## Form **990**

### **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)

OMB No. 1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the 20	11 calen	dar year, or tax year beginning , 2011, and end	ling		,		•
В	Check if appl	icable:	С		D Employ	er Identific	ation Number	
	Address	change	WALDEN ENVIRONMENT, INC.		94-2	235863	32	
	Name d	-	DBA: WALDEN FAMILY SERVICES		E Telepho	ne number		
	Initjal re	-	6150 MISSION GORGE ROAD #210		619	-584-	5777	
	Termina		SAN DIEGO, CA 92120		H-017		5111	
	<del>                                     </del>	id return			G Gross re	٠, خ	5,956,	EEO
			F Name and address of principal officer: TERESA STIVERS	H/a) Is this	a group return			
	Applicat	ion pending	SAME AS C ABOVE		l affiliates incl		tes? Yes	X No
	Tax-exemp				' attach a list.		ictions)	140
÷			X   501(c)(3)   501(c) ( ) ◀ (insert no.)   4947(a)(1) or   527	┥.				
<u></u>	Website		W.WALDENFAMILY.ORG		exemption nu			
K		ganization:		mation: 197	6 NIS	tate of leg	al domicile: CA	
F.	irti S							
	1 Brie	etly descr	be the organization's mission or most significant activities: <u>WALDEN</u>	<u> IS A FC</u>	)STER_F	<del>V</del> WTTX		
ce			AGENCY WHICH IS ENGAGED IN THE RECRUITMENT,					
Governance	<u>of</u>	_FOST	R AND ADOPTIVE PARENTS, AND THE PLACEMENT OF	FOSTER	AND AL	)OBITI	AE CHILDE	EN.
Ver	2	حد حد حد حد	ox F if the organization discontinued its operations or disposed of					
ලී	2 Che   3 Nur	nber of v	oting members of the governing body (Part VI, line 1a)	more man z	25% OF ILS	net asse	els.	8
රේ ග			ndependent voting members of the governing body (Part VI, line 1b)			4		8
ij			r of individuals employed in calendar year 2011 (Part V, line 2a)			5		68
Activities &			r of volunteers (estimate if necessary)			6		0
ĕ			ed business revenue from Part VIII, column (C), line 12			7a		0.
	<b>b</b> Net	unrelate	d business taxable income from Form 990-T, line 34			7 b		0.
					Prior Year		Current Yo	ear
45	8 Cor	ntribution	s and grants (Part VIII, line 1h)		609,1			
Revenue			vice revenue (Part VIII, line 2g)		6,736,2		5,956	
eve			ncome (Part VIII, column (A), lines 3, 4, and 7d)		9	952.		184.
Œ			ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	10.		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,346,3	182.	5,956	,552.
	1		similar amounts paid (Part IX, column (A), lines 1-3)					
			d to or for members (Part IX, column (A), line 4)					<del></del>
ø	1 <b>5</b> Sal		er compensation, employee benefits (Part IX, column (A), lines 5-10).		3,177,2	190.	2,595	,684.
Expenses	<b>16a</b> Pro	fessional	fundraising fees (Part IX, column (A), line 11e)	, , ,				
<del>ĝ</del>	<b>b</b> Tot	al fundra	ising expenses (Part IX, column (D), line 25) ►				1 4 1 4 7 6 9	
ű	17 Oth	er expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,244,5	599.	3,370	,251.
	18 Tot	al expen:	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,421,8	389.	5,965	
	19 Rev	venue les	s expenses. Subtract line 18 from line 12		-75,5	507.	-9	,383.
5 8	·   · · · - · · · · · · · · · · · · · ·				ing of Currer	it Year	End of Ye	
seta	<b>20</b> Tot	al assets	(Part X, line 16)		$\frac{1}{1,357,2}$		1,206	
Net Assets or Fund Balances	<b>21</b> Tot	al liabiliti	es (Part X, line 26)		655,3	304.	513	,599.
<u> </u>	<b>22</b> Net	t assets o	or fund balances. Subtract line 21 from line 20		701,9	∂15.	692	,532.
P	SOFT COURT OF CONTRACT CONTRACT OF CONTRACT CONT		re Block	<del></del>	,			,
Un			The state of the s	d to the best of	mv knowleda	e and belie	ef. it is true, correc	t. and
COI	mplete. Decla	ration of pre	declare that I have examined this return, including accompanying schedules and statements, an parer (other than officer) is based on all information of which preparer has any knowledge.		,			
		<b>.</b>	IANTAILING OOF I					
Si	gn	Signa	ture of officer	Ε	Date			
He	ere	TE	RESA STIVERS	EXEC	CUTIVE	DIREC	TOR	
		Type	or print name and title.	1 1				
		Print/Type	preparer's name Preparer's signature Date		Check	X if P	TIN	
Pa	aid	JULIE	A. FIRL JULIE A. FIRL 5/2	9/12	self-employ		200085551	
Pr	reparer	Firm's nar						
	se Only	Firm's add			Firm's EIN	<b>&gt;</b> 95−	2076568	
	-		SAN DIEGO, CA 92108-3820		Phone no.		294.7200	
Ma	av the IRS	discuss	this return with the preparer shown above? (see instructions)				X Yes	No
			The first and the second of th				1 - 1	

LOIII	1990 (2011) WALDEN ENVIRONMENT, INC.	94-235863	Z Page 2
Par	tilli Statement of Program Service Accomplishments		
	Check 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	d on the prior	
	Form 990 or 990-EZ?	• —	Yes X 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 X No
_	If 'Yes,' describe these changes on Schedule O.	GOT 1100011.71.7	.03 [2]
4		ervices as measure	d hy avnances
	Describe the organization's program service accomplishments for each of its three largest program s Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported.	amount of grants a	nd allocations to
4 a	a (Code:) (Expenses \$ 4,689,944. including grants of \$	) (Revenue \$ !	5,206,577.)
			· · · · · · · · · · · · · · · · · · ·
41	ADOPTION: WALDEN FAMILY SERVICES IS COMMITTED TO THE CHILD'S HOME. IN ORDER TO FACILITATE STRONG ATTACHMENTS, WALDEN PROVISUPPORTIVE THERAPY FOR THE FAMILY AND CHILD. IN ADDITION, POS	DES TRAINING T ADOPTIVE SE DEN IS COMMIT	AND RVICES ARE
		<b></b>	
4	c (Code:) (Expenses \$ 230,640. including grants of \$  APPLE VALLEY AFTER CARE: WALDEN'S AFTERCARE PROGRAM IS A SUPP ASSISTS FORMER FOSTER YOUTH WITH OVERCOMING THE CHALLENGES THE FOSTER CARE. WE BELIEVE FORMER FOSTER YOUTH HAVE WHAT IT TAKE SUPPORT THEM IN COMMON AREAS THAT FORMER FOSTER YOUTH OFTEN ST LIFE SKILLS, MEDICAL, DENTAL AND EMOTIONAL HEALTH, MENTORING, EMPLOYMENT ASSISTANCE, HOUSING ASSISTANCE AND PERMANENT CONNEC	ORTIVE SERVICY MAY FACE WES TO SUCCEED RUGGLE SUCH FEDUCATIONAL F	E THAT IEN LEAVING AND AS, DAILY ASSISTANCE,
٠			
٠.			
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	d Other program convices (Degavibe in Cabadata O) CEE COMEDITE O		
4	d Other program services. (Describe in Schedule O.)  SEE SCHEDULE O	A 40F	700
	(Expenses \$ 111,837. including grants of \$ ) (Revenue	ş 105,	760.)
4	e Total program service expenses ► 5,367,088.		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.... Χ 1 2 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?...... 3 Χ 4 X 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 Х 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, 6 Χ 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 Χ 10 Χ If the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI. VII. 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 11 a **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.* Χ 11 b 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....... Χ 11 c 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 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.... Χ 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X... Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. Χ 12a **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 Χ Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 14 a Did the organization maintain an office, employees, or agents outside of the United States?..... Χ 14a **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 14b 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 15 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 Χ 16 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. 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 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. Χ 19 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20 Χ

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

Form 990 (2011) WALDEN ENVIRONMENT, INC.

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	21		<u>X</u>
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.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		<u>X</u> _
24 a	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	24a		Х
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		Х
ı	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.	25b		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	26		Х
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>	27		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):			
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</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	35b		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.	36		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	37		Х
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.	38	Х	
DΛ	Λ	Forn	- 000	(2011)

### Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.		
1. Enter the number reported in Day 2 of Enter 1000 Enter 0 March and back a	23	Yes No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.     1a       b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.     1b		
<u> </u>		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	le gaming 1c	Χ
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	Х
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other author	rity over, a	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account.)	t)?	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 Account		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5ε	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ solicit any contributions that were not tax deductible?	nization 6a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or not tax deductible?	gifts were	
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?		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requested.	uired to file	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year		Λ 
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	CSI-Self-Matter/Assertation/As	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	·· · · · ·	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 88	399	
as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f Form 1098-C?	ile a 7h	
8 Spansoring organizations maintaining dance advised funds and section 500/a/2) supporting organization	ne Did the	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess but holdings at any time during the year?	siness 8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources		
against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
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	
<b>Note.</b> 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		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

Par	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b bel	ow, ar	nd fo	r
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	jes iri		
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			/es	No
1 a	Enter the number of voting members of the governing body at the end of the tax year   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.			
t	Enter the number of voting members included in line 1a, above, who are independent			
	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		<u>X</u>
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		
	a 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?	7 a	-	<u>X</u>
ŀ	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	the following:		Ţ,	
ı	a The governing body?b Each committee with authority to act on behalf of the governing body?	8a 8b	X	
	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		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	—	1	
		-	Yes	No X
	a Did the organization have local chapters, branches, or affiliates?	10 a		
	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	V	
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	Ha	Λ	
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O <b>a</b> Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12a	Х	
	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 doneSEE. SCHEDULE.O	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	1 2	14	Χ	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15-	v	
	<b>a</b> The organization's CEO, Executive Director, or top management official. SEE SCHEDULE .0	15a	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130	-75	
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	Χ	
	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?			
_	organization's exempt status with respect to such arrangements?	16b		X
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>			
18	inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request		e for	public
19	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avaithe public during the tax year.  SEE SCHEDULE O	ilable to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the or ► TERESA A. STIVERS 6150 MISSION GORGE ROAD #210 SAN DIEGO CA 92120 619-584	ganizati		

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

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

#### 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	n nor any	relate	d org	gani	zati	on co	npe	nsated any current of	ficer, director, or trus	tee.
	(B)			(C Posit		an one l		(7)	<b>(E)</b>	<b>/</b> E\
(A) Name and title	(B) Average hours	unles	s pers	on is	both	an one t i an offic ustee)	er	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
SEE SCHEDULE O	per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)_RITA_SZCZOTKA	_ 1							0.	0.	0.
BOARD MEMBER (2) JENNIFER CHAVEZ	<del>                                     </del>	X						0.	U. I	<u> </u>
BOARD MEMBER	1	X						0.	0.	0.
(3) ADAMN RAJAH GAINEY										
BOARD MEMBER	1 1	X						0.	0.	0.
(4) TERESA STIVERS	1 ,,	X		٧,				20 002	40 640	11,988.
EXECUTIVE DIREC  (5) LEE WILLS-IRVINE	20	<u>^</u>		Χ				39,803.	48,648.	11,900.
BOARD MEMBER	1 1	X						0.	0.	0.
(6) SUSAN EVANS	<del> </del>		<b></b>					,		<u></u>
DIRECTOR OF OPS	37			Χ				91,807.	0.	0.
(7) MARYANNE CARLIN, CPA								_		
TREASURER	1	ļ	$\vdash$	_X	_			0.	0.	0.
_(8)_HAL_DUNNING CHAIRMAN	$\frac{1}{1}$			Х				0.	0.	0.
(9) ED EARL	<u> </u>			Δ.			-	0.	0.	0.
VICE CHAIR	$\dashv$ 1			Х				0.	0.	0.
(10) MICHELLE WALSH-OZANNE										
SECRETARY	1 1	<u> </u>	<u> </u>	X				0.	0.	0.
(11)	4				ļ					
(12)										, , , , , , , , , , , , , , , , , , ,
<u>(13)</u>	-		<u> </u>							
(14)	-				ľ					

Part VII Section A. Officers, Directors, Trust	ees, k	(ey	Em	plo	ye	es,	<u>and</u>	Highest Com	pensated Em	ployees (cont)
					")					
<b>(A)</b> Name and title	(B) Average hours per	(do box, offic	not ci unie: er an	Pos heck ss pe d a d	rson irecto	than s both r/trus	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from related organizations	(F) Estimated amount of other compensation
	Average hours per week (describe hours for related organizations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
						<u> </u>				
(18)										
(19)										
(20)										
(21)			!							
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section	Α		, .	,				131,610.	<del></del>	0.
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limite from the organization ► 0								131,610.		
3 Did the organization list any <b>former</b> officer, directo on line 1a? <i>If 'Yes,' complete Schedule J for such</i>										Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual.	eportat than \$	ole co 150,0	omp 000?	ens:	atioi Yes	n and	d oth nple:	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compe	nsati	on f	rom	anı	, uni	elate	ed organization o	r individual	
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization. Report compensation.	ited inc ensatio	iepei n foi	nder the	nt co cal	ontra end	actor ar ye	s tha ear e	at received more ending with or wit	than \$100,000 of hin the organization	on's tax year.
(A) Name and business addre	ss							Description	3) of services	<b>(C)</b> Compensation
		•	1-							
2 Total number of independent contractors (including	n hut n	ot lir	nite	d to	thos	e lie	sted	above) who recei	ved more than	
\$100,000 in compensation from the organization	_	J. 111				20 H	,,ou	above, who sold	,oa more than	

