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 2	011 calend	lar year, or tax year beg	inning	, 2011	, and endin	a				
	Check if app		С		,		3	D Employ	er identific	cation Number	
	Address	s change	WALDEN FAMILY S	ERVICES FOUN	DATION, INC	_		l	21602		
	Name o	hange	6150 MISSION GO	RGE ROAD #210)	•		E Telepho			
	Initial re	•	SAN DIEGO, CA 9	2120				l '	-584-		
	Termina								304	9111	
	\vdash	ed return						G Gross re	غ _: د	770	,368.
		tion pending	F Name and address of princi	nal officer: TFRFSZ	STIVERS		H(a) Is this	a group return			
	L		SAME AS C ABOVE		DITATIO			affiliates incl		Yes Yes	==
<u> </u>	Tax-exem		X 501(c)(3) 501(c) (.) 4947(a)(1) o	r 527	If 'No,'	attach a list.	(see instru	ictions)	
<u>.</u>	Website	•	W.WALDENFAMILY.		./ 4347(a)(1) 0	1 32/					
ĸ			X Corporation Trust	Association Othe		Year of Format		exemption nu			
		Summar		Association Othe	<u> L.</u>	rear of Format	tion; ZUU.	T IN S	tate of leg	al domicile: C	<u>-1</u>
20100	1 Brie	efly describ	pe the organization's mis	sion or most signific	cant activities: T	'A DDATT	DE CUA	יום גיידים	מוזק ס	עומע טען	מתוחים
41	CC	HOSSE THE	ENCY SERVICE FO	OTHE EVELLICI	מות מכנויווןפט <u>ו</u> "זור פווספ∩סיד	OE MAIL OFEVOAT	NEM EWA NE CUM	<u>YTTAD</u> T	ייייייי <u>ייייייייייייייייייייייייייייי</u>	MC (DD MD WMM "7	7. HFK
<u>ğ</u> .	WA	TDEN F	AMILY SERVICES)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			51217 1217/	CYDOMAE	, <u>r7</u> T		<u> </u>
E L			* *** ********************************								
Activities & Governance	2 Che	eck this bo	x F if the organizat	ion discontinued its	operations or disc	oosed of mo	ore than 2	5% of its	net asse		
g	3 Nur	mber of vo	ting members of the gov	erning body (Part V	I, line 1a)				3	J.U.	9
es	4 Nur	mber of inc	dependent voting membe	ers of the governing	body (Part VI, lin	e 1b)			4		9
Ϋ́	5 Tot	al number	of individuals employed	in calendar year 20	11 (Part V, line 2	a)			5	.,	0
ţ	6 Tot	al number	of volunteers (estimate	if necessary)					6		15
_	h Not	ai unrelated	ed business revenue from	n Part VIII, column (C), line 12	• • • • • • • • • • • •			7a		0.
_	DINE	. unrelateu	business taxable incom	e irom Form 990-1,	IIIne 34,				7b		0.
	8 Cor	atributione	and grants (Part VIII, lin	o 1h)				rior Year	0.2	Current	
ë			rice revenue (Part VIII, III					368,8	94.	605	,839.
Revenue			come (Part VIII, column						35.		519.
E E	11 Oth	ier revenu	e (Part VIII, column (A),	lines 5 6d 8c 9c	7ω, 10c and 11e)		,	75,8		110	$\frac{319.}{433.}$
			e – add lines 8 through 1					445,4			791.
,			milar amounts paid (Par					609,1		7.1.0	,,,,,
			to or for members (Part		•			,-			
	15 Sal		er compensation, employ					+		308	3,915.
968	16a Pro		fundraising fees (Part IX							300	7710.
Expenses	h Tot		sing expenses (Part IX, c				Single State				
罶	17 04					41,000.					
			es (Part IX, column (A),								.,957.
			es. Add lines 13-17 (mus					609,1			<u>,872.</u>
		venue less	expenses. Subtract line	18 from line 12				-163,7			<u>,919.</u>
Net Assets or Fund Balances	20 704	. سلمحم اما	(D_st V (i== 1C)				Beginnir	ng of Curren		End of Y	
tage Balz	20 Tot		(Part X, line 16) s (Part X, line 26)					434,1),563.
Lind (20 100						· ———	66,4			<u>.,473.</u>
			fund balances, Subtract	line 21 from line 20) <u> </u>		,	367,7	48.	439	,090.
12000000		Signatur									
COR	der penalties nplete. Decla	of perjury, I d ration of prepa	eclare that I have examined this arer (other than officer) is based	return, including accompar on all information of which	rying schedules and sta preparer has any know	tements, and to ledge.	the best of r	ny knowledge	and belie	f, it is true, corre	ct, and
_				PAYERS CO		-					
Çi.	gn	Signatu	re of officer	AILING CO	<u> </u>	-		ate.			
He	ere		ESA STIVERS						\TDTC	mich D	
			print name and title.			·	LAEU	UTIVE I	TKEC	TOR	
_			reparer's name	Preparer's signature		Date			7 ., P	TIN .	
D-	เล		A. FIRL	JULIE A. F	грт		/10		<u>"</u> "		1
Pa	ıld eparer		T = 2 = 2 = 2 = 2		L I./ Li	5/29/	, T \(\(\)	self-employe	ed E	0008555	<u> </u>
	eparer se Only	Firm's name			rii cirrum o	00			. 0-	0076566	
J	Jiny	Firm's addre				<u>uu</u>				2076568	
				CA 92108-3820			· · · · · · · · · · · · · · · · · · ·	Phone no.	619.	294.7200	
Ma	y the IRS	discuss th	is return with the prepar	er shown above? (s	ee instructions)	<u> </u>				X Yes	No

