, OR CHILDREN WITH OTHER LIFE THREATENING MEDICAL CONDITIONS. THIS UNIQUE PROGRAM INCLUDES INTENSIVE TRAINING AND SUPPORT FOR FOSTER PARENTS WILLING TO CARE FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS.

DEVELOPMENTAL DISABILITIES PROGRAM: WALDEN FAMILY SERVICES SERVES THE NEEDS OF FOSTER CHILDREN AND TEENS WITH DEVELOPMENTAL DISABILITIES AND BEHAVIORAL CHALLENGES.

DEVELOPMENTAL DISABILITIES INCLUDE MENTAL RETARDATION, CEREBRAL PALSY, EPILEPSY, AUTISM AND OTHER SIMILAR CHALLENGES. THE GOAL OF THIS PROGRAM IS TO PREVENT INSTITUTIONALIZATION, PREPARE CHILDREN AND TEENS FOR MAXIMUM INDEPENDENCE AND ENRICH LIVES BY PARTICIPATION IN A FULL RANGE OF NORMAL LIFE EXPERIENCES IN FAMILY AND COMMUNITY SETTINGS.

FOSTER CARE FOR PREGNANT AND PARENTING TEENS: WALDEN PROVIDES SUPPORT AND TRAINING TO PRE AND POST EMANCIPATED PREGNANT AND PARENTING TEENS THROUGH THIS PROGRAM.

SERVICES INCLUDE SUPPORT WITH THE COURT PROCESS, PARENTING TRAINING, BUDGETING

ASSISTANCE AND REFERRALS TO COMMUNITY RESOURCES. THE PROGRAM OFFERS SERVICES AND

SUPPORT TO BOTH TEENS THAT HAVE CUSTODY OF THEIR CHILDREN AND TEENS WORKING TOWARD

REUNIFICATION WITH THEIR DEPENDENT CHILDREN. ADDITIONALLY, UNDER THIS PROGRAM,

WALDEN SUPPORTS CALIFORNIA STATUTE SB500 (WHOLE FAMILY FOSTER HOME - WFFH) PLACEMENTS

AND PROVIDES THE SERVICES LISTED IN THE ABOVE PARAGRAPH TO WFFH PLACEMENTS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

MENTAL HEALTH SERVICES: AS A RESULT OF PAST TRAUMA, MANY FOSTER CHILDREN NEED

MENTAL HEALTH SERVICES SUCH AS INDIVIDUAL, GROUP AND FAMILY COUNSELING, SKILL

BUILDING ACTIVITIES AND PSYCHIATRIC SERVICES TO HEAL. IN 2002, WALDEN OPENED A

MENTAL HEALTH CLINIC IN SAN DIEGO COUNTY TO ENSURE OUR CHILDREN DEVELOP INTO HEALTHY

ADULTS. SERVICES INCLUDE INDIVIDUAL AND FAMILY THERAPY, GROUP THERAPY, SKILLS

TRAINING, PARENT COACHING AND PSYCHIATRIC SERVICES. MENTAL HEALTH SERVICES WERE

Name of the organization WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES

Employer identification number
94-2358632

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CEASED IN JUNE 2011 DUE TO SAN DIEGO COUNTY NOT EXTENDING THE CONTRACT TO INDIVIDUAL
FOSTER FAMILY AGENCIES.

INDEPENDENT FUTURES PROGRAM: WALDEN CREATED THE INDEPENDENT FUTURES PROGRAM IN 2001
TO ASSIST PRE AND POST EMANCIPATED FOSTER YOUTH WHO WERE PLACED WITH WALDEN WHEN
THEY EXIT FROM FOSTER CARE. IT IS A GRANT AND PHILANTHROPY FUNDED PROGRAM WHICH
SERVES OVER 150 PRE AND POST EMANCIPATED FOSTER YOUTH.

WALDEN BELIEVES THAT MANY TRANSITION AGE YOUTH ARE EAGER TO TAKE CONTROL OF THEIR
OWN DESTINIES, BUT DON'T HAVE THE MEANS AND/OR SKILLS TO DO SO. FOR THAT AND MANY
OTHER IMPERATIVE REASONS, WALDEN IS COMMITTED TO RESPONDING TO THE REALITIES THAT
ALL FOSTER YOUTH FACE AS THEY TRANSITION TO ADULTHOOD. WALDEN GIVES PARTICULAR
ATTENTION TO THE CHALLENGES THAT YOUTH FACE AS THEY LEAVE FOSTER CARE. INDEPENDENT
FUTURES SEEKS TO HELP ADOLESCENTS AND YOUTH ADULTS DEVELOP CONCRETE AND ABSTRACT
LIFE SKILLS THAT ARE NECESSARY TO LIVE AS HEALTHY, SELF-SUFFICIENT, RESPONSIBLE AND
PRODUCTIVE ADULTS. THIS IS ACCOMPLISHED BY PROVIDING THE YOUNG ADULT WITH
STRENGTHS-BASED AND YOUTH ADULT DRIVEN CASE MANAGEMENT AS WELL AS A SAFE AND
SUPPORTIVE SETTING THAT FACILITATES OPPORTUNITIES FOR AGE-APPROPRIATE MISTAKES AND
ACCOUNTABILITY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ACCOUNTING MANAGER REVIEWS THE 990 TAX RETURN FOR ACCURACY AND THEN THE CEO
REVIEWS AND SIGNS RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY. BOARD
MEMBERS ARE REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS THROUGHOUT THE YEAR AND