Par	VIII Statement of Revenue	## E			
		(A) Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	<b>(D)</b> Revenue
		Total revenue	exempt	business	excluded from tax
			function revenue	revenue	under sections 512, 513, or 514
<u>,,  </u>	1a Federated campaigns		Process of the state	STATES AND A	314 EST 314 SEC.
ž Š	b Membership dues				
용질	c Fundraising events				
RAS,	d Related organizations 1d	La place de la composición	a Park Chipton	nich all Bankle	
<u>2</u> ₹	e Government grants (contributions) 1e	The contract of			
8 5					
동필	f All other contributions, gifts, grants, and similar amounts not included above 1 f		parateria antico	MARKET TO SERVICE	
E O	g Noncash contributions included in Ins 1a-1f: \$	F-14-14-29-31 (1914)			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	-		ad damental	
	Business Code	Contraction of the second		TO MARKETON	4000255746
Ē	2a FEES & CONTRACTS GOV AGENCIES 624100	5,533,263.	5,533,263.		
뛴	b ADOPTION REVENUE 624110	350,000.	350,000.		
길	c OTHER PROGRAM REVENUE 900099	73,105.	73,105.		
E	d				
Z	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
8		5,956,368.	a disease de la company	motors in the	
	3 Investment income (including dividends, interest and				
	other similar amounts)	<u>184.</u>			184.
	4 Income from investment of tax-exempt bond proceeds	<b>-</b>			
	<b>5</b> Royalties	<b>&gt;</b>			
	(i) Real (ii) Personal			Parada in the	
	6a Gross rents		PERMIT		
	b Less: rental expenses.				
	c Rental income or (loss)			No.	
	d Net rental income or (loss)				
	/a Gross amount from sales of		14646665	Element of the second	
	assets other than inventory		165244050	Mark to 1	
	b Less: cost or other basis and sales expenses				
	c Gain or (loss).	网络维护马斯马克	NAME OF BUILDING	and the language	ar palet de
	d Net gain or (loss)	<b>&gt;</b>			
		entrajnyka kritist i i	100 100		
핅	8a Gross income from fundraising events (not including. \$			Michael Agency	FROM BUILDING
NE.	of contributions reported on line 1c).				
22	See Part IV, line 18 a	September 15	1246645	MARKET STATE	4444466
OTHER REVENU	<b>b</b> Less: direct expenses <b>b</b>	15 740 4465	100000000		
Ö	c Net income or (loss) from fundraising events	<b>&gt;</b>			
	9a Gross income from gaming activities.			Balling by	100000000000000000000000000000000000000
	9a Gross income from gaming activities. See Part IV, line 19 a				
	<b>b</b> Less: direct expenses <b>b</b>		and the statement	en de la	
	c Net income or (loss) from gaming activities	<b>-</b>			
	10a Gross sales of inventory, less returns				
	and allowances a			Marin Maring	Activities and
	<b>b</b> Less: cost of goods sold <b>b</b>			Printed by the state of	
•	c Net income or (loss) from sales of inventory	<u>.</u>			
	Miscellaneous Revenue Business Code				
	11a			<u> </u>	<u> </u>
	b				
	C d All All a three constants		-		<del>                                     </del>
	d All other revenue	<b>&gt;</b>			
	e Total. Add lines 11a-11d		E 0EC 2C0	0.	184.
	1 IZ TOTAL revenue. See Instructions	<b>5</b> ,956,552	. 5,956,368	., 0.	104.

#### Part X 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 re	esponse to any question	in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				Paragrafia Empirical (1). Sunda Araba Lador (1)
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				
	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.	
	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.	
	Fees for services (non-employees):	***************************************			
	Management				
- L	Legal				
	Accounting.				
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
t	Investment management fees		4.0.000		
	Other	157,825.	148,862.	8,963.	<del> </del>
	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			11 - 11 H 11 H	Section Section (1994)
	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.)	0 404 550	0.404.550		
	FOSTER PARENTS	2,191,570.	2,191,570.	60.055	
	MISC EXPENSE	213,436.	145,379.	68,057.	
	CONTRACT LABOR	63,641.	12,866.	50,775.	
	REGIONAL CENTER RESPITE CARE	56,278.	56,278.		
	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 ► ☐ if following				
	SOP 98-2 (ASC 958-720)				

BAA

Form 990 (2011)

Part X Balance Sheet **(A)** Beginning of year End of year 337,767. 222,124. Cash -- non-interest-bearing..... 1 3 2 64,732. 3 Pledges and grants receivable, net ...... 3 Accounts receivable, net..... 810,495 4 637,286. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 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 Notes and loans receivable, net ..... 7 Inventories for sale or use..... 8 45,397 Prepaid expenses and deferred charges..... Q, 26,428 10a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D...... 10 a 276,768. 68,221 10 c 41,758. 11 11 Investments – other securities. See Part IV, line 11...... 12 12 Investments - program-related, See Part IV, line 11..... 13 13 14 Intangible assets ..... 14 213,8<u>03</u>. 15 Other assets, See Part IV, line 11..... 95,336. 15 1,357,219. 16 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 1,206,131. 17 Accounts payable and accrued expenses..... 611,923. 468,579. 17 18 Grants payable ..... 18 19 Deferred revenue..... 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L ..... 23 Secured mortgages and notes payable to unrelated third parties...... 11,219 23 3,733. Unsecured notes and loans payable to unrelated third parties..... 24 24 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. 41,287. 32,162 25 Total liabilities. Add lines 17 through 25..... 655,304 26 513,599 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. ASSET'S Unrestricted net assets. 701,915. 27 692,532. Temporarily restricted net assets ..... 28 Permanently restricted net assets..... 29 P Organizations that do not follow SFAS 117, check here - and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 31 BALAZCES 32 Retained earnings, endowment, accumulated income, or other funds..... 32 701,915. 33 Total net assets or fund balances..... 33 692,532 1,357,219, 34 34 Total liabilities and net assets/fund balances..... 1,206,131.

Form 990 (2011)

BAA

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

lame (	of the	organization	WALDEN	ENVIRONMENT,	INC.							on number	
	NU MOS			ALDEN FAMILY							<u>58632</u>		
*******					(All organizations					See in	structi	ons.	<del></del>
	rga		1,0		e it is: (For lines 1 throu	_		-	-				
1	Ш				iation of churches desc		section	170(b)(	1)(A)(i).				
2	Ш				<b>(ii).</b> (Attach Schedule E								
3		A hospital	or a cooper	rative hospital servic	e organization describe	d in <b>sec</b> t	tion 170	(b)(1)(A)	)(iii).				
4		A medical	research or	rganization operated	in conjunction with a h	ospital d	escribed	l in sect	tion 1 <mark>70</mark>	(b)(1)(A)	<b>)(iii).</b> En	ter the hos	spital's
		name, city	, and state:					- <b></b> -		<u></u>			
5		170(b)(1)(A	<b>A)(iv).</b> (Con	nplete Part II.)	f a college or university		,	_	-	nmental	unit des	scribed in s	section
6		A federal,	state, or lo	cal government or go	overnmental unit describ	bed in <b>s</b> e	ection 1	70(b)(1)	(A)(v).		u.		
7		in section	170(b)(1)(A	<b>.)(vi).</b> (Complete Par			_	vernmer	ntal unit	or from	the gen	ierai public	described
8	<u>_</u>				<b>'0(b)(1)(A)(vi).</b> (Complet								
9	X	from activi investmen	ities related it income ar	to its exempt function	) more than 33-1/3% of ons – subject to certair s taxable income (less mplete Part III.)	ı excepti	ons, and	d (2) no	more th	าan 33-1	./3% of i	its support	from aross
10		An organiz	zation orgar	nized and operated e	xclusively to test for pu	ıblic safe	ty. See	section	509(a)(	4).			
11		An organia more publ describes	zation orgar icly support the type of	nized and operated e ed organizations des supporting organizat	exclusively for the benef scribed in section 509(a tion and complete lines	fit of, to )(1) or s 11e thro	perform ection 5 ouah 11t	the fund 09(a)(2)	ctions o ). See <b>s</b>	f, or car <b>ection 5</b>	ry out th 6 <b>09(a)(3)</b> .	ne purpose . Check th	s of one or ne box that
		а Птуре		<b>b</b> Type II	c ☐ Type III						d $\square$	Type III -	
е			ng this box, I foundation		anization is not controll r than one or more pub					or more scribed	disquali in sectio	ified person on 509(a)(1	ns I) or
f		If the orga	anization red	ceived a written dete	rmination from the IRS	that is a	Type I,	Type II	or Type	e III sup∣	porting o	organizatio	n,
ç	1	Since Aug	just 17, 200	6, has the organizati	on accepted any gift o	r contrib	ution fro	m any o	of the fo	llowing	persons	?	
													Yes No
		belo	w, the gove	rning body of the su	ontrols, either alone or pported organization?								
			-		bed in (i) above?								
		(iii) A 35	5% controlle	ed entity of a person	described in (i) or (ii) a	ibove?				. , <i>, , ,</i> ,		. 11 g (iii)	
ŀ	1	Provide th	ne following	information about th	ne supported organization	on(s).							
		(i) Name of s organiz	supported ation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in ) listed in : verning nent?	(v) Did y the organ columi your st	ou notify ization in n (i) of upport?	(vi) l: organiz: colun organize U.S	ation in nn (i) ed in the	<b>(vii)</b> Amou	nt of support
						Yes	No	Yes	No	Yes	No		
/X\				:									
(A)													
(B)						<u> </u>							
(C)													
(D)					The state of the s								
(E)											_		
					e de la companya de la proposition de la companya d							, ,	· · · · ·
Tota	3i .			FOR THE SECOND S	The state of the s			1		1		1	

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

# Schedule A (Form 990 or 990-EZ) 2011 WALDEN ENVIRONMENT, INC. 94-2358632 Part J 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.)

Sect	ion A. Public Support						
Caler Degir	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 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			destruction (co. U.S. 1911) (bl. 1	Die Tau Oberen		
Sec	tion B. Total Support				and the second s		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> 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			Specificación de la composition della compositio	Consent the S.A. 1979 Page of the tree 1984		
12	Gross receipts from related acti	ivities, etc (see ins	structions)				
	First five years. If the Form 990 organization, check this box an	d stop here		ond, third, fourth,	or fifth tax year as	s a section 501(c)(	(3)
	tion C. Computation of Pu						
14 15	Public support percentage for 2 Public support percentage from				•		<u>%</u> %
	,, ,					<del></del>	1, 000
	a <b>33-1/3%</b> support test – <b>2011</b> . If and stop here. The organization	n qualifies as a pu	iblicly supported	organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ►
	b 33-1/3% support test — 2010. It and stop here. The organization	f the organization n qualifies as a pu	did not check a b iblicly supported (	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or more,	check this box
_17	a 10%-facts-and-circumstances or more, and if the organization the organization meets the 'fac	n meets the 'facts-	∙and-circumstanc	es' test, check thi:	s box and <b>stop he</b>	e <b>re.</b> Explain in Par	t IV how :
	b 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-a	n meets the 'facts nd-circumstances'	-and-circumstanc   test. The organi	es' test, check this zation qualifies as	s box and <b>stop he</b> a publicly suppor	e <b>re.</b> Explain in Par ted organization .	t IV how the
	Private foundation. If the organ	nization did not ch	eck a box on line	: 13, 16a, 16b, 17			
BAA	4				S	chedule A (Form 9	990 or 990-EZ) 2011

# Schedule A (Form 990 or 990-EZ) 2011 WALDEN ENVIRONMENT, INC. 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.)

	ion A. Public Support						
Calend	ar year (or fiscal yr beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include	10.333	04 305	<b>745</b> 245	500 101		1 455 545
	any 'unusual grants.') [	42,872.	91,297.	715,247.	608,101.		1,457,517.
	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	3721372301	0,110,100.	,, 000, 111.	0,10.,,00.3.		0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	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.
7 a	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
	•	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	U.	_ U.	U.	0.	0.	V.
	Public support (Subtract line 7c from line 6.)					AND COMMON	39,828,060.
	tion B. Total Support			I	T	T	1
Calen-	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
					17 275 428		1 20 020 060
	Amounts from line 6	9,291,138.	8,834,436.	8,400,688.	7,345,430.	5,956,368.	39,828,060.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,316.	5,726.	6,894.			
10 a	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.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				952.		28,072. 0. 28,072.
10 a	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.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,316.	5,726. 5,726.	6,894. 6,894.	952. 952.	184.	28,072. 0. 28,072. 0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	14,316. 14,316. 9,305,454.	5,726. 5,726. 8,840,162.	6,894. 6,894. 8,407,582	952. 952. . 7,346,382.	184. 184. 5,956,552.	28,072. 0. 28,072. 0. 0. 39,856,132.
10 a  t  11  12  13  14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and	14, 316.  14, 316.  14, 316.  9, 305, 454.  Dis for the organizatop here	5,726. 5,726. 8,840,162. ation's first, second	6,894. 6,894. 8,407,582	952. 952. . 7,346,382.	184. 184. 5,956,552.	28,072. 0. 28,072. 0. 0. 39,856,132.
10 a  t  11  12  13  14  Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and the second of Puttern 10 or 10	14, 316.  14, 316.  9, 305, 454.  is for the organized stop here.  ablic Support F	5,726. 5,726.  8,840,162. ation's first, seco	6,894. 6,894. 8,407,582. and, third, fourth,	952. 952. 952. 7,346,382. or fifth tax year a	184. 184. 5,956,552. s a section 501(c)	28,072. 0. 28,072. 0. 0. 39,856,132. 0(3) ►
10 a  11  12  13  14  Sec  15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tition C. Computation of Pu	14, 316.  14, 316.  14, 316.  9, 305, 454.  is for the organized stop here  iblic Support F	5,726.  5,726.  5,726.  8,840,162.  ation's first, second contents of the second contents o	6,894. 6,894. 8,407,582. and, third, fourth,	952. 952. 952. 7,346,382. or fifth tax year a	184. 184. 5,956,552. s a section 501(c)	28,072. 0. 28,072. 0. 0. 39,856,132. 0(3) 99.93 %
10 a  11  12  13  14  Sec  15  16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and this composition of Pupublic support percentage from	14,316.  14,316.  14,316.  9,305,454.  is for the organizatop here  iblic Support F  011 (line 8, column 2010 Schedule A	5,726.  5,726.  5,726.  8,840,162.  ation's first, second content of the second content	6,894. 6,894. 8,407,582. nd, third, fourth, ne 13, column (f)	952. 952. 952. 7,346,382. or fifth tax year a	184.  184.  5,956,552. s a section 501(c)  15 16	28,072. 0. 28,072. 0. 0. 39,856,132. 0. 39,856,132. 0. 99.93 % 99.91 %
10 a b c 11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  **Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  **Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  **Total support.** (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the support pe	14, 316.  14, 316.  14, 316.  9, 305, 454.  1 is for the organized stop here.  1 blic Support Formula (line 8, column 2010 Schedule A vestment Inco	5,726.  5,726.  5,726.  2,726.  2,726.  2,726.  3,726.  2,726.	6,894. 6,894. 6,894. 8,407,582. and, third, fourth, ne 13, column (f)	952. 952. 952. 7,346,382. or fifth tax year a	184. 184. 5,956,552. s a section 501(c)	28,072. 0. 28,072. 0. 39,856,132. 03) ► □ 99.93 % 99.91 %
10 a b 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from Investment income percentage	14, 316.  14, 316.  14, 316.  9, 305, 454. Dis for the organizatop here  blic Support For 11 (line 8, column 2010 Schedule Avestment Incomposed for 2011 (line 10c	5,726.  5,726.  5,726.  5,726.  2,726.  2,726.  2,726.  2,726.  2,726.  2,726.  2,726.  2,726.	6,894. 6,894. 6,894. 8,407,582. nd, third, fourth, ne 13, column (f) e ed by line 13, col	952. 952. 952. 7,346,382. or fifth tax year a	184. 184. 5,956,552. s a section 501(c) 	28,072. 0. 28,072. 0. 39,856,132. 99.93 % 99.91 %
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from Investment income percentage Investment income percentage Investment income percentage	14, 316.  14, 316.  14, 316.  14, 316.  9, 305, 454.  1 is for the organization here  1 is for the organization here  2010 Schedule Avestment Incomposition control of the organization of the organization here	5,726.  5,726.  5,726.  5,726.  2,726.	6,894.  6,894.  6,894.  8,407,582.  Ind, third, fourth,  ne 13, column (f)  e ed by line 13, col e 17	952. 952. 952. or fifth tax year and tine 15 is mo	184.  184.  5, 956, 552. s a section 501(c)  15  16  17  18  18  17  18  18  17  18  18  17  18  18	28,072.  0. 28,072.  0. 39,856,132.  0.3  99.93 % 99.91 %  0.07 % 0.09 % and line 17
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 196	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and the form C. Computation of Pupublic support percentage from the supp	14, 316.  14, 316.  14, 316.  14, 316.  9, 305, 454.  1 is for the organization for 2011 (line 8, column 2010 Schedule A vestment Incomplete In	5,726.  5,726.  5,726.  5,726.  2,726.	6,894.  6,894.  6,894.  8,407,582.  Ind, third, fourth,  ne 13, column (f)  e ed by line 13, column (f)  e box on line 14, nization qualifies box on line 14 or	952. 952. 952. 7,346,382. or fifth tax year and line 15 is mo as a publicly sup line 19a, and line	184.  184.  5, 956, 552. s a section 501(c)  15  16  17  18  re than 33-1/3%, ported organization of the protection of t	28,072.  0. 28,072.  0. 39,856,132.  0.03  99.93 % 99.91 %  0.07 % 0.09 % and line 17 on X 33-1/3%, and