Form	990 (2011) WALDEN FAMILY SE	ERVICES FOUNDATION, INC.	91-2160214 Page 2
Par	III Statement of Program Se	rvice Accomplishments	
	Check if Schedule O contains a	response to any question in this Part III	
1	Briefly describe the organization's miss	sion:	
	TO SUPPORT WALDEN ENVIRO	NMENT, INC. (DBA WALDEN FAMILY S	SERVICES)
	Did the organization undertake any sign	nificant program services during the year which we	ere not listed on the prior
_		······	
	If 'Yes,' describe these new services or		Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι
3	·	· ·	
3		or make significant changes in how it conducts, a	ny program services? Yes X No
_	If 'Yes,' describe these changes on Sch		
4	Describe the organization's program se Section 501(c)(3) and 501(c)(4) organization	ervice accomplishments for each of its three larges zations and section 4947(a)(1) trusts are required t	it program services, as measured by expenses. to report the amount of grants and allocations to
	others, the total expenses, and revenue	e, if any, for each program service reported.	to report the amount of grants and anocations to
Δ:	(Code: \$) (Expenses \$	359,872. including grants of \$) (Revenue \$ 359,872.)
		OSE IS TO SUPPORT WALDEN FAMILY	
		ER CHILDREN IN SOUTHERN CALIFOR	
		D, MEDICALLY FRAGILE (AFFECTED	
		EVERELY NEGLECTED, DEVELOPMENTA	
		I ALSO PROVIDES EMPLOYMENT, EDUC.	ATION, AND HOUSING SUPPORT TO
	EMANCIPATED FOSTER YOUTH	I	
			·
	,		
	· (Cada	1 1 11	\ /D
41	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			
			· · · · · · · · · · · · · · · · · · ·
		— — — — — — — — — — — — — — — — — — —	
4	c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
	The second second second second second broad second course course course broad second course course second second course second		

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4	d Other program services. (Describe in S	·	
	(Expenses \$) (Revenue \$)
4	e Total program service expenses 🕨	359,872.	

<u> </u>			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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		Х
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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	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		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	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	<u> </u>
	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	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	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		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	,	1

91-2160214 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Χ 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 Χ 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 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25. 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 any tax-exempt bonds?.... 24cd 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..... 25 a Χ b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I..... 25b Χ 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. Χ 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. Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28 a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... X **c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV.* 28c X 29 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 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II 32 Χ 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 Χ Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1..... Χ 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... X 35 a **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 Х **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If* 'Yes,' complete Schedule R, Part V, line 2..... X 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.....

Note. All Form 990 filers are required to complete Schedule O. RΔΔ

Χ Form **990** (2011)

37

38

X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Form 990 (2011) WALDEN FAMILY SERVICES FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	,	,		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (2		
С	Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	s and reportable gaming	1c		
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 (0		
b	If at least one is reported on line 2a, did the organization file all required federal employment	t tax returns?	2 b		**************************************
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in		i de la compania del compania del compania de la compania del compa		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	.,,,	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a nancial account)?	_4a		X
	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 F				
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	- -			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell		5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?		6a		X
	If 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?	ontributions or gifts were	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).				114
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and payor?	eartly for goods and	. 7a	Х	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	**********	. 7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich it was required to file	. 7c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
е	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 ber	nefit contract?	. 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file Form 8899	. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	. 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, I holdings at any time during the year?	ng organizations. Did the nave excess business	. 8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		. 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? \dots		. 9b		
	Section 501(c)(7) organizations. Enter:			l	
	a Initiation fees and capital contributions included on Part VIII, line 12	10 a	400		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 Ь	4		
	Section 501(c)(12) organizations. Enter:	1 1			
	a Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 ь			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	t i	. <u>12</u> a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
8	a Is the organization licensed to issue qualified health plans in more than one state?	da O	. 13a		
	Note. See the instructions for additional information the organization must report on Schedu	ile O.			
t	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
	c Enter the amount of reserves on hand	13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?.		. 14a	1	Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in			1	

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.