Name of the organization **WALDEN ENVIRONMENT, INC.**
DBA: WALDEN FAMILY SERVICES

Employer identification number
94-2358632

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

REFRAIN FROM VOTING ON ANY TRANSACTION OR MATTER BEFORE THE BOARD IN WHICH A
CONFLICT OR POSSIBLE CONFLICT EXISTS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

WE HAVE A COMPENSATION SALARY RANGE GUIDE FOR ALL JOB TITLES AND NEW HIRES SIGN AN
OFFER LETTER DETAILING SALARY AND BENEFITS. WE BENCHMARK AGAINST THE NON-PROFIT
SALARY PROFILES. FOR THE EXECUTIVE DIRECTOR, THE BOARD OF DIRECTORS MAKES HIRING
AND COMPENSATION DECISIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990, FROM THE PREVIOUS THREE
YEARS, WILL BE AVAILABLE FOR INSPECTION OR COPYING AT THE ORGANIZATION'S MAIN OFFICE
DURING NORMAL BUSINESS HOURS AT NO CHARGE

FORM 990, PART VII - COMPENSATION EXPLANATION**TERESA STIVERS**

ALL PAYROLL IS PAID BY WALDEN ENVIRONMENT, INC. AND ALLOCATED TO THE RELATED ENTITY,
WALDEN FAMILY FOUNDATION.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2011Attachment
Sequence No. **179**Name(s) shown on return **WALDEN ENVIRONMENT, INC.**
DBA: WALDEN FAMILY SERVICESIdentifying number
94-2358632

Business or activity to which this form relates

DEPRECIATION SCHEDULES ONLY**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	29,316.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B — Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	29,316.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** on page 2 of this form.

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension- check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	<input checked="" type="checkbox"/> 94-2358632
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	6150 MISSION GORGE ROAD #210	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN DIEGO, CA 92120	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ TERESA A. STIVERS

Telephone No. ▶ 619-584-5777 FAX No. ▶ 619-584-5757

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ ☒ calendar year 20 11 or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)

12/31/11

2011 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 11-014

WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES

94-2358632

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
DEPR. SCHEDULE ONLY										
IMPROVEMENTS										
2	LEASEHOLD IMPROVEMENTS	VARIOUS		22,834			21,673	S/L	5	482
	TOTAL IMPROVEMENTS			22,834		0	21,673			482
MACHINERY AND EQUIPMENT										
1	FURNITURE & EQUIPMENT	VARIOUS		253,889			188,492	S/L	5	26,915
	TOTAL MACHINERY AND EQUIPME			253,889		0	188,492			26,915
MISCELLANEOUS										
3	SOFTWARE	VARIOUS		41,803			37,287	S/L	3	1,919
	TOTAL MISCELLANEOUS			41,803		0	37,287			1,919
	TOTAL DEPRECIATION			318,526		0	247,452			29,316
	GRAND TOTAL DEPRECIATION			318,526		0	247,452			29,316

12/31/11

2011 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 11-014

WALDEN ENVIRONMENT INC
DBA WALDEN FAMILY SERVICES

94-2358632

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR.
DEPR. SCHEDULE ONLY										
IMPROVEMENTS										
2	LEASEHOLD IMPROVEMENTS	VARIOUS		22,834			21,673	S/L	5	482
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12/31/11

2011 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 11-014

WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES

94-2358632

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	CUR 179 PCT. BONUS	BUS. PCT.	COST/ BASIS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR. SCHEDULE ONLY																
IMPROVEMENTS																
2	LEASEHOLD IMPROVEMENTS	VARIOUS				22,834					22,834	21,673	S/L	5		482
	TOTAL IMPROVEMENTS			0	0	22,834		0	0	0	22,834	21,673				482
MACHINERY AND EQUIPMENT																
1	FURNITURE & EQUIPMENT	VARIOUS				253,889					253,889	188,492	S/L	5		26,915
	TOTAL MACHINERY AND EQUIPME			0	0	253,889		0	0	0	253,889	188,492				26,915
MISCELLANEOUS																
3	SOFTWARE	VARIOUS				41,803					41,803	37,287	S/L	3		1,919
	TOTAL MISCELLANEOUS			0	0	41,803		0	0	0	41,803	37,287				1,919
	TOTAL DEPRECIATION			0	0	318,526		0	0	0	318,526	247,452				29,316
	GRAND TOTAL DEPRECIATION			0	0	318,526		0	0	0	318,526	247,452				29,316