Schedule A	(Form 990 or	990-EZ) 2011	WALDEN E	NVIRONMENT,	INC.		94-2358632	Page 4
Part IV	Supplemen Part II, line (See instruc	tal Informat 17a or 17b; ctions).	<b>tion.</b> Comple and Part III	te this part to , line 12. Also	provide the e complete this	explanations rec s part for any a	quired by Part II, Ii dditional information	ne 10; on.
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#### SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES Part J Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year..... 2 Aggregate contributions to (during year)..... Aggregate grants from (during year)...... 4 Aggregate value at end of year..... 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?..... No 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?..... Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2a a Total number of conservation easements..... 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a)..... 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 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)?...... 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.....

►Ś

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		

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

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

a Board designated or quasi-endowment

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

BAA

Schedule **D** (Form 990) 2011

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

(9) (10) (11)

Sche	dule D (Form 990) 2011 WALDEN ENVIRONMENT,	INC.	94-235	8632 Pag	e <b>4</b>
	Reconciliation of Change in Net Assets from Form		atemen <b>t</b> s	N/A	
	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				_
4	Net unrealized gains (losses) on investments				_
- 5	Donated services and use of facilities				_
6	Investment expenses				
7	Prior period adjustments				_
ν 2	Other (Describe in Part XIV.)				_
9	Total adjustments (net). Add lines 4 through 8			1_21,07112	
10	Excess or (deficit) for the year per audited financial state				_
	t XII. Reconciliation of Revenue per Audited I				
1					
	Amounts included on line 1 but not on Form 990, Part VI		liste.		_
	Net unrealized gains on investments				
	Donated services and use of facilities	h			
	Recoveries of prior year grants	<del></del>			
	d Other (Describe in Part XIV.)				
	a Other (Describe in Part XIV.)				
	<del>-</del>				—
_	Subtract line 2e from line 1	ı	3		
	Amounts included on Form 990, Part VIII, line 12, but no	1			
	a Investment expenses not included on Form 990, Part VII				
	Other (Describe in Part XIV.)				
	Add lines 4a and 4b			·	—
	Total revenue. Add lines 3 and 4c. (This must equal Form XIII Reconciliation of Expenses per Audited			Iro N/A	
	Total expenses and losses per audited financial stateme			uiti N/A	—
					—
	Amounts included on line 1 but not on Form 990, Part IX				
	a Donated services and use of facilities		- Incompany		
	b Prior year adjustments				
	c Other losses				
	d Other (Describe in Part XIV.)				
	e Add lines 2a through 2d		l l		—
3			,,,	5	
4	Amounts included on Form 990, Part IX, line 25, but not	<b> </b>			
	a Investment expenses not included on Form 990, Part VI				
	b Other (Describe in Part XIV.)	<del></del>		- I	
	Total expenses. Add lines 3 and 4c. (This must equal F				
_	it XIV Supplemental Information	5111 550, Fare 1, 11110 10.5			
		rt II lines 3 5 and 9 Part III	lines 1a and 4: Part IV line	s 1h and 2h.	
Par	nplete this part to provide the descriptions required for Pa t V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2c	l and 4b; and Part XIII, lines 2	2d and 4b. Also complete this	part to provide	
any	additional information.				
	_PART_X - FIN_48 FOOTNQTE				
	THE ORGANIZATION USES A LOSS CONTIN	<u>GENCIES_APPROACH_F</u>	<u>OR_EVALUATING_UNCE</u>	<u>RTAIN TAX</u>	
	POSITIONS AND CONTINUALLY EVALUATES	_CHANGES_IN_TAX_LA	<u>W AND NEW AUTHORIT</u>	<u>ATIVE</u>	
	RULINGS.		<u></u>		
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Schedule D (Form 990) 2011 WALDEN ENVIRONMENT, INC.	94-2358632 Page <b>5</b>
Schedule D (Form 990) 2011 WALDEN ENVIRONMENT, INC.  Part XIV Supplemental Information (continued)	
ran Ary Supplemental Information (continued)	
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Schedule **D** (Form 990) 2011

BAA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 94-2358632 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. DBA: WALDEN FAMILY SERVICES WALDEN ENVIRONMENT Department of the Treasury Internal Revenue Service

INC.

Name of the organization

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2011 ŝ × (f)
Direct controlling **Parily 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.) Yes entity (f)
Direct controlling
entity N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) part Indentification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) 501 (C) 3 (d) Total income (d) Exempt Code section TEEA5001L 09/08/11 디 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country)  $C_{\mathbf{A}}$ (b) Primary activity INC PROVIDE SUPPORT (b) Primary activity TO WALDEN ENVIRONMENT, BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 1 WALDEN FAMILY SERVICES FOUNDATION, 6150 MISSION GORGE ROAD, STE 210 SAN DIEGO, CA 92120 -----(a)
Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization 1111111111 ଫ୍ରା 죈 ପ ତ୍ର ତ୍ର

Page 2 Schedule R (Form 990) 2011 WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

Partification 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.)

General or Percentage managing ownership partner?				990, Part IV,	(h) I-of-year Percentage s ownership				Schedule <b>R</b> (Form 990) 2011
Code V-UBI Generation box man 20 of Schedule part (Form 1065) Yes				a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	(g) Icome Share of end-of-year assets	-			Schedul
(h) Disproportionate allocations Yes No				ization answere	Share of total income				i
Share of end-of-year assets				te if the organition	(e) Type of entity (C corp, S corp or trust)				
(f) Share of total income				Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(c) (d) (d) (e) Entity (C corp, S corp, S country)				05/24/11
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				orporation or	(c) Legal domicile (state or foreignountry)				TEEA5002L 05/24/11
controlling entity					(b) Primary activity				-    - 
(C) Legal domicile (state or foreign				rganizations or more relate	ganization				
(b) Primary activity	1 7			of Related Or	(a) EIN of related on				
Name, address, and EIN of related organization				Identification of Related Organizations Taxable as	Name, address, and ElN of related organization				
Name, adt	(1)	[2]	(E)	PartIV	Nan	(0)	(2)	(3)	BAA

94-2358632

Farty Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

N	23	>	∢	×		>	4 2	×	×	×	×	×		×	X	×	×			×	1	×	×		mining ved						) 2011
No.	S		- T	q	×	1	-								×		Jm	X		0	×	ь			(d) thod of determin amount involved	VALUE	VALUE				orm 990
		7	: 	1 b	7	-	<u> </u>	] :	1.	10		=		-	1k	=	٦	1n		10	1p	. 19	1,	olds.	(d) Method of determining amount involved	FAIR VALUE	FAIR 1				Schedule <b>R</b> (Form 990) 2011
	2,2	: >  -																						including covered relationships and transaction thresholds.	(c) Amount involved	179, 866. E	460,697. F	į			Schedu
		Izations isted in raits is																						iding covered relationshi	(b) Transaction type (a-r)	N	Д	:			
East, Light	<b>Note.</b> 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 rails listy:	a Receipt of (I) interest (II) annuities (III) rovalties or (Iv) rent from a controlled entity		User, grain, or capital controlled controlled to controlle	c Girt, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e I pans or loan guarantees by related organization(s)	f Solo of accorde to ratation (c)		g Furchase of assets from related organization(s)		i Lease of facilities, equipment, or other assets to related organization(s)	i Lease of facilities equinoment or other assets from related organization(s).	J Eccase of captings, experience or membership or fundraising solicitations for related organization(s)	Performance of services or membership or fundraising solicitations		III Olidi ilig or lacinicas, equipinent, maning race, or constructions and construction of naid employees with related proparization(s)	II offalling of para employees with tolated organization (2)	o Reimbursement paid to related organization(s) for expenses	<b>a</b> Reimbursement baid by related organization(s) for expenses	<b>a</b> Other transfer of cash or property to related organization(s)	r. Other transfer of cash or property from related organization(s)	for information on who must complete this line,		(1) WALDEN FAMILY SERVICES FOUNDATION, INC.	(2) WALDEN FAMILY SERVICES FOUNDATION, INC.		(C)	(5)	BAA TEEA5003L 05/24/11

Page 4

Part VIII 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) (b) (c) (d) (e) (f) (f) (f) (f) (g) (g) (h) (e) (f) (f) (g) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g
(state or foreign country)
-

Schedule R (Form 990) 2011 Pag	e <b>5</b>
Part VII Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
	had
·	

TEEA5005L 05/25/11

BAA

Schedule **R** (Form 990) 2011

#### **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 FOR	MED IN 1976 AS A								
NONPROFIT ORGANIZATION TO PROVIDE ADVOCACY, OUT OF HOME PLACEM	ENT, 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, YOUT	H AND FAMILIES THROUGH								
COMMUNITY-BASED_PREVENTION_AND_INTERVENTION_SERVICESWALDEN	IS A FOSTER FAMILY AND								
ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT, CERTIFICA	TION, AND TRAINING OF								
FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF FOSTER AND A	DOPTIVE CHILDREN.								
WALDEN'S FUNDING COMES PRIMARILY FROM FEDERAL, STATE, AND COUN	TY 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 INSTITUTIONALIZAT	ION 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 TH	EM HEAL AND REMAIN IN A								
FAMILY ENVIRONMENT. MANY OF THE CHILDREN HAVE SUFFERED THE TR	AUMA OF MULTIPLE FOSTER								
FAMILIES OR GROUP HOME PLACEMENTS BEFORE COMING TO WALDEN. WI	TH WALDEN'S SPECIALLY								
TRAINED FOSTER FAMILIES AND SUPPORT SERVICES, CHILDREN THAT OT	HERWISE WOULD BE IN A								
GROUP HOME ARE ABLE TO LIVE WITH A FAMILY. WALDEN IS A COST-E	FFECTIVE ALTERNATIVE TO								
GROUP HOME CARE THAT ALLOWS CHILDREN TO GROW INTO HEALTHY ADUL	T 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 NUR	RSING FACILITIES AND								
HOSPITALS INTO HIGHLY SKILLED AND SPECIFICALLY TRAINED CERTIFI	ED FOSTER FAMILIES.								
THIS PROGRAM ALSO CARES FOR CHILDREN WITH TECHNOLOGY-DEPENDENT	CONDITIONS SUCH AS								
APNEA MONITORS, NEBULIZERS, OXYGEN, FEEDING TUBES AND OTHER AD	DAPTIVE EQUIPMENT.								