Sect	ion A. Governing Body and Management					
					Yes	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	1 a	9			
	of the governing body, or if the governing body delegated broad					
	authority to an executive committee or similar committee, explain in Schedule O.		_			
	Enter the number of voting members included in line 1a, above, who are independent		9	2.6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	elation 	ship with any other	2		X
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other pers	under on?	the direct supervision	3		<u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		Х
5	Did the organization become aware during the year of a significant diversion of the organiza	ition's :	assets?	5		X
	Did the organization have members or stockholders?			6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to e members of the governing body?	lect or	appoint one or more	7a		<u>X</u> _
b	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or other persons other than the governing body?	embers), 	7b		X
8	Did the organization contemporaneously document the meetings held or written actions und the following:	ertake	n during the year by			
а	The governing body?	<i>.</i> .		8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who conganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	annot I	pe reached at the	9		Х
	tion B. Policies (This Section B requests information about policies not required by the Inte				r	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10 a	 	X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?			10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 99			SCHOOL STREET	1	
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	X	
	Were officers, directors or trustees, and key employees required to disclose annually interest to conflicts?			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy schedule O how this is doneSEE .SCHEDULE.Q			12c		
	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and d	d appro ecision	oval by independent n?			
	The organization's CEO, Executive Director, or top management official			15 a	 	X
Ì	Other officers of key employees of the organization			15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16	Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?	ar arrai	ngement with a	16 a	tor but	Х
	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and taken step organization's exempt status with respect to such arrangements?	c to co	ofoguard tha	16b		
	organization's exempt status with respect to such arrangements?tion C. Disclosure					
. 17	List the states with which a copy of this Form 990 is required to be filed ► _ <u>CA</u>					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, inspection. Indicate how you make these available. Check all that apply.	and 99	90-T (501(c)(3)s only) a	vailab	ole for	public
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest the public during the tax year. SEE SCHEDULE O	policy,	and financial statements avai	lable to		
20	State the name, physical address, and telephone number of the person who possesses the			janiza	tion:	
D A A	TERESA STIVERS 6150 MISSION GORGE ROAD SAN DIEGO CA 9212	<u> 20 61</u>	L <u>9-584-5777</u>	Form		(2011)
BAA	TEEA0106L 01/23/12			Form	1990	(2011)

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....

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 it helther the organization	THOI ally	relate	u or			OH CO	Tipe	risated any current of	nicer, director, or trus	lee.
	(C)									
(A) Name and title	(B) Average	(do no unles	t chec s per	k mo son is	re tha	an one l	oox, er	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe		inu a	- T	tor/tre	ustee)		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
SEE SCHEDULE O	hours for related organiza- tions in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1039-MISC)	(W-2/1099-WISC)	rrom trie organization and related organizations
(1) ED EARL										···
BOARD MEMBER	1	X						0.	0.	0.
(2) W. HALSEY (HAL) DUNNING BOARD MEMBER	1 1	Х						0.	0.	0.
(3) DALE GANZOW										
BOARD MEMBER	1	X						0.	0.	0.
_(4) KARINA R. LION BOARD MEMBER	1	X						0.	0.	0.
(5) JOE BERNSTEIN								0.1		
BOARD MEMBER	1	Х						0.	0.	0.
(6) PAUL GOODING										_
BOARD MEMBER	1	X						0.	0.	0.
_(7)_VINCE_HEALDBOARD_MEMBER	1	X						0.	0.	0
(8) RITA SZCZOTKA	1 1	_ ^_						0.	U.	0.
CHAIRPERSON	1			Х				0.	0.	0.
(9) MARYANN CARLIN										
VICE CHAIR	11			X				0.	0.	0.
(10) TERESA STIVERS EXECUTIVE DIREC	20			Х				48,648.	36,070.	0.
(11)	20			Λ				40,040.	30,070.	
3::	1									
(12)										
(13)	 	 					-		•	
	<u> </u>									
(14)										
·	<u> </u>	<u> </u>								

Part VII Section A. Officers, Directors, Trust	ees, r	(ey l	Ξm	plo	ye	es,	and	l Highest Com	pensated Emp	loyees (cont)
(A) Name and title	(B) Average hours per week	box, office	Position (do not check more than box, unless person is bot officer and a director/trus				n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	per week (describ e hours for related organi- zations in	dividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		·	organization and related organizations
(15)	Sch O)					ă				
<u>(16)</u>		H							· · · ·	
(17)										
(18)]									
(19)										
(20)										
(21)										
(22)										
(23)						<u>-</u>				
(24)									:	
(25)	-									
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Α						•	48,648. 0. 48,648.	36,070 0 36,070	0.
2 Total number of individuals (including but not limite from the organization ► 0										table compensation
 3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of remaining the sum o	individ	ual.,.		• • • •						Yes No X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual.				• • •			· · · ·			4 X
 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' Section B. Independent Contractors 	compe compl	nsatı ete S	on t <i>che</i>	rom dule	any ∍Jf	uni or st	relat <i>uch j</i>	ed organization o person	r individual	5 X
Complete this table for your five highest compensation from the organization. Report comp	ated inc ensatio	deper on for	nder the	nt co	ontra lend	actor ar ye	rs th ear e	at received more ending with or wit	than \$100,000 of hin the organization	n's tax year.
(A) Name and business addre	SS							Description	of services	(C) Compensation
					'. 					
						·- ·- ·				
2 Total number of independent contractors (includin \$100,000 in compensation from the organization)	_	ot lin	nite	d to	tho	se lis	sted	above) who rece	ved more than	

Fal Historia Historia Historia	VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lns la-lf: \$ h Total. Add lines 1a-lf \$	388,031. 10,048.	605,839.			
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue g Total. Add lines 2a-2f.					
	3 Investment income (including dividends other similar amounts). 4 Income from investment of tax-exempt 5 Royalties.	bond proceeds	519.			519.
	6a Gross rents b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss)	(ii) Personal				
:	7a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses c Gain or (loss)	(ii) Other				
VENUE	d Net gain or (loss)					
OTHER REVENU	See Part IV, line 18	b 62,577.	110,433.	Company of the compan		110,433.
	9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities.	b				
	 10 a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold	b				
	Miscellaneous Revenue 11 a b c	Business Code				
	d All other revenue		716,791.			110,952.

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				.,
Do r 6b. 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising expenses
	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			pili il speciologi (1	Part Serie de Part
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				resemble and the state of
5	Compensation of current officers, directors, trustees, and key employees	48,648.	27,729.	0.	20,919.
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	199,347.	113,908.		85,439.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	43,162.	28,114.		15,048.
10	Payroll taxes	17,758.	10,115.		7,643.
11	Fees for services (non-employees):				
ā	ı Management				
ŀ	Legal				
(: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17		Markey Colors and		
	Investment management fees				
] Other		321.		254.
12	Advertising and promotion		10,219.		6,862.
13	Office expenses		the transfer of the contract o		
14	Information technology				
15	Royalties				
16	Occupancy		16,282.		2,160.
17	Travel	1,601.	1,585.		16.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,965.	601.		1,364.
20	Interest				
21	Payments to affiliates	,			
22	Depreciation, depletion, and amortization	·····	······································		
23 24	Insurance				
	a MISC EXPENSE	78,391.	60,370.		18,021.
	b SPECIAL PROJECTS	52,201.	8,359.		43,842.
	c EMANCIPATED YOUTH	50,504.	50,504.		
	d CONTRACT LABOR	25,385.	10,792.		14,593.
	e All other expenses	45,812.	20,973.		24,839.
25		600,872.	359,872.	0.	241,000.
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)	<u> </u>	L	<u> </u>	<u></u>

Form 990 (2011) WALDEN FAMILY SERVICES FOUNDATION, INC.