Employer identification number

Name of the organization WALDEN ENVIRONMENT, INC DBA: WALDEN FAMILY SERVICES 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 TEEMS 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 IN 2002, WALDEN OPENED A BUILDING ACTIVITIES AND PSYCHIATRIC SERVICES TO HEAL. MENTAL HEALTH CLINIC IN SAN DIEGO COUNTY TO ENSURE OUR CHILDREN DEVELOP INTO HEALTHY SERVICES INCLUDE INDIVIDUAL AND FAMILY THERAPY, GROUP THERAPY, SKILLS ADULTS. 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 C	CONTRACT TO INDIVIDUAL								
FOSTER FAMILY AGENCIES.									
INDEPENDENT FUTURES PROGRAM: WALDEN CREATED THE INDEPENDENT FUT	TURES 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.									
	سه هموا دورو ومور ومور ومور ومور ومور ومور ومور								
WALDEN BELIEVES THAT MANY TRANSITION AGE YOUTH ARE EAGER TO TAI	KE 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 FOST	ER 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 YOUN	G ADULT WITH								
STRENGTHS-BASED AND YOUTH ADULT DRIVEN CASE MANAGEMENT AS WELL	AS A SAFE AND								
SUPPORTIVE SETTING THAT FACILITIES OPPORTUNITIES FOR AGE-APPRO	PRIATE MISTAKES AND								
ACCOUNTABILITY.									
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS									
THE ACCOUNTING MANAGER REVIEWS THE 990 TAX RETURN FOR ACCURACY									
REVIEWS AND SIGNS RETURN.									
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM									
ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF I									
MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFLICTS THROUG	NOUT THE YEAK 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 BEFO	DRE THE BOARD IN WHICH A								
CONFLICT OR POSSIBLE CONFLICT EXISTS.									
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROV	AL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT								
WE HAVE A COMPENSATION SALARY RANGE GUIDE FOR ALL JOH	B 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	M 990, FROM THE PREVIOUS THREE								
YEARS, WILL BE AVAILABLE FOR INSPECTION OR COPYING A	I 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 A									
WALDEN FAMILY FOUNDATION.									
	·								

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

2011

Department of the Treasury Internal Revenue Service 

Attachment Sequence No. 179

Name(s) shown on return

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

ldentifying number 94-2358632

Busine	ss or activity to which this form relates	\$											
	RECIATION SCHEDULI		•										
Par	Election To Expended Note: If you have an	ense Certain P y listed property, d	roperty Under Sec complete Part V before	tion 179 you complete Pa	rt I.								
1	Maximum amount (see instr												
2	Total cost of section 179 pr	operty placed in s	ervice (see instructions	s)		, 2							
3	Threshold cost of section 13	79 property before	reduction in limitation	(see instructions)	)								
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0												
5	Dollar limitation for tax year	r. Subtract line 4 f	rom line 1. If zero or le	ess, enter -0 If m	narried fi	lling							
	separately, see instructions					<u>5</u>							
6	(a) [	Description of property		(b) Cost (business u	ise only)	(C) Elected cost							
					<del>, _  </del>								
	Listed property. Enter the a												
8	Total elected cost of section												
9	Tentative deduction. Enter												
10 11	Carryover of disallowed dec Business income limitation.												
12	Section 179 expense deduc												
13	Carryover of disallowed ded												
	: Do not use Part II or Part				1 15 1								
	til Special Deprecia				tinclude	listed property ) (Se	e instructions )						
,			•	-		· / * T	C Instructions.)						
14	Special depreciation allowatax year (see instructions).	nce for qualified p	property (other than list	ed property) plac	ed in sei	rvice during the 14							
15	Property subject to section	168(f)(1) election											
	Other depreciation (including					16	29,316.						
Par	TIII MACRS Deprec	<b>iation (Do not</b> in	clude listed property.)	(See instructions.)	)								
			Section	on A									
17	MACRS deductions for ass	ets placed in servi	ice in tax years beginni	ng before 2011		17							
18	If you are electing to group asset accounts, check here	any assets place	d in service during the	tax year into one	or more	general ►							
	Section B -	– Assets Placed i	n Service During 2011	Tax Year Using th	e Gene	ral Depreciation Sys	tem						
	(a) Classification of property	<b>(b)</b> Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convent	tion (f) Method	(g) Depreciation deduction						
198	3-year property												
ŀ	5-year property												
	7-year property												
(	d 10-year property,.	6 Amerikan fil	·										
	€ 15-year property			,, ,,									
	20-year property												
	g 25-year property			25 yrs		S/L	,						
	n Residential rental			27.5 yrs	MM								
	property		<del></del>	27.5 yrs	MM								
	Nonresidential real			39 yrs	MM								
	property				MM								
	Section C -	Assets Placed in	Service During 2011 T	ax Year Using the	e Alterna	···	vstem						
20:	a Class life		·			S/L							
	<b>b</b> 12-year;			12 yrs		S/L	"" "						
	c 40-year			40 yrs	MM								
	rt IV Summary (See in	nstructions.)	, ·	<u>, , , , , , , , , , , , , , , , , , , </u>									
21	Listed property. Enter amo	•				21							
22					and on								
	the appropriate lines of your retur	n. Partnerships and S	corporations — see instructio	ons <u></u>		22	29,316.						
23	For assets shown above a the portion of the basis att	na piaced in servi tributable to sectio	ce auring the current ye in 263A costs	ear, enter	23								

# (Rev January 2012)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service ► File a sep			rate applic	ation for each return.				
If you are filing for an Automatic 3-Month Extension, complete only Part and check this box							► X	
				complete only Part ton page 2 of this f				
-				tic 3-month extension on a previously fil				
corporation : request an e Associated V	required to file extension of tir With Certain P	· Form 990-T), or an additional (not : ne to file any of the forms listed in F	automatic) Part I or Pa st be sent	a 3-month automatic extension of time to 3-month extension of time. You can elect II with the exception of Form 8870, Into the IRS in paper format (see instructional to the IRS in paper format (see instructional to the IRS).	otronica Iormati	ally file Fo on Return	orm 8868 to I for Transfers	
Partille A	utomatic 3-	Month Extension of Time. O	nly subm	nit original (no copies needed).				
				month extension- check this box and co	mplete	Part I on	ıly, ►	
		luding 1120-C filers), partnerships, F	REMICS, ar	nd trusts must use Form 7004 to request	an ext	lension of	time to file	
income tax i	eturris.			Enter filer's identif	vina n	umher, se	e instructions	
	Name of exemp	organization or other filer, see instructions.					on number (EIN) or	
Type or print		ENVIRONMENT, INC. LDEN FAMILY SERVICES		A	X 9	632		
File by the		and room or suite number. If a P.O. box, see ins	structions.	Control of the Contro			number (SSN)	
due date for filing your return. See	6150 MIS	SSION GORGE ROAD #210	N. Sandara					
instructions.		st office, state, and ZIP code. For a foreign addre	ess see instru	tions,	·		-	
	SAN DIE	GO, CA 92120	((-))	radi				
		((	Marie				<del></del>	
Enter the R	eturn code for	the return that this application is for	file a sep	parate application for each return)			01	
Application Is For	ì		Return Code	Application Is For			Return Code	
Form 990			01	Form 990-T (corporation)		07		
Form 990-E	BL		02	Form 1041-A			08	
Form 990-E	Z		01	Form 4720			09	
Form 990-P	PF .		04	Form 5227		10		
Form 990-T	(section 401)	a) or 408(a) trust)	05	Form 6069		11		
Form 990-T	(trust other t	nan above)	06	Form 8870			12	
Telepho If the o If this is check to the ext  1 I request the ext  The ext  2 If the	ne No • 619 rganization do s for a Group l his box ension is for, uest an autom 8/15 extension is fo X calendar ye tax year be	Return, enter the organization's four  I if it is for part of the group, of the group is great at a second of the organization's return for:    par 20 11	FAX Notes in the digit Group theck this better the ation requires ganization regardants.	and attach a list with the nated to file Form 990-T) extension of time return for the organization named above	this is mes a	s for the w	hole group,	
3a If this	s application is	s for Form 990-BL, 990-PF, 990-T, 4	720, or 606	9, enter the tentative tax, less any	. 3a	\$	0.	
<b>b</b> If thi	s application i nents made. Ir	s for Form 990-PF, 990-T, 4720, or 6 nclude any prior year overpayment a	069, enter llowed as a	any refundable credits and estimated ta a credit.	X 31	\$	0.	
EFTI	PS (Electronic		instruction	15		\$	0.	
	f you are going nstructions.	g to make an electronic fund withdra	wal with th	is Form 8868, see Form 8453-EO and Fo	orm 88	79-EO for		

PAGE 1 9412358632	CURRENT DEPR		482	482	26,915	26,915	1,919	1,919	29,316	29,316		
	RATE							1				
	- - -		ισ		ю		က					
	METHOD		S/L		S/L		S/L					
	PRIOR DEPR		21,673	21,673	188,492	188,492	37,287	37,287	247,452	247,452		:
DOLE	DEPR. BASIS		22,834	22,834	253,889	253,889	41,803	41,803	318,526	318,526		
SCHE	SALVAG /BASIS REDUCT.		ł l	0		0		0	0	0		
TON	PRIOR DEC. BAL DEPR.		اً	0	! !	0		0	0	0		
AL BOOK DEPRECIATION SCHEDULE WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	PRIOR 179/ BONUS/ SP. DEPR.			0		0		0	0	0		
C DEPE ENVIRO DEN FAM	SPECIAL DEPR. ALLOW.			0		0			0	0		ļ
300) ALDER	CUR 179 BONUS			0		0		0	0	0		
AL By	BUS.											
2011 FEDER	COST/ BASIS		22,834	22,834	253,889	253,889	41,803	41,803	318,526	318,526		
enderheten. Herenden Herenden	DATE SOLD											
	DATE - ACOUIRED.		VARIOUS		VARIOUS		VARIOUS					
12/31/11" = # FEE   FEE	NO. DESCRIPTION	DEPR. SCHEDULE ONLY IMPROVEMENTS	2 LEASEHOLD IMPROVEMENTS	TOTAL IMPROYEMENTS MACHINEDV AND FOLIDMENT	1 FURNITURE & EQUIPMENT	TOTAL MACHINERY AND EQUIPME	MISCELLANEOUS 3 SOFTWARE	TOTAL MISCELLANEOUS	TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION	:	

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

FORM

199

	ar 2011 or fiscal year beginning month day		year	, and ending	month	day	year	
Corporation/Orga	WALDEN ENVIRONMENT, INC.					California	corporation nu	ımber
	DBA: WALDEN FAMILY SERVICE	ES				C0775	5003	
Address (suite, ro	oom, or PMB no.)					FEIN		
6150 MIS	SSION GORGE ROAD #210					94-23	358632	
City				State ZIP	Code			
SAN DIE	GO, CA 92120							<b>.</b>
		X No	J If exemp	t under R&TC Section	on 23701d, has the			
			organiza	tion during the year:	(1) participated in	any		
		K No	political legislatio	campaign, or (2) att on or any ballot mea	empted to influence sure, or (3) made an	election		
C IRC Section	1 4947(a)(1) trust	X No	under R	&TC Section 23704.5	(relating to lobbying	a by		TE No
D Final Retur	n	X No			ETD 0500	•	Yes	X No
	Dissolved • Surrendered (Withdrawn)		11 'Yes,'	complete and attach	110rm FTB 3509.			
L			K Is the or	ganization exempt u	nder R&TC Section 2	23701g? •	Yes	X No
	Merged/Reorganized Enter date: ●		if Vac	enter proce receipts	from			_
	punting method:		nonmen	iber sources	1100	. \$		
	Cash 2 X Accrual 3 Other		L. If organ	ization is exempt un	der R&TC Section 23	701d		
F Federal ret			and is e	xclusively religious.	educational, or chari 50% or more) by pu	table.		
1 •	990T 2 ◆ 990 (PF) 3 ◆ Sch H (990)	<b>-</b>	contribu	tions, check box. No	filing fee is required	:DiiC 1 €	x	
<del>-</del>		X No					_	
	tach a roster. See instructions	_, '	M Is the o	rganization a Limited	d Liability Company?		▶Yes	X No
		X No	N Did the	organization file For	m 100 or Form 109 t	o report		<b></b> 1,,
If 'Yes,' W	hat's the parent's name?		taxable	d the organization file Form 100 or Form able income?			Yes	X No
			O Is the o	rganization under au	idit by the IRS or has	the IRS	<u> </u>	C7
	ganization have any changes in its activities,		audited	in a prior year?			Yes	X No
governing that have i	instrument, articles of incorporation, or bylaws not been reported to the Franchise Tax Board? • Yes	X No						
	plain, and attach copies of revised documents.							
	Complete Part I unless not required to file this form. S	See Ge	neral Instr	uctions B and 0	<u> </u>	· · ·		
144	1 Gross sales or receipts from other sources. From					1	5,956	,552.
	2 Gross dues and assessments from members and					2		
Receipts	3 Gross contributions, gifts, grants, and similar am	ounts i	received		•	3		
and Revenues	4 Total gross receipts for filing requirement test. A					a transferance	is a fall	
	This line must be completed. If the result is less	4	5,956	,552.				
Ì	5 Cost of goods sold		1	··				
	6 Cost or other basis, and sales expenses of asset						100	10.16
ļ	7 Total costs. Add line 5 and line 6					7		
	8 Total gross income. Subtract line 7 from line 4					8	5,956	,552.
	9 Total expenses and disbursements. From Side 2					9	····	,935.
Expenses	10 Excess of receipts over expenses and disbursem					10		,383.
	11 Filing fee \$10 or \$25. See General Instruction F.					11		
Piline.	12 Total payments				<u> </u>	12		
Filing Fee	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.				Γ	2.5		
	Then subtract line 12 from the result					15	adea and half-4	it is to:-
Cian.	Under penalties of perjury, I declare that I have examined this return, in correct, and complete. Declaration of preparer (other than taxpayer) is be	cauding a	all informatio	n of which preparer h	as any knowledge.	. or my knowle	ouge and belief	, it is ii ii ii;
Sign Here	Signature TAXPAYERS COPY   Tit	le			Date	● Tele	ephone	
	Signature of officer	XECU	TIVE DIRECTOR				584-57	77
	Propagar's			Dațe	Check if self-		id PTIN	
Paid	Preparer's ► JULIE A. FIRL	•		5/29/12	employed X		85551	· .
Preparer's Use Only	Firm's name LEAF & COLE, LLP					● FE	IN	
USE OHIS	(or yours, if self-employed) > 2810 CAMINO DEL RIO SO	UTH,	SUITE	200		<del></del>	2076568	
	and address SAN DIEGO, CA 92108-38	20		•		<b>⊣</b> •	lephone	
							294.72	<u>0</u> 0
	May the FTB discuss this return with the preparer sh	own at	oove? See	instructions		., • X	Yes	No

WALDEN ENVIRONMENT, INC. 94-2358632 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. Gross sales or receipts from all business activities. See instructions ..... 2 2 Interest 184. 3 Dividends 3 Receipts 4 4 from Gross royalties 5 Other 6 Gross amount received from sale of assets (See instructions)..... 6 Sources 7 5,956,368. 7 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. 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule ..... 9 Disbursements to or for members. 10 Compensation of officers, directors, and trustees. Attach schedule...SEE. STATEMENT. 2 • 11 11 143,598. Expenses and Disburse-Other salaries and wages ..... 12 1,847,222. 13 14 Taxes. 14 146,384. ments 15 Rents. 15 276,661. Depreciation and depletion (See instructions). 16 16 29,316. 17 3,522,754. Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part 1, line 9..... 18 5,965,935. Schedule L **Balance Sheets** Beginning of taxable year End of taxable year Assets (c) (d) Cash....... 1 337,770. 286,856. 2 Net accounts receivable..... 810,495. 637,286. 4 5 Federal and state government obligations..... 6 Investments in stock...... Mortgage loans..... R 315,673 318,526 **b** Less accumulated depreciation..... 247,452 68,221. 276,768. 41,758. 140,733. 240,231. 1,357,219 1,206,131 Liabilities and net worth 611,923. 468,579. 15 Bonds and notes payable........ 11,219 3,733. <u>41,</u>287. 18 32,162. Capital stock or principle fund.......... 701,915. 692,532. Paid-in or capital surplus. Attach reconciliation. . . . . . 