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	418,186.	1	454,806.
	2	Savings and temporary cash investments		2	141,828.
ļ	3	Pledges and grants receivable, net		3	
ĺ	4	Accounts receivable, net		4	23,929.
	5	Receivables from current and former officers, directors, trustees, key employees,			Liverabalaniak etabler
ļ	-	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	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use.		8	
T	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	alestadoren de la como de la como La como de la como de		
	L			100	
		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11.		12	
	13	Investments – program-related. See Part IV, line 11		13	
İ	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	500 550
	16	Total assets. Add lines 1 through 15 (must equal line 34).		16	620,563.
	17	Accounts payable and accrued expenses		17 18	
	18 19	Grants payable		19	
				20	
ţ	20	Tax-exempt bond liabilities		21	
B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		Z1	
AB-L-F	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
- 1	23	Secured mortgages and notes payable to unrelated third parties		23	
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			181,473.
	26	Total liabilities. Add lines 17 through 25	66,402.	_	181,473.
Ņ		Organizations that follow SFAS 117, check here ► X and complete lines	SUPERIOR STATE	ļē.	
P F		27 through 29 and lines 33 and 34.	AND EDUCATION OF		
Ą	27	Unrestricted net assets.	66,605.	27	49,831.
SSETS	28	Temporarily restricted net assets		28	389,259.
Š	29	Permanently restricted net assets.		29	
Q R		Organizations that do not follow SFAS 117, check here ► and complete			
	1	lines 30 through 34.			en de gantelle :
FOZD	30	Capital stock or trust principal, or current funds.		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	-
Ň	33	Total net assets or fund balances.		33	439,090.
BALANCES	34	Total liabilities and net assets/fund balances		34	620,563.
		Total naphries and thet assets/fund palatices	434,130.	34	540,303.

Form 990 (2011) WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2	160214	<u>Pa</u>	ge 12				
Part XI. Reconciliation of Net Assets							
Check if Schedule O contains a response to any question in this Part XI			X				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	716,7					
2 Total expenses (must equal Part IX, column (A), line 25)	2	600,8 115,9					
Revenue less expenses. Subtract line 2 from line 1							
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	367,7					
5 Other changes in net assets or fund balances (explain in Schedule O) SEESCHEDULE . 0	5	-44,5	<u>77.</u>				
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	439,0	90.				
Part XIII Financial Statements and Reporting							
Check if Schedule O contains a response to any question in this Part XII							
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_X				
b Were the organization's financial statements audited by an independent accountant?		2b X					
c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c X					
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:	ed on a						
Separate basis X Consolidated basis Both consolidated and separate basis							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	Single	3a	X				
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3b					
BAA		Form 990 ((2011)				

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

WALDEN FAMILY SERVICES FOUNDATION, INC 91-2160214 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type !I 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 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? 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 a (i) Χ A family member of a person described in (i) above?..... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) X h Provide the following information about the supported organization(s) (vi) Is the organization in column (i) organized in the U.S.? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your support? (ii) EIN (vii) Amount of support (i) Name of supported organization your governing document? Yes No Yes No Yes No WALDEN ENVIRONMENT, INC. 94-2358632 9 Χ X 460,697. (A) (B) (C) (D) (E) 460,697. Total

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

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						
Caler pegir	ndar year (or fiscal year uning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		i i nga pagalah Kangaran Kalab				
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						-
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10	10 3) Register of the second s					
12	Gross receipts from related active	vities, etc (see ins	structions).,			12	
	First five years. If the Form 990 organization, check this box and	i stop here		nd, third, fourth, c	or fifth tax year as	s a section 501(c)(3)
Sec	tion C. Computation of Pu						
14	Public support percentage for 20 Public support percentage from						<u>%</u> %
15							
	a 33-1/3% support test — 2011. If and stop here. The organization	n qualifies as a pu	iblicly supported o	organization			
	b 33-1/3% support test – 2010. If and stop here. The organization	the organization qualifies as a pu	did not check a b blicly supported o	ox on line 13 or 10 organization	5a, and line 15 is	33-1/3% or more,	check this box
	a 10%-facts-and-circumstances t or more, and if the organization the organization meets the 'fact	meets the 'facts s-and-circumstan	and circumstance ces' test. The org	es' test, check this anization qualifies	box and stop he as a publicly su	r e. Explain in Part oported organization	IV how on►
	b 10%-facts-and-circumstances t or more, and if the organization organization meets the 'facts-ar Private foundation. If the organ	meets the 'facts nd-circumstances'	-and-circumstance test. The organiz	es' test, check this zation qualifies as	box and stop he a publicly suppor	e re. Explain in Parl ted organization .	IV how the
10	rnvate foundation. If the organ	iization ulu not Ch	ieck a nox oii iine	13, 10d, 10D, 17d	i, or izu, check t	nia nox and see III	atractions []

BAA

Schedule A (Form 990 or 990-EZ) 2011

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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						
	lar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						*********
5	The value of services or facilities furnished by a governmental unit to the organization without charge			, a service seed			
	Total. Add lines 1 through 5 Amounts included on lines 1,		:				***************************************
	2, and 3 received from disqualified persons						
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.						
С	: Add lines 7a and 7b	***************************************					
8	Public support (Subtract line 7c from line 6.)		a de como de la la como de la com		generalism topic igat department	ha valeta pe parata araba	
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10 a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
	similar sources						
	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
11	similar sources						
11 12 13	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.)						
11 12 13	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	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)
12 13 14	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	is for the organiz	• • • • • • • • • • • • • • • • • •	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)
11 12 13 14 Sec	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 taxes in the sale of capital assets.	is for the organiz stop here	Percentage				······································
11 12 13 14 Sec 15	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 support support of 20.	is for the organized stop here Sblic Support For the stop of the stop o	Percentage in (f) divided by li	ne 13, column (f)))		%
11 12 13 14 Sec 15	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 cition C. Computation of Pupublic support percentage from	is for the organiz I stop here	Percentage in (f) divided by li , Part III, line 15.	ne 13, column (f)))		······································
11 12 13 14 Sec 15 16 Sec	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 support support of 20.	is for the organized stop here. blic Support Formall (line 8, column 2010 Schedule Avestment Inco	Percentage in (f) divided by li , Part III, line 15 me Percentag	ne 13, column (f))}	15 16	28 29
11 12 13 14 Sec 15 16 Sec 17	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 computation of Pupublic support percentage from Public support percentage from the computation of Investigation D. Computation of Investigation D. Computation of Investigation computation of Investigation D. Computation of Investigation acquired the computation of Investigation of I	is for the organized stop here. blic Support For Dill (line 8, column 2010 Schedule Avestment Incompared to 10 column 10 colu	Percentage in (f) divided by li , Part III, line 15 me Percentag , column (f) divide	ne 13, column (f) e d by line 13, column	umn (f))		8
11 12 13 14 Sec 15 16 Sec 17 18	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 stion C. Computation of Pupulic support percentage from C. Public support percentage from C. Computation of Inv. Investment income percentage	is for the organized stop here. blic Support For Dill (line 8, column 2010 Schedule Avestment Incompart of the column 2011 (line 10c from 2010 Schedule Stop 2010 Schedule Avestment Incompart of 2011 (line 10c from 2010 Schedule Stop 2010 Schedule Schedule Stop 2010 Schedule Schedul	Percentage in (f) divided by li , Part III, line 15 me Percentag , column (f) divide	ne 13, column (f) e ed by line 13, column 17.	umn (f))		90 90
11 12 13 14 Sec 15 16 Sec 17 18 19	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 stion C. Computation of Pupublic support percentage from ction D. Computation of Investment income percentage Investment income percentage	is for the organized stop here	Percentage in (f) divided by li , Part III, line 15 me Percentag , column (f) divide ule A, Part III, line i did not check the p here. The orga	ed by line 13, column (f) ed by line 13, column (f) 17	umn (f))		\$

Scriedule A	(Form 990 or 95	30-EZ) ZUTI	WALDE	N FAMILL.	I PEKAT	.CES FOUL	NDATION,	INC.	91 - 2160	214	Page 4
Part IV	Supplementa Part II, line 1 (See instruct	al Informa	ation. Cor	nplete this	s part to	provide th	ne explana	tions requ	uired by Pa	art II, line 1	0;
	Part II, line 1	7a or 17k	o; and Pai	rt III, line	12. Also	complete	this part f	or anv aḋ	ditional in	formation.	,
	(See instruct	ions).				•	'	,			
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Name of the organization		Employer identification number
WALDEN FAMILY SERVICES FOU	JNDATION, INC.	91-2160214
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) orga	nization
	H \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	1
. •	4947(a)(1) nonexempt charitable tru	
	501(c)(3) taxable private foundation	1
Check if your organization is covered by	the General Rule or a Special Rule.	General Rule and a Special Rule. See instructions.
Hote: Only a section sortes(1), (6), or (1)	y organization can eneck boxes for both the c	ionoral Nate and a opecial Nate, occ manactions.
General Rule		
X For an organization filing Form 990, 9	990-EZ, or 990-PF that received, during the ye	ar, \$5,000 or more (in money or property) from any one
contributor. (Complete Parts I and II.)	1	
Cuantal Dulan		
Special Rules	TU	
509(a)(1) and $170(b)(1)(A)(vi)$, and re	iling Form 990 or 990-E2 that met the 33-1/3% eceived from any one contributor, during the ye D, Part VIII, line 1h or (ii) Form 990-EZ, line 1.	6 support test of the regulations under sections ear, a contribution of the greater of (1) \$5,000 or Complete Parts I and II.
For a section 501(c)(7), (8), or (10) or	rganization filing Form 990 or 990-EZ that reci	eived from any one contributor, during the year,
total contributions of more than \$1,00	DO for use exclusively for religious, charitable, or animals. Complete Parts I, II, and III.	scientific, literary, or educational purposes, or
\Box For a section 501(c)(7) (8) or (10) or	rganization filing Form 990 or 990-FZ that rec	eived from any one contributor, during the year.
contributions for use exclusively for r	eligious, charitable, etc, purposes, but these c	ontributions did not total to more than \$1,000. he year for an <i>exclusively</i> religious, charitable, etc,
purpose. Do not complete any of the	parts unless the General Rule applies to this	organization because it received nonexclusively
religious, charitable, etc, contribution	s of \$5,000 or more during the year	., ►\$
Caution: An organization that is not cover	ered by the General Rule and/or the Special Ru	ules does not file Schedule B (Form 990, 990-EZ, or
990-PF) but it must answer 'No' on Part Form 990-PF, to certify that it does not r	IV, line 2, of its Form 990; or check the box or neet the filing requirements of Schedule B (Fo	n line H of its Form 990-EZ or on Part I, line 2, of its
BAA For Paperwork Reduction Act Not		Schedule B (Form 990, 990-EZ, or 990-PF) (2011
990EZ, or 990-PF.	goog soe are instructions for Form 350;	30,100010 2 (1 01111 330, 330 112, 01 330-11) (2011