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

22 Total liabilities and net worth ......

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

1,357,219.

1	Net income per books	<ul><li>-9,383.</li></ul>	7	Income recorded on books this year	
2	Federal income tax	• .		not included in this return.	
3	Excess of capital losses over capital gains	•		Attach schedule	• /
4	Income not recorded on books this year:	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	8	Deductions in this return not charged	
	Attach schedule	•		against book income this year.	
5	Expenses recorded on books this year not deducted	alaiteach Santalaine		Attach schedule	•
	in this return. Attach schedule	•	9	Total: Add line 7 and line 8	
6	Total.	化压缩 排列表 斯克里斯	10	Net income per return.	
	Add line 1 through line 5	-9,383.		Subtract line 9 from line 6	-9,383.

1,206,131.

### 2011 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY  Corporation name											
Corpor	ation name WALDEN E	NVIRONMENT	, INC.				California co	poration	number		
,		DEN FAMILY	SERVICES				C07750	03			
Part	•		erty Under IRC Se								
	Maximum deduction und							<u> </u>	\$25,000		
	Total cost of IRC Section										
3	Threshold cost of IRC S							1-	\$200,000		
4	Reduction in limitation.							<del>                                     </del>			
_	Dollar limitation for taxa		act line 4 from line				0.000				
6_	(a) Des	cription of property		(b) Cost (business u	ise only)	(c) Elected	COST				
									1150116		
				T-04***					医有线 化二烷		
	Listed supposits Coloator	UDO Cartion 17	/O ====t)		7						
8	Listed property (elected Total elected cost of IR		•		· · · L	7	8				
9	Tentative deduction, Er							+	·		
10	Carryover of disallowed							<del> </del>			
11	Business income limita							~			
12	IRC Section 179 expens										
13	Carryover of disallowed	deduction to 20	012. Add line 9 and	l line 10, less line 1	2, 1	13					
Par	t II Depreciation and	Election of Ad	ditional First Y <mark>ea</mark> r I	Expense Deduction	า Under R&1	C Section 2	4356				
14	(a)	(b)	(c)	(d)	(e)	(f) Life	(g)		(h)		
	Description of property	Date acquired	Cost or other basis	Depreciation allowed or	Deprécia-	Life or rate	Depreciation this year		Additional first year		
	of property	acquired	offici pasis	allowable in	method	Of Take	una year		depreciation		
				earlier years							
FUI	RNITURE & EQUI	VARIOUS	253,889.		S/L	5	26,915.		***************************************		
LEZ	ASEHOLD IMPROV	VARIOUS	22,834.	21,673.	S/L	5		82.			
SO	TWARE	VARIOUS	41,803.	37,287.	S/L	3	1,9	19.			
		<u> </u>		]	<u></u>	<u> </u>					
15	Add the amounts in co	lumn (g) and co	lumn (h). The total	of column (h) may	not exceed						
_	\$2,000. See instruction	is for line 14, co	olumn (h)			15	29,3	16.			
Par						<del> </del>	1	- 1	<del> </del>		
16	Total: If the corporation IRC Section 179 exper	n is electing:	ount on line 12 and	Lline 15. column (a	) or				•		
	Additional first year de Depreciation (if no elec	preciation unde	r R&TC Section 243	356, add the amour	nts on line 1	5, columns (	(g) and (h) <b>or</b>				
	Total depreciation clair							17			
18	Depreciation adjustme Form 100W, Side 1, lin	nt. If line 17 is g ne 6. If line 17 is	greater than line 16 s less than line 16.	, enter the difference	ce nere and o e here and o	on Form 100 on Form 100	or or				
	Form 100W, Side 1, lir state adjustments on F	ne 12. (If Califor	nia depreciation an	nounts are used to	determine n	et income b	efore	10			
Pai		orm 100 or For	m 100vv, no adjusti	ment is necessary.,				18			
		(6)			(d)	(0)	<b>(6)</b>	1			
19	<b>(a)</b> Description	(b) Date	(c) Cost o	r I Amor	( <b>d)</b> tization	(e) R&TC	(f) Period or		<b>(g)</b> Amortization		
	of property	acquire	d other ba		r allowable	section	percentage		for this year		
				ııı earı	ier years	(see instr)					
								-			
		-						+			
	-	·					<u> </u>				
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- 00	. Takal Add #1 ***					<u>t</u>		+			
	Total. Add the amount			and the second s				_	· · · · · · · · · · · · · · · · · · ·		
21	Total amortization clai										
22	Amortization adjustme Form 100W, Side 1, lii	ent. If line 21 is	greater than line 20 s less than line 20	), enter the differen	ice here and	i on Form 10 on Form 100	O or	-			
_	Form 100W, Side 1, Iii	ne 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····························	· · · · · · · · · · · · · · · ·		22				

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### CALIFORNIA STATEMENTS

PAGE

**CLIENT 114014** 

#### WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

94-2358632

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

PROGRAM SERVICE REVENUE.....

..... \$ 5,956,368. TOTAL \$ 5,956,368.

#### 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, #2 SAN DIEGO, CA 92120		DIRECTOR OF OPS				
MARYANNE CARLIN, CPA 6150 MISSION GORGE ROAD, #2 SAN DIEGO, CA 92120	210	TREASURER 1.00		0.	0.	0.
HAL DUNNING 6150 MISSION GORGE ROAD, #2 SAN DIEGO, CA 92120		CHAIRMAN 1.00		0.	0.	0.
ED EARL 6150 MISSION GORGE ROAD, #2 SAN DIEGO, CA 92120		VICE CHAIR 1.00		0.	0.	0.
RITA SZCZOTKA 6150 MISSION GORGE ROAD, #2 SAN DIEGO, CA 92120		BOARD MEMBER 1.00		0.	0.	0.
JENNIFER CHAVEZ 6150 MISSION GORGE ROAD, #2 SAN DIEGO, CA 92120		BOARD MEMBER 1.00		0.	0.	0.
MICHELLE WALSH-OZANNE 6150 MISSION GORGE ROAD, #2 SAN DIEGO, CA 92120	210	SECRETARY 1.00		0.	0.	0.
ADAMN RAJAH GAINEY 6150 MISSION GORGE ROAD, #2 SAN DIEGO, CA 92120		BOARD MEMBER 1.00		0.	0.	0.
TERESA STIVERS 6150 MISSION GORGE ROAD, #: SAN DIEGO, CA 92120	210	EXECUTIVE DIREC 20.00		51,791.	0.	0.
LEE WILLS-IRVINE 6150 MISSION GORGE ROAD, # SAN DIEGO, CA 92120	:210	BOARD MEMBER		0.	0.	0.
		TOTAL	. <u>Ş</u>	143,598.	\$ 0.	\$ 0.

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CLIENT 11-014

## CALIFORNIA STATEMENTS:

PAGE 2

WALDEN ENVIRONMENT, INC.
DBA: WALDEN FAMILY SERVICES

94-2358632

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

INSURANCE LICENSES & PERMITS MISC EXPENSE OFFICE EXPENSES OTHER EMPLOYEE BENEFIT OTHER FEES POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS REGIONAL CENTER RESPITE CARE TELECOMMUNICATION	53,364. 13,436. 63,641. 54,839. 33,572. 2,191,570. 104,740. 26,903. 213,436. 28,390. 458,480. 157,825. 10,472. 9,521. 56,278. 42,791. 3,496.
TOTAL \$	3,522,754.

#### 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 \$	240,231.

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

OVERPAYMENTS	41,	287.
TOTAL	\$ 41,	287.

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 12585.1. IRS extensions will be honored.



LL					$\overline{}$				
Clate Charity Deviatorian Number 019	0.07	Check if:	address						
State Charity Registration Number 018 WALDEN ENVIRONMENT, INC.	771	Amended							
DBA: WALDEN FAMILY SERVICE  Name of Organization	ES								
6150 MISSION GORGE ROAD #:	210	Corporate or (	Organization No. C0775003						
Address (Number and Street)	210								
SAN DIEGO, CA 92120 City or Town	State ZIP Code		oyer ID No. 94-2358632						
ANNUAL REGISTRATIO	ON RENEWAL FEE SCH		ections 301-307, 311 and 312) ritable Trusts						
Gross Annual Revenue	ee Gross Annual Re	venue Fee	Gross Annual Revenue	F	ee				
Less than \$25,000	0 Between \$100,00	1 and \$250,000 \$50	Between \$1,000,001 and \$10 million	ո \$՟	150				
Between \$25,000 and \$100,000	\$25 Between \$250,00		Between \$10,000,001 and \$50 million		225 300				
PART A - ACTIVITIES									
For your most recent full accounting	g period (beginning	1/01/11 ending	12/31/11 ) list:						
Gross annual revenue \$		Total assets \$	•						
PART B – STATEMENTS REGAL	PDING ORGANIZAT	ION DURING THE PERI	OD OF THIS REPORT						
			providing an explanation and details	c for a					
Note: If you answer 'yes' to any of the 'yes' response. Please review	RRF-1 instructions for in	formation required.	providing an explanation and details	5 (OI C					
1 During this reporting period, were the	nere any contracts. Ioans	leases or other financial tra	nsactions between the	Yes	No				
During this reporting period, were the organization and any officer, directed director or trustee had any financial.	or or trustee thereof either interest?	er directly or with an entity in	which any such officer,		x				
During this reporting period, was the property or funds?	ere any theft, embezzlen	nent, diversion or misuse of t	he organization's charitable		х				
3 During this reporting period, did no	n-program expenditures	exceed 50% of gross revenue	os?		х				
4 During this reporting period, were a Form 4720 with the Internal Revenu	ny organization funds us le Service, attach a copy	sed to pay any penalty, fine o	r judgment? If you filed a		x				
5 During this reporting period, were t purposes used? If 'yes,' provide an service provider.	he services of a commer attachment listing the na	cial fundraiser or fundraising ame, address, and telephone	counsel for charitable number of the		x				
6 During this reporting period, did the the name of the agency, mailing as	e organization receive an Idress, contact person, a	y governmental funding? If sond telephone number.	o, provide an attachment listing SEE STATEMENT 1	. x	П				
7 During this reporting period, did the indicating the number of raffles and	e organization hold a raff I the date(s) they occurre	le for charitable purposes? If ed.	'yes,' provide an attachment		X				
Does the organization conduct a verthe program is operated by the characteristable purposes.	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								
9 Did your organization have prepare principles for this reporting period?		atement in accordance with g	enerally accepted accounting	X	$\prod$				
Organization's area code and telephone	number 619-584-5	777							
Organization's e-mail address									
I declare under penalty of perjury that I and belief, it is true, correct and compl	have examined this rep ete.	ort, including accompanying	documents, and to the best of my kr	nowled	lge				
TAXPAYERS COPY	mabros amtires	t taken are	T DIDECTOD						
Signature of authorized officer	TERESA STIVERS Printed Name	Title	E DIRECTOR Date		··				

CEIENT 11-014

### CALIFORNIA STATIEMENTS

WALDEN ENVIRONMENT, INC... DBA: WALDEN FAMILY SERVICES

94-2358632

#### 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

# Form 990

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. 2011, and ending For the 2011 calendar year, or tax year beginning D Employer Identification Number Check if applicable: 94-2358632 WALDEN ENVIRONMENT, INC. Address change DBA: WALDEN FAMILY SERVICES Telephone number Name change 6150 MISSION GORGE ROAD #210 619-584-5777 Initial return SAN DIEGO, CA 92120 Terminated G Gross receipts \$ 5,956,552. Amended return H(a) is this a group return for affiliates? F Name and address of principal officer: TERESA STIVERS Application pending H(b) Are all affiliates included? SAME AS C ABOVE If 'No,' attach a list. (see instructions) ) ◄ (insert no.) X 501(c)(3) 4947(a)(1) or 527 Tax-exempt status 501(c) ( WWW.WALDENFAMILY.ORG Website: ► H(c) Group exemption number 🟲 L Year of Formation: 1976 M State of legal domicile: CA Form of organization: X Corporation Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: WALDEN IS A FOSTER FAMILY AND ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT, CERTIFICATION, AND TRAINING Activities & Governance OF FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF FOSTER AND ADOPTIVE CHILDREN. Check this box ► | | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 8 Number of independent voting members of the governing body (Part VI, line 1b)..... Total number of individuals employed in calendar year 2011 (Part V, line 2a)..... 5 68 Total number of volunteers (estimate if necessary)..... 0 7a Total unrelated business revenue from Part VIII, column (C), line 12...... 0. **b** Net unrelated business taxable income from Form 990-T, line 34 ..... 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h)..... 609,158. 5,956,368. Program service revenue (Part VIII, line 2g)..... 6,736,272. 952. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 184. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 7,346,382 5,956,552. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 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)..... 3,177,290 2,595,684 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) 4,244,599 3,370,251. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 7,421,889 5,965,935. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)............ -9,383. 19 Revenue less expenses. Subtract line 18 from line 12,..... -75.507. Beginning of Current Year End of Year 20 Total assets (Part X, line 16)..... 1,357,219. 1,206,131 513,599. 21 Total liabilities (Part X, line 26)..... 655,304. 701,915. 692,532 Net assets or fund balances. Subtract line 21 from line 20..... 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. Signature of officer Sian Here EXECUTIVE DIRECTOR TERESA STIVERS Type or print name and title. PTIN Print/Type preparer's name Date Preparer's signature JULIE A. FIRL 5/29/12 P00085551 JULIE A. FIRL self-employed Paid ► LEAF & COLE, LLP Preparer Firm's name Use Only 2810 CAMINO DEL RIO SOUTH, Firm's EIN ► 95-2076568 Phone no. 619.294.7200 SAN DIEGO, CA 92108-3820

No

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)......