1 of

of Part 1

Name of organization
WALDEN FAMILY SERVICES FOUNDATION INC

Employer identification number

WALDEN	FAMILY SERVICES FOUNDATION, INC.	<u> 91</u> -21	60214
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HARLEY SEFTON 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$ <u>121,516.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDRUS FAMILY FUND 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$62,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DONNA SEFTON 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HERVEY FAMILY FUND 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BARNEY & BARNEY 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$20,000 <u>.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number		(c) Total contributions	(d) Type of contribution
6	BRADY 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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4 of **Part 1**

Employer identification number

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WALDEN	FAMILY SERVICES FOUNDATION, INC.	91-22	160214
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DOWLING & YAHNKE LLC		Person X Payroll
-	6150 MISSION GORGE RD, STE 210	\$ <u>10,000.</u>	Noncash
ļ	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	IN-N-OUT BURGER FOUNDATION		Person X
	6150 MISSION GORGE RD, STE 210	\$6,000.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WELLS_FARGO_FOUNDATION		Person X
	6150 MISSION GORGE RD, STE 210	\$10,000.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
	4.00.00		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · ·	Total	Type of contribution Person X
Number	Name, address, and ZIP + 4	Total	Type of contribution
Number	Name, address, and ZIP + 4 DAY FOR CHANGE	Total contributions	Person X Payroll
Number	Name, address, and ZIP + 4 DAY FOR CHANGE 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120 (b)	Total contributions	Person X Payroll Noncash (Complete Part II if there
10 (a)	Name, address, and ZIP + 4 DAY FOR CHANGE 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120 (b)	\$17,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X
10 (a) Number	Name, address, and ZIP + 4 DAY FOR CHANGE 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4	\$17,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution
10 (a) Number	Name, address, and ZIP + 4 DAY FOR CHANGE 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4 DWIGHT STUART YOUTH FOUNDATION	\$ 17,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll
10 (a) Number	Name, address, and ZIP + 4 DAY FOR CHANGE 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4 DWIGHT STUART YOUTH FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b)	\$ 17,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there
10 (a) Number 11 (a)	Name, address, and ZIP + 4 DAY FOR CHANGE 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4 DWIGHT STUART YOUTH FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b)	\$ 17,000. \$ 17,000. (c) Total contributions \$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number 11 (a) Number	Name, address, and ZIP + 4 DAY FOR CHANGE 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4 DWIGHT STUART YOUTH FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4	\$ 17,000. \$ 17,000. (c) Total contributions \$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution

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4 of Part 1

Name of organization

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number

91-2160214

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	JOHN BURTON FOUNDATION 6150 MISSION GORGE RD. STE 210	\$6,683.	Person X Payroll Noncash
	SAN DIEGO, CA 92120	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	LINDA & JERRY STRICKLAND FOUNDATION		Person X Payroll
	6150 MISSION GORGE RD. STE 210	\$22,500.	Noncash
	SAN DIEGO, CA 92120	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	KELLEY BERMAN	-	Person X Payroll
	6150 MISSION GORGE RD. STE 210	\$7,000.	Noncash
	SAN DIEGO, CA 92120	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MARK GROSVENOR FOUNDATION	_	Person X Payroll
	6150 MISSION GORGE RD. STE 210	\$10,000.	Noncash
	SAN DIEGO, CA 92120	_	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	MCCARTHY FOUNDATION	_	Person X
	6150 MISSION GORGE RD. STE 210	\$15,000.	Payroll Noncash
	SAN DIEGO, CA 92120	_	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	6 DEGRESS REALTY CAPITAL	_	Person X
	6150 MISSION GORGE RD. STE 210	\$ <u>5,000.</u>	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number