Form	n 990 (2011) WALDEN ENVIRONMENT, INC.	94-2358632	Page 2
Par	* III. Statement of Program Service Accomplishments		
)171100001111111	Check if Schedule O contains a response to any question in this Part III		X
ı	Briefly describe the organization's mission:		
	SEE SCHEDULE 0		
2	Did the organization undertake any significant program services during the year which were not listed or	nn the prior	
_		· —	<b>₩</b>
	Form 990 or 990-EZ?	Yes	X 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 so	ervices? Yes	X No
•			7 22 110
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured by	expenses.
	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported.	imount of grants and a	illocations to
	others, the total expenses, and revenue, if any, for each program service reported.		
Λ.	a (Code: (Code: (Expenses \$ 4,689,944.) including grants of \$ (Code: (Co	Payanua è E a	06 577 \
41		neveriue a 3,2	00,311.)
	SEE SCHEDULE O	<b></b>	<b></b> =
			<b></b>
	Per total land and after red and land land land and and land land l		
4	<b>b</b> (Code: \$334,667. including grants of \$)	Revenue \$ 3	50,000.)
•			
	ADOPTION: WALDEN FAMILY SERVICES IS COMMITTED TO THE CHILD'S NI		
	HOME. IN ORDER TO FACILITATE STRONG ATTACHMENTS, WALDEN PROVIDE	ES TRAINING AN	)
	SUPPORTIVE THERAPY FOR THE FAMILY AND CHILD. IN ADDITION, POST	ADOPTIVE SERV	ICES ARE
		EN IS COMMITTE	
	FACILITATING THE FAMILY'S ADJUSTMENTS AS THE CHILD GROWS THROUGH	I EACH DEVELOPI	MENTAL
	STAGE INTO EARLY ADULTHOOD.		
	STAGE INTO EARLY ADDITIOOD.		
		~ ~ <del>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del>	
	\$0000000000000000000000000000000000000		
4	c (Code: 230,640. including grants of \$)	(Revenue \$ 2	20,926.)
	APPLE VALLEY AFTER CARE: WALDEN'S AFTERCARE PROGRAM IS A SUPPO	RTIVE SERVICE	тнат
	ASSISTS FORMER FOSTER YOUTH WITH OVERCOMING THE CHALLENGES THEY	MAY PAUE WHEN	LEAVING
	FOSTER CARE. WE BELIEVE FORMER FOSTER YOUTH HAVE WHAT IT TAKES		D
	FOSTER CARE. WE BELIEVE FORMER FOSTER YOUTH HAVE WHAT IT TAKES	TO SUCCEED AN	
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	SUPPORT THEM IN COMMON AREAS THAT FORMER FOSTER YOUTH OFTEN STR LIFE SKILLS, MEDICAL, DENTAL AND EMOTIONAL HEALTH, MENTORING, E	TO SUCCEED AN UGGLE SUCH AS, DUCATIONAL ASS	DAILY
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	SUPPORT THEM IN COMMON AREAS THAT FORMER FOSTER YOUTH OFTEN STR LIFE SKILLS, MEDICAL, DENTAL AND EMOTIONAL HEALTH, MENTORING, E. EMPLOYMENT ASSISTANCE, HOUSING ASSISTANCE AND PERMANENT CONNECT	TO SUCCEED AN UGGLE SUCH AS, DUCATIONAL ASS	DAILY ISTANCE,
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	SUPPORT THEM IN COMMON AREAS THAT FORMER FOSTER YOUTH OFTEN STR LIFE SKILLS, MEDICAL, DENTAL AND EMOTIONAL HEALTH, MENTORING, E EMPLOYMENT ASSISTANCE, HOUSING ASSISTANCE AND PERMANENT CONNECT	TO SUCCEED AN UGGLE SUCH AS, DUCATIONAL ASS	DAILY ISTANCE,
	SUPPORT THEM IN COMMON AREAS THAT FORMER FOSTER YOUTH OFTEN STRING SKILLS, MEDICAL, DENTAL AND EMOTIONAL HEALTH, MENTORING, EMPLOYMENT ASSISTANCE, HOUSING ASSISTANCE AND PERMANENT CONNECT	TO SUCCEED AN UGGLE SUCH AS, DUCATIONAL ASS ION SUPPORT.	DAILY ISTANCE,
	SUPPORT THEM IN COMMON AREAS THAT FORMER FOSTER YOUTH OFTEN STR LIFE SKILLS, MEDICAL, DENTAL AND EMOTIONAL HEALTH, MENTORING, E EMPLOYMENT ASSISTANCE, HOUSING ASSISTANCE AND PERMANENT CONNECT	TO SUCCEED AN UGGLE SUCH AS, DUCATIONAL ASS ION SUPPORT.	DAILY ISTANCE,

	990 (2011) WALDEN ENVIRONMENT, INC. 94-2358632		Pi	age <b>3</b>
Par	t W 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
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	ane e	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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.	11 a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	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.	11 c		Х
	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	11 d		
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a 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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	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		Х
20	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X

Page 4 Part V Checklist of Required Schedules (continued) Yes No 21 Х 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. 22 X 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 23 Χ 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. 24a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 25 a 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 25a 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 'Ye's,' complete 25b Х Schedule L, Part I..... 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 26 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 27 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..... 28a X **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV.* X 28b 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..... 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... 30 X Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part ! . . . . . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ Schedule N. Part II . . . . . . 33 Χ Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Χ line 1....... 35 a 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...... 35b Χ 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...... Χ 36

Form 990 (2011)

37

Χ

38

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......

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......

om 390 (2011) WALDEN ENVIRONMENT, INC. 94-233863	4	Ρ,	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V		<i></i>	
		Yes	No
3 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.1 a23			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	,contraction of
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			100
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	I SAME TO SECOND	Χ
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	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.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
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		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			1
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			2.55
services provided to the payor?	7a		Х
b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7c	Tage Picture	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
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?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
	100	10.00	
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	e platyly	
9 Sponsoring organizations maintaining donor advised funds.		100	
a Did the organization make any taxable distributions under section 4966?	9a		200000000000000000000000000000000000000
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			1
10 Section 501(c)(7) organizations. Enter:		i i i i i i i i i i i i i i i i i i i	
a Initiation fees and capital contributions included on Part VIII, line 12	219	1.11	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11 Section 501(c)(12) organizations. Enter:	1		100
a Gross income from members or shareholders			h
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)	4	100 100	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	NO S	2002	H
a Is the organization licensed to issue qualified health plans in more than one state?	13a		S DIRECTOR OF THE PROPERTY OF
Note. See the instructions for additional information the organization must report on Schedule O.		1	
<b>b</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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q</i>		1	<u> </u>
211 100, has it filed a 10th 1720 to report clese payments: if 140, provide all explanation in objectule C	140	L	1

Form 990 (2011) WALDEN ENVIRONMENT, INC. 94-2358632 Page 6 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 No Yes 8 1a Enter the number of voting members of the governing body at the end of the tax year..... 1a 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. 8 **b** Enter the number of voting members included in line 1a, above, who are independent..... 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 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . 5 Χ X Did the organization have members or stockholders?..... 6 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?.... Х 7 a **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? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body?..... 8a **b** Each committee with authority to act on behalf of the governing body?..... 8ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 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?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11 a Χ 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 Χ b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b 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 Х 14 Did the organization have a written document retention and destruction policy?..... 14 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 . Q . . . . Χ 15 a **b** Other officers of key employees of the organization. 15b Χ 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?. 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA 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. X Upon request Own website Another's website 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

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

#### 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	n nor any	relate	d or	gani	zati	on col	mpe	nsated any current of	ficer, director, or trust	ee.
		(B) (do not check more than one box,						}	Į	
(A) Name and title	(B) Average hours	unles	s per:	son is	both	an one l i an offic ustee)	oox, cer	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estirnated amount of other
SEE SCHEDULE O	per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RITA_SZCZOTKA	]									
BOARD MEMBER	1.	X						0.	0.	0.
(2) JENNIFER CHAVEZ		١,			ļ					
BOARD MEMBER	1	X					<u></u>	0.	0.	0.
(3) ADAMN RAJAH GAINEY	1									_
BOARD MEMBER	1	X						0.	0.	0.
(4) TERESA STIVERS		.,	'	3.7				20.002	40 640	11 000
EXECUTIVE DIREC	20	X	ļ	X				39,803.	48,648.	11,988.
(5) LEE WILLS-IRVINE	-	Х				:		0.	0.	٥
BOARD MEMBER	1	A	<del> </del>		ļ		<u> </u>	0.	0.	0.
_(6) SUSAN EVANS	37	i		X				91,807.	0.	0.
(7) MARYANNE CARLIN, CPA	37		-	1.1				51,007.	0.	<u> </u>
TREASURER	1			Х				0.	0.	0.
(8) HAL DUNNING	<del></del>		<del> </del>							
CHAIRMAN	1	ļ		X				0.	0.	0.
(9) ED EARL		1								
VICE CHAIR	1		1	Х				0.	0.	0.
(10) MICHELLE WALSH-OZANNE										•
SECRETARY	1	<u> </u>	<u> </u>	X		<u> </u>		0.	0.	0.
(11)										
(12)							<u> </u>			
<u>(13)</u>	_	1	-		$\vdash$			<u> </u>		· · · · · · · · · · · · · · · · · · ·
	-	1	$\vdash$		-	<del>                                     </del>	<del> </del>	· ·		
(14)	4	1	1							
	1	1						<u> </u>		

Part VII Section A. Officers, Directors, Trust	ees, r	(ey	Em	<u>plo</u>	ye	es, a	and	Highest Com	pensated Emp	loyees (cont)
				(0	•			-		
(A) Name and title	(B) Average hours per	box, offic	unles er and	s per d a d	rson i irecto	than o s both r/trust	tee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)					<u> </u>					
(19)										
(20)										
(21)										
(22)										
(23)	-									
(24)	-									
(25)	-									
1 b Sub-total								131,610.	48,648	
c Total from continuation sheets to Part VII, Section								0.	0	<u>·                                      </u>
d Total (add lines 1b and 1c)								131,610.		
from the organization • 0										
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or tru <i>individ</i>	istee ual	, key	en en	nplo	yee,	or h	nighest compensa	ted employee	Yes No
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	than \$	150,0	2000	lf '	'Yes	cor	nple	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compe	nsati	on f	rom	an	z unr	relat	ed organization o	r individual	
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report comp	ated in	depe	nder the	nt co	ontra lend	actor ar ve	rs th	at received more ending with or wit	than \$100,000 of hin the organization	n's tax year.
(A) Name and business addre						•		(	3) of services	(C) Compensation
	•									
										<del></del>
110,44										
2 Total number of independent contractors (includin \$100,000 in compensation from the organization)	-	ot lir	nite	d to	tho	se lis	sted	above) who rece	ived more than	thagaile an teachaile Chairlainn an Alba

Par	VIII Statement of Revenue				
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE 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				
BE E	f All other contributions, gifts, grants, and similar amounts not included above	the factors are seen			ris care a region of the
N N	g Noncash contributions included in Ins 1a-1f: \$	300000000000000000000000000000000000000	the built of the		
8 ₹	h Total. Add lines 1a-1f				4 6 7 6 7
픻	Business Code	E E22 263	E E32 262		ing and the second second
EVE	2a FEES & CONTRACTS GOV AGENCIES 624100	5,533,263.	5,533,263.		
쮼	b ADOPTION REVENUE 624110	350,000.	350,000.		1
Ş.	c OTHER PROGRAM REVENUE 900099	73,105.	73,105.		
ESE	d				
RAM	e	<u> </u>			
SOCI	f All other program service revenue	F 056 260			
4	g Total Flat Into Ed Elittica Control	5,956,368.			
	3 Investment income (including dividends, interest and	184.			184.
	other similar amounts)  4 Income from investment of tax-exempt bond proceeds				104.
	5 Royalties. (i) Real (ii) Personal				
	6a Gross rents	AND CHESTON	Company of 1914.	DESCRIPTION	
	b Less: rental expenses.	destina Siren	100000000000000000000000000000000000000	144 (154)	Anna Prenda
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less; cost or other basis and sales expenses	er planting of the con-		in the substitute of the subst	Charles in 2 to 1995. West and spin by the son with a
	c Gain or (loss)			og forgalitie	
	d Net gain or (loss)	-	.]		
핅	8a Gross income from fundraising events (not including. \$	and the behavior of the control of t			
ΛEN	of contributions reported on line 1c).		as to state the state	Little Control	a di salah da salah
꿆	See Part IV, line 18a	Sufficiency of the	Labora Bracket	Professional	
OTHER REVENUE	b Less: direct expenses b				
5	c Net income or (loss) from fundraising events	-	1000		
	9a Gross income from gaming activities. See Part IV, line 19a		n producti (producti) a 15. zaba sek upbeshi a	Paragraph of the second	and the state of t
	b Less: direct expenses b	Spirit Spirit Inc.			
	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		\$ \$10 B 0 G 0	e continue	
	c Net income or (loss) from sales of inventory	-			·
	Miscellaneous Revenue Business Code		Landern (1828 etc.)	a Suita didi	de Para de La como d
	11 a	<u> </u>			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	<b></b>			
		<b>►</b> 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 re	_ (A)	(B)	(C) Management and	(D)
6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				egenet geneter i de en eine faug Light en
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			terpratique paper el action : L'action de l'action :	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			ar padies de la collection photo Carlos popularités de la collection Carlos d'accessions	aparisati Masipatipi da Paparisa Palaris
4	Benefits paid to or for members	•	*****	and control of the control of the	Programme and the second
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.	
	Fees for services (non-employees):				
	Management				
1	Legal				
(	Accounting				· · · · · · · · · · · · · · · · · · ·
•	<b>!</b> Lobbying				
	Professional fundraising services. See Part IV, line 17	· , , ,			
	Investment management fees			0.000	
9	g Other	157,825.	148,862.	8,963.	
12	Advertising and promotion		53,364.		
13	Office expenses	28,390.	20,500.	.7,890.	
14	Information technology		-		
15	Royalties	000 001	054.000	00.441	
16	Occupancy	276,661.	254,220.	22,441.	
17		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			16,985.	
23	Insurance	104,740.	91,631.	13,109.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses		Sugar Street Const	a description for the	
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	t the Allega Arms (20) South and the same		characterist action is	er maar tadum e is 13 daes 30 de is die
	expenses on Schedule O.)	0 101 570	0 101 570		
	a FOSTER PARENTS	2,191,570.	2,191,570. 145,379.	50 057	
	b MISC EXPENSE	213,436.	12,866.	68,057. 50,775.	
	c CONTRACT LABOR	56,278.		30,113.	
:	d REGIONAL CENTER RESPITE CARE	178,098.	158,092.	20,006.	
25	e All other expenses	5,965,935.	5,367,088.	598,847.	0
25	•	3,303,333.	3,301,008.	330,04/.	
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 ► ☐ if following				
	SOP 98-2 (ASC 958-720)	1			
	JUI 30-2 (MJU 3JO-720)	<del> </del>	<u> </u>	<u> </u>	L Form <b>990</b> (201

		(2011) WALDEN ENVIRONMENT, INC.	94-2	358	632 Page 11
Pai	rt X	Balance Sheet			. —
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	337,767.	1	222,124.
		Savings and temporary cash investments		2	64,732.
		Pledges and grants receivable, net		3	
		Accounts receivable, net		4	637,286.
ASSETS		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		9	26,428.
	10a	l and, buildings, and equipment; cost or other basis.			and the property of the second
		Less: accumulated depreciation. 10b 276,768.	- All the transfer of the transfer tested of the section of the se	10 c	41,758.
ļ	11	Investments publicly traded securities.	· · · · · · · · · · · · · · · · · · ·	11	
į	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		15	213,803.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,206,131.
	17	Accounts payable and accrued expenses.		17	468,579.
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
I A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D	,	21	
B   	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties,	· · · · · · · · · · · · · · · · ·	23	3,733.
E S	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.		25	41,287.
	26	Total liabilities. Add lines 17 through 25	. 655,304.	26	513,599.
Й		Organizations that follow SFAS 117, check here ► X and complete lines			reference in the second
Ŧ		27 through 29 and lines 33 and 34.		in the	
Ą	27	Unrestricted net assets	. 701,915.	27	692,532.
ያ ነው የሚያ ተጠጃ	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► and complete			Control Court Control Con-
	1	lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds	,	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
î A	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZOES	33	Total net assets or fund balances	701,915.	33	692,532.
_ s	34	Total liabilities and net assets/fund balances	1,357,219.	34	1,206,131.
BA	AA				Form <b>990</b> (2011)

orr	m <b>990</b> (2011) WALDEN ENVIRONMENT, INC. 94-	<u> 2358</u>	632		Pag	je 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				<i>.</i>	Ш
-	Table 200 April 200 Part 200 Part 200			056		E 2
ı	Total revenue (must equal Part VIII, column (A), line 12).			956		
2				965		
3	The state of the s	3				83.
4					., 9.	<u> 15.</u>
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	2, 5	32.
Pa	南XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII.				,	
						No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2 a		<u>X</u>
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	he au	dit,	2c	х	
	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 issue separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	æd on	а			
3	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3	3a	Х	
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the recognition of audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	audit	3b.	x	

Form **990** (2011)

BAA

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

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.

Employer identification number Name of the organization WALDEN ENVIRONMENT, DBA: WALDEN FAMILY SERVICES 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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. Type II c | Type III - Functionally integrated Type III - Other 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). 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..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? α Yes No 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?..... (i) 11 g (i) A family member of a person described in (i) above?..... 11 g (îi) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) h Provide the following information about the supported organization(s) (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of (iii) Type of organization (described on lines 1-9 above or IRC section (vi) Is the organization in (vii) Amount of support (i) Name of supported organizațio column (i) organized in the U.S.? (see instructions)) your governing document? your support? Yes No Yes No Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

Page 2

#### 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.)

Sect	ion A. Public Support						
oegin	dar year (or fiscal year ning in) ►	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		NAMES IN COLUMN TO SERVICE AND ADDRESS OF THE PROPERTY OF THE				
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
-	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)				Andrew Control		
6	Public support. Subtract line 5 from line 4	rom et bibliografija veste saandieldide		de de la destación O les la casa de la constante			
Sect	tion B. Total Support						
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 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 acti	ivities, etc (see ins	structions)				
13	First five years. If the Form 990 organization, check this box an	) is for the organiz d <b>stop here</b> ,	zation's first, seco	ond, third, fourth,	or fifth tax year as	s a section 501(c)	(3) ▶ □
	tion C. Computation of Pu	ublic Support F	Percentage				
14	Public support percentage for 2						
15	Public support percentage from	ı 2010 Schedule A	, Part II, line 14.	.,		<u>15</u>	%
16 a	a 33-1/3% support test — 2011. If and stop here. The organization	the organization of the function of the function of the functions are the functions	did not check the ablicly supported	box on line 13, a organization	ind the line 14 is 3	33-1/3% or more,	check this box
ı	33-1/3% support test — 2010. If and stop here. The organization	f the organization n qualifies as a pu	did not check a bublicly supported o	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or more	, check this box
17	a 10%-facts-and-circumstances: or more, and if the organization the organization meets the 'fac	n meets the 'facts-	-and-circumstanc	es' test, check thi	s box and <b>stop he</b>	e <b>re.</b> Explain in Par	t IV how 🚐
	b 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-a	n meets the 'facts- ind-circumstances'	-and-circumstanc ' test. The organi	es' test, check thi zation qualifies as	s box and <b>stop he</b> a publicly suppor	e <b>re.</b> Explain in Par rted organization .	t IV how the
	Private foundation. If the organ	nization did not ch	neck a box on line	13, 16a, 16b, 17			
RAZ	1				S	chedule 🛕 (Form (	990 or 990 F7\ 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.)

Sect	ion A. Public Support						
Calend	ar year (or fiscal yr beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees			,			, , , , , , , , , , , , , , , , , , , ,
	received. (Do not include - 1	40 070	01 207	715 047	C00 101		1 457 517
	any 'unusùal grants.')	42,872.	91,297.	715,247.	608,101.		1,457,517.
2	Gross receipts from admis- sions, merchandise sold or		i				
	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				·	4	0.
	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					j	
	governmental unit to the						_
	organization without charge					<u> </u>	0.
	<b>Total.</b> Add lines 1 through 5	9,291,138.	8,834,436.	8,400,688.	7,345,430.	5,956,368.	39,828,060.
/a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2			1			
	and 3 received from other than disqualified persons that					1	
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year	0.	0.	) o.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	Paralle are obtained in				网络图 电影声	
	7c from line 6.)	The say to distinct	12,100	Africa (FA)	1991-04-6	N. Charlet Ch	39,828,060.
Sec	tion B. Total Support		,				
Calen	dar year (or fiscal yr beginning in) 🏲 👚	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	9,291,138.	8,834,436.	8,400,688.	7,345,430.	5,956,368.	39,828,060.
10 a	Gross income from interest,			·	ľ	:	•
	dividends, payments received on securities loans, rents,		-		}		
	royalties and income from	14,316.	5,726.	6,894.	952.	184.	28,072.
ŀ	similar sources Unrelated business taxable	14,310.	3,120.	0,034.	334.	104.	20,012.
	income (less section 511			,			
	taxes) from businesses acquired after June 30, 1975			]		1	0.
(	Add lines 10a and 10b	14,316.	5,726.	6,894.	952.	184.	
	Net income from unrelated business	Í	1		ļ		
	activities not included in line 10b, whether or not the business is						
	regularly carried on	<u> </u>					0.
12	Other income. Do not include						<u> </u>
	gain or loss from the sale of capital assets (Explain in			}			,
	Part IV.)	0.205.454	0 040 160	0 407 500	7 246 200	E 056 550	0.
	Total support. (Add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box an	d stop the organia	zation's first, seco	ona, triira, fourth,	or mun tax year a	s a section 501(c	)(o) 
	tion C. Computation of Pu						
15	Public support percentage for 2	011 (line 8, colum	nn (f).divided by l	ine 13, column (f)	,	15	99.93. %
	Public support percentage from						99.91 %
Sec	ction D. Computation of In			·	-		· · · · · · · · · · · · · · · · · · ·
17	Investment income percentage	for <b>2011</b> (line 10c	, column (f) divid	ed by line 13, col	umn (f))	17	
18	Investment income percentage					Part Jumine	
19	a 33-1/3% support tests — 2011.	lf the organization	did not check th	e box on line 14,	and line 15 is mo	ore than 33-1/3%,	and line 17
	is not more than 33-1/3%, chec b 33-1/3% support tests — 2010.		•	•		-	
	line 18 is not more than 33-1/3	%, check this box	and stop here. T	he organization q	jualifies as a publ	icly supported org	ganization
_20	Private foundation. If the organ	nization did not ch	eck a box on line	14, 19a, or 19b,	check this box ar	nd see instruction	s, ▶ □
					_		

Part IV	Supplement Part II, line (See instruc	al Informat 17a or 17b; tions).	ion. Completand Part III,	te this part to line 12. Also	provide the complete th	explanation is part for a	s required by ny additional i	Part II, line 10; nformation.
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	. · 			· 				· .

#### SCHEDULE D (Form 990)

Department of the Treasury

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

Internal Revenue Service Employer identification number Name of the organization WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES 94-2358632 Part 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, ..... Aggregate contributions to (during year) . . . . Aggregate grants from (during year)..... Aggregate value at end of year..... 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?..... Νo 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? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2a a Total number of conservation easements...... 2b c Number of conservation easements on a certified historic structure included in (a)..... 2с d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **►**\$ 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)?..... No 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 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..... ►Ś

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

Description of property

(a) Cost or other basis (b) Cost or other basis (other)

1a Land.

b Buildings.

c Leasehold improvements.

d Equipment.

22,834.

22,155.

679.

d Equipment.

Part VII Investments - Other Securities. See F	orm 990, Part X, I	ine 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuatio Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
( <u>A</u> )			
(B)			
<u>(C)</u>		1,2,2	11.5 M/1.7(c) = 1
<u>(D)</u>			
<u>(E)</u>			
(G)			
(H)			
<u>(l)</u>			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		cologies afficial subsequently subsequently	Spirit Mark Liver
Part VIII Investments - Program Related. See	Form 990, Part X,		
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on: et value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	-	The second section of the second second second	
Part IX Other Assets. See Form 990, Part X,	line 15.		
<b>(a)</b> De	escription		(b) Book value
(1) DEPOSITS			32,330.
(2) DUE FROM WALDEN FAMILY SERVICES I	OUNDATI		181,473.
(3)			
(4)			death and the second
(5)			
(6)			
(7)			
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	(B), line 15.)	.,,	213,803.
Part X Other Liabilities. See Form 990, Part			
(a) Description of liability	(b) Book value	e transference in the contract principle.	regularise en en gree
(1) Federal income taxes		Place of the property of the property of	
(2) OVERPAYMENTS	41,2	87.	
(3)		ind the grade being that it has the strike	refere black by being
(4)			
(5)		Self-Angles Company of Charles of Agency	Eliment Miles
(6)			
(7)	·	- de de la la company de la colonia	erinteriude calcalium;
(8)		A the harmonic and the Committee of the	
(9)		Article Property Chapter And Article Property	
(10) (11)		Print Constitution (Constitution)	
	1		and the state of t

**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

Sche	edule D (Form 990) 2011 WALDEN ENVIRONMENT, INC.	94-2358632	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	<u> </u>
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.	<del></del>	
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		
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
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:		
í	a Net unrealized gains on investments		
1	b Donated services and use of facilities		
	c Recoveries of prior year grants		
	d Other (Describe in Part XIV.)		
	e Add lines 2a through 2d.	2e	
3			<del></del>
-	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		
			•
	c Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	M XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Total expenses and losses per audited financial statements		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities		•
	b Prior year adjustments		
	c Other losses		
	d Other (Describe in Part XIV.)		
	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		
	b Other (Describe in Part XIV.)		
	c Add lines 4a and 4b	<u> </u>	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIV Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa t 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 cor additional information.	art IV, lines 1b and 2b;	
Par	t 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 cor	nplete this part to prov	ide
arry	additional intolliation.		
	DARTY FIN 40 FOOTHOTE		
	PART X - FIN 48 FOOTNOTE		
	THE ADDANGED TO HERE A LACE COMMINGUIGING ADDROACH DOD DUALIZATION		
	THE ORGANIZATION USES A LOSS CONTINGENCIES APPROACH FOR EVALUATIN	G UNCERTAIN TAX	<u>x</u>
	DOCTOTONG AND COMMINISTER DISAFFERDING CONSIDER THE DAY FAR AND MORE AND		
	POSITIONS AND CONTINUALLY EVALUATES CHANGES IN TAX LAW AND NEW AU	THORITATIVE	
		•	
	RULINGS.		
		. * *	
	<del></del>		

Schedule D (Form 990) 2011 WALDEN ENVIRONMENI, INC.	94-2336632	Page 5
Part XIV Supplemental Information (continued)	<del></del>	
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Schedule **D** (Form 990) 2011

BAA

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

201

OMB No. 1545-0047

Open to Publi Inspection

Employer identification number

94-2358632

Schedule R (Form 990) 2011 (g) Sec 512(b)(13) controlled entity? (f) Direct controlling entity Parily 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.) Yes (f)
Direct controlling
entity N/A (e) End-of-year assets Public charity status (if section 501(c)(3)) Parti Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) 501 (C) 3 © (d) Total income (d) Exempt Code section TEEA5001L 09/08/11 디 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) ÇÀ (b) Primary activity INC PROVIDE SUPPORT SERVICES (b) Primary activity TO WALDEN ENVIRONMENT, BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY (1) WALDEN FAMILY SERVICES FOUNDATION, 6150 MISSION GORGE ROAD, STE 210 SAN DIEGO, CA 92120 91-2160214 (a) Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization 1 ତ୍ୟ € 윽 ල থ

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94-2358632 INC. DBA: WALDEN FAMILY SERVICES Schedule R (Form 990) 2011 WALDEN ENVIRONMENT,

Page 2

(k) Percentage ownership (h) Percentage ownership Schedule R (Form 990) 2011 **partive** 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.) 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.) (I) General or managing partner? Share of total income Share of end-of-year assets 2 N Yes Code V-UBI amount in box 20 of Schedule K-1 (For Dispropor-tionate alfocations? Ñ Ξ Yes (e)

Type of entity
(C corp, S corp,
or trust) (g) Share of end-of-year assets Legal domicile State or foreign controlling entity country) (f) Share of total income 05/24/11 (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) TEEA5002L (b) Primary activity (d) Direct controlling entity (c) Legal domicile (state or foreign (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization i 8 즽  $\mathfrak{S}_{\mathsf{I}}^{\mathsf{I}}$ ල් ପ୍ର

94-2358632

Party Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2011 WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

71 1 11 11 11 11 11 11 11 11 11 11 11 11				Yes No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	s listed in Parts II-	٧۶		200
T During the tax year dig the organization stigage in any or the following digital and the controlled patitive				×
a Receipt of (t) interest (iii) annulities (iii) royalities of (tv) terit ironi a continuited entry			1 p	×
<b>b</b> Giff, grant, or capital contribution to related organization(s)	-		10	×
c Giff, grant, or capital contribution from related organization(s)			2	×
d Loans or loan guarantees to or for related organization(s)			4	×
e Loans or loan guarantees by related organization(s)				
(2) molitorium in 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			1f	X
Sale of assets to related organization(s)			1g	×
g Purchase of assets from related organization(s)			=	×
h Exchange of assets with related organization(s)			=	×
i Lease of facilities, equipment, or other assets to related organization(s)				
: 1 etfoilition annihomant or athor secate from related ordanization(s)			1j	×
Lease of facilities, equipment, of onlie assets from related organization (s)			1k	X
			11	×
			ш .::	X
Sharing of facilities, equipment, mailing lists, or outer assets with the			1n	×
n Sharing of paid employees with related organization(s)				
o Reimbursement paid to related organization(s) for expenses				×
p Reimbursement paid by related organization(s) for expenses				X
				>
q Other transfer of cash or property to related organization(s)			-	×
The state of the s	rido a citologia	serification three		
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including or	overed relationship	covered relationships and transaction uneshous	Silolus.	
ł	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	etermining nvolved
TNC TARE TAREST TO THE TOTAL T	N	179,866.	FAIR VALUE	LUE
SERVICES FOUNDATION	Д	460,697.	FAIR VA	VALUE
ליבידיים בחסדונים וחדותים				
(3)				
(4)				
(5)				
(9)				
TEEA5003L 05/24/11		Sche	Schedule <b>R</b> (Form 990) 2011	1 990) 2011

94-2358632

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

(k) Percentage ownership Schedule R (Form 990) 2011 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. General or managing partner? £ Yes Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (h)
Disproportionate
allocations? ş Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? TEEA5004L 05/24/11 S Yes Predominant Annoone (related, unrelated, unrelated, excluded from tax under section 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of entity | |-| | I | | | İ 1 1 1 1 -1 ŀ ì 1 ŀ 1 1 BAA 읩  $\mathfrak{S}_{|}$ ତ୍ରା **(1)** ତ୍ର මු ξļ <u>@</u>

Part VII	Supplemental Information	on			
	Complete this part to pro (see instructions).		ation for responses to o	uestions on Schedule R	
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Schedule R (Form 990) 2011

Page 5

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

2011

OMB No. 1545-0047

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 PLA	CEMENT, AND TREATMENT
SERVICES FOR CHILDREN UNABLE TO REMAIN IN THEIR OWN HOMES D	UE TO ABANDONMENT, ABUSE,
OR NEGLECT. WALDEN'S GOAL IS TO HELP STABILIZE CHILDREN, Y	OUTH AND FAMILIES THROUGH
COMMUNITY-BASED_PREVENTION_AND_INTERVENTION_SERVICESWALD	EN IS A FOSTER FAMILY AND
ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT, CERTIF	ICATION, AND TRAINING OF
FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF FOSTER AN	D ADOPTIVE CHILDREN.
WALDEN'S FUNDING COMES PRIMARILY FROM FEDERAL, STATE, AND C	OUNTY 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 INSTITUTIONAL	ZATION FOR CHILDREN. THE
CHILDREN IN WALDEN'S CARE HAVE SEVERE EMOTIONAL AND BEHAVIO	DRAL CHALLENGES AS A RESULT
OF PAST ABUSE AND ARE IN NEED OF INTENSIVE SERVICES TO HELD	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 COS	ST-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 NE	EDS (SHCN) PROGRAM IS
DESIGNED TO MOVE MEDICALLY FRAGILE CHILDREN OUT OF SKILLED	NURSING FACILITIES AND
HOSPITALS INTO HIGHLY SKILLED AND SPECIFICALLY TRAINED CER	TIFIED FOSTER FAMILIES.
THIS PROGRAM ALSO CARES FOR CHILDREN WITH TECHNOLOGY-DEPEN	DENT CONDITIONS SUCH AS
APNEA MONTHORS NERGITZERS OVYCEN FEEDING TURES AND OTHE	P ADAPTIVE FOUTDMENT

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 FU	TURES PROGRAM IN 2001
TO ASSIST PRE AND POST EMANCIPATED FOSTER YOUTH WHO WERE PLACE	D WITH WALDEN WHEN
THEY EXIT FROM FOSTER CARE. IT IS A GRANT AND PHILANTHROPY FU	NDED PROGRAM WHICH
SERVES OVER 150 PRE AND POST EMANCIPATED FOSTER YOUTH.	
WALDEN BELIEVES THAT MANY TRANSITION AGE YOUTH ARE EAGER TO TA	AKE CONTROL OF THEIR
OWN DESTINIES, BUT DON'T HAVE THE MEANS AND/OR SKILLS TO DO SO	O. 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. WALDED	N GIVES PARTICULAR
ATTENTION TO THE CHALLENGES THAT YOUTH FACE AS THEY LEAVE FOST	TER CARE. INDEPENDENT
FUTURES SEEKS TO HELP ADOLESCENTS AND YOUTH ADULTS DEVELOP CO	NCRETE AND ABSTRACT
LIFE SKILLS THAT ARE NECESSARY TO LIVE AS HEALTHY, SELF-SUFFIC	CIENT, RESPONSIBLE AND
PRODUCTIVE ADULTS. THIS IS ACCOMPLISHED BY PROVIDING THE YOU	NG ADULT WITH
STRENGTHS-BASED AND YOUTH ADULT DRIVEN CASE MANAGEMENT AS WELL	L AS A SAFE AND
SUPPORTIVE SETTING THAT FACILITIES OPPORTUNITIES FOR AGE-APPR	OPRIATE MISTAKES AND
ACCOUNTABILITY.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	·
THE ACCOUNTING MANAGER REVIEWS THE 990 TAX RETURN FOR ACCURAC	Y AND THEN THE CEO
REVIEWS AND SIGNS RETURN.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE	MENT OF CONFLICTS
ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF	INTEREST POLICY. BOARD
MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFLICTS THROU	GHOUT 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 EN	FORCEMENT 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 I	PROCESS FOR CEO, EXEC. DIR., OR TOP MGT
WE HAVE A COMPENSATION SALARY RANGE GUIDE FOR ALL JOB TI	ITLES AND NEW HIRES SIGN AN
OFFER LETTER DETAILING SALARY AND BENEFITS. WE BENCHMAN	RK 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 PUB	
THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 9	90, FROM THE PREVIOUS THREE
YEARS, WILL BE AVAILABLE FOR INSPECTION OR COPYING AT TO	HE 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 ALL	OCATED TO THE RELATED ENTITY,
WALDEN FAMILY FOUNDATION.	
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# Form **4562**

**Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2011

Attachment Sequence No.

Department of the Treasury Internal Revenue Service

Identifying number

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES Name(s) shown on return 94-2358632 Business or activity to which this form relates DEPRECIATION SCHEDULES ONLY Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions)..... 2 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 Dollar limitation for tax year, Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions ..... (C) Elected cost 6 (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29...... 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 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11...... 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.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions)..... 15 Property subject to section 168(f)(1) election..... 15 29,316. 16 Other depreciation (including ACRS)..... 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..... 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 (C) Basis for depreciation (e) Convention (f) Method (g) Depreciation (a) Classification of property (b) Month and (d) (business/investment use year placed Recovery period only - see instructions) in service 19a 3-year property... **b** 5-year property..... c 7-year property..... d 10-year property..... e 15-year property... f 20-year property..... S/L g 25-year property..... 25 yrs 27.5 yrs MM S/L h Residential rental property...... 27.5 vrs MM S/L S/L 39 yrs MM i Nonresidential real MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System S/L **b** 12-year...... 12 yrs S/L S/L c 40-year..... 40 yrs MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28...... Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 29,316 the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . . . .

the portion of the basis attributable to section 263A costs......

For assets shown above and placed in service during the current year, enter

# Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

File a separate application for each return.

OMB No. 1545-1709

nternal Revenue	e Service	File a sepa	arate applic	allon for each return.			
If you ar	e filing for an	Automatic 3-Month Extension, com	olete only F	Part and check this box			► <u>X</u>
				complete only Part ton page 2 of this for			
				tic 3-month extension on a previously file			
corporation request an e Associated l	required to file extension of tir With Certain P	Form 990-T), or an additional (not	automatic) Part I or Pa ist be sent	a 3-month automatic extension of time t 3-month extension of time. You can elec rt II with the exception of Form 8870, Inf to the IRS in paper format (see instruction Charities & Nonprofits.	tronica ormatic	niy file Fo on Return	orm 8868 to I for Transfers
				nit original (no copies needed).			
				month extension- check this box and co	mplete	Part I on	iy ►
	rporations (inc			nd trusts must use Form 7004 to request Enter filer's identify	an exte	ension of	time to file
	Name of exemp	organization or other filer, see instructions.		Enter mer o regime			on number (EIN) or
Type or		· ·					
print		ENVIRONMENT, INC. LDEN FAMILY SERVICES		1	X 94	4-2358	632
File by the	Number, street,	and room or suite number. If a P.O. box, see in	structions,	Marya sal			number (SSN)
due date for filing your return, See	6150 MI	SSION GORGE ROAD #210	San Consultation				
instructions.	City, town or po	st office, state, and ZIP code. For a foreign add	ess see instru	ctions.			
	SAN DIE	GO, CA 92120	( Jil 1	Net .			
Enter the R	Return code for	the return that this application is to	f (file a ser	parate application for each return)			01
Application Is For	1		Return Code	Application Is For		Return Code	
Form 990			01	Form 990-T (corporation)		07	
Form 990-E	3L		02	Form 1041-A		80	
Form 990-F	ĒΖ		01	Form 4720		09	
Form 990-l	PF		04	Form 5227	•	10	
Form 990-	T (section 401	(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other t	han above)	06	Form 8870			12
Telepho If the c If this check the ex  1 I req until The	one No 61 organization do is for a Group this box tension is for uest an autom 8/15 extension is for X calendar ye tax year be	Return, enter the organization's four  I lif it is for part of the group,  atic 3-month (6 months for a corpor  , 20 12 , to file the exempt or  or the organization's return for:  ear 20 11 or  eginning , 20  ered in line 1 is for less than 12 more	FAX N usiness in the r digit Groun check this the ation requin ganization _, and end		this is imes ar	for the wind EINs o	vhale group,
3a if th	is application refundable cre	s for Form 990-BL, 990-PF, 990-T, 4 dits. See instructions	4720, or 600	59, enter the tentative tax, less any	, 3a	\$	0.
pay	ments made. I	nclude any prior year overpayment	allowed as	any refundable credits and estimated ta a credit	X 3h	\$	0.
EFT	PS (Electronic	: Federal Tax Payment System), Se	e instruction	with this form, if required, by using		  \$	0.
	If you are goin instructions.	g to make an electronic fund withdr	awal with th	nis Form 8868, see Form 8453-EO and Fo	orm 88,	A-FO to	· · · · · · · · · · · · · · · · · · ·

# 12/31/11 2011 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE WALDEN ENVIRONMENT, INC. OBA: WALDEN FAMILY SERVICES

PAGE 1

CLIENT 11-014

94-2358632

NODESCRIPTION DEPR. SCHEDULE ONLY	DATE _ACQUIRED_	DATE SQLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	_METHOD1	IFF _	CURRENT DEPR.
IMPROVEMENTS									
2 LEASEHOLD IMPROVEMENTS	VARIOUS		22,834			21,673	S/L	5 _	482
TOTAL IMPROVEMENTS MACHINERY AND EQUIPMENT			22,834		0	21,673			482
1 FURNITURE & EQUIPMENT	VARIOUS		253,889			188,492	S/L	5	26,915
TOTAL MACHINERY AND EQUIF	PME ·		253,889		. 0	188,492			26,915
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	ä	٠,	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

IODESCRIPTION EPR. SCHEDULE ONLY	DATE ACQUIRFD	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHODLIE		RENT PR.
IMPROVEMENTS									
2 LEASEHOLD IMPROVEMENTS	VARIOUS		22,834			21,673	S/L .	5	482
TOTAL IMPROVEMENTS  MACHINERY AND EQUIPMENT		**.	22,834		0	21,673			.482
1 FURNITURE & EQUIPMENT	VARIOUS		253,889			188,492	S/L	5	26,915
TOTAL MACHINERY AND EQUIPME MISCELLANEOUS			253,889		0	188,492			26,915
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		- Newsdown draw (1970)	29,316
GRAND TOTAL DEPRECIATION			318,526		0	247,452			29,316

PAGEII 94.2358632	CURRENT DEPR.		482	482	26,915	26,915		1,919	1,919	29,316	29,316				
	EE RATE —		ъ		co.	. 41		 	;	i. II		,	,		
	.METHOD LIFE, .RATE		S/L		S/L			S/L							
	PRIOR DEPR.		21,673	21,673	188,492	188,492		37,287	37,287	247,452	247,452				
EDVILE	DEPR. BASIS		22,834	22,834	253,889	253,889		41,803	41,803	318,526	318,526		. •		
SCH	SALVAG /BASIS REDIICT		·	0		   0 			0		0				
TION CES	PRIOR S DEC. BAL / DFPR. R		1	0		0			0						
NIA BOOK DEPRECIATION SCHEDULE Walden environment inc bba: walden family services	PRIOR 179/ BONUS/ D SP. DEPR.			0		0			0	0	0				
BOOK DEP LDEN ENVRON WALDEN FAMIL	SPECIAL DEPR. ALLOW.			0		0	·		. 0	0	0				
BOC ALDEN	CUR 179 BONUS			0		0			0		0				
	BUS. PCT.		34	34	68	- 68		8 I	63	' "   93	"  28				
	COST/ BASIS		22,834	22,834	253,889	253,889		41,803	41,803	318,526	318,526				
2011 CALIFOR	DATE														
200 m	DATE ACQUIRED		VARIOUS		VARIOUS			VARIOUS							
12/31/11	NO. DESCRIPTION	DEPR. SCHEDULE ONLY IMPROVEMENTS	2 LEASEHOLD IMPROVEMENTS	TOTAL IMPROVEMENTS	MACHINERY AND EQUIPMENT  PURNITURE & EQUIPMENT	TOTAL MACHINERY AND EQUIPME	MISCELLANEOUS	3 SOFTWARE	TOTAL MISCELLANEOUS	TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION				

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