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Faiti	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ARTHUR CANDLAND		Person X
	6150 MISSION GORGE RD. STE 210	\$5,000.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	BOB DOEDE		Person X
	6150 MISSION GORGE RD. STE 210	\$5,000.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	LINDSEY & BROWNELL	,	Person X
	6150 MISSION GORGE RD. STE 210	\$5,000.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			,
22	CHIP LYMAN	_	Person X
22	CHIP LYMAN 6150 MISSION GORGE RD. STE 210	\$ 5,000.	Person X Payroll Noncash
22		\$ 5,000.	Payroll
22 (a) Number	6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b)	\$ 5,000. (c) Total contributions	Payroll Noncash (Complete Part II if there
(a)	6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b)	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X
(a) Number	6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution
(a) Number	6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4 UNION BANK	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll
(a) Number	6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4 UNION BANK 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b)	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there
(a) Number 23	6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4 UNION BANK 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b)	(c) Total contributions \$\$,000.	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

1 to

1 of Part II

Name of organization

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WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number

91-2160214

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			· · · · · · · · · · · · · · · · · · ·
		- - -	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			1
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- \$	
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
÷		_ _ _\$\$	
BAA		edule B (Form 990, 990-Ez	7

Page

1 of Part III

Name of organization WALDEN FAMILY SERVICES FOUNDATION, INC. Employer identification number 91-2160214

Part III	Exclusively religious, charitable, et organizations that total more than	c, individual contributions \$1,000 for the year.Complete	s to section e cols (a) thro	n 501(c)(7), (8), or (10) ough (e) and the following line entry.
	For organizations completing Part III, enter to contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	total of <i>exclusively</i> religious, cha (Enter this information once, Sec space is needed.	ritable, etc, e instructions	.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	111111111111111111111111111111111111111			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relat	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
· • .	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee

SCHEDULE D (Form 990)

١,

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number

WALDEN	FAMILY SERVICES FOUNDATIO	N. INC.		91-2160214	
	Organizations Maintaining Donor the organization answered 'Yes' to		r Similar Funds o 6.	r Accounts. Complete	if
		(a) Donor advised t	unds	(b) Funds and other acco	unts
1 Tota	al number at end of year				
2 Agg	regate contributions to (during year)				
3 Agg	regate grants from (during year)			• •	
4 Agg	regate value at end of year				
5 Did	the organization inform all donors and dor ds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in donor a legal control?	advised Yes	No
6 Did use pur	the organization inform all grantees, dono d only for charitable purposes and not for cose conferring impermissible private bene	rs, and donor advisors in writing the benefit of the donor or dore fit?	ng that grant funds car nor advisor, or for any	n be other Yes	— ∏ No
Part II	Conservation Easements. Compl	ete if the organization ar	nswered 'Yes' to F	orm 990, Part IV, line	7.
	pose(s) of conservation easements held by				,
	Preservation of land for public use (e.g., r Protection of natural habitat Preservation of open space		Preservation of an	historically important land a ertified historic structure	rea
2 Cor last	nplete lines 2a through 2d if the organizati day of the tax year.	on held a qualified conservation	on contribution in the f	orm of a conservation easer	ment on the
	•			Held at the End of the	e Tax Year
a Tota	al number of conservation easements			2a	
b Tota	al acreage restricted by conservation ease	ments		2b	
c Nur	nber of conservation easements on a certi	fied historic structure included	in (a)	2c	_
d Nur stru	mber of conservation easements included incture listed in the National Register	n (c) acquired after 8/17/06, a	nd not on a historic	2d	
	mber of conservation easements modified, year ►	transferred, released, extingu	ished, or terminated by	y the organization during the	е
4 Nur	mber of states where property subject to co	onservation easement is locate	ed ►		
5 Doe	es the organization have a written policy re I enforcement of the conservation easeme	garding the periodic monitorin	g, inspection, handling	g of violations,	No
6 Sta	ff and volunteer hours devoted to monitori	ng, inspecting, and enforcing o	conservation easemen	ts during the year	
7 Am	ount of expenses incurred in monitoring, in	nspecting, and enforcing cons	ervation easements du	ring the year	
8 Doe 170	es each conservation easement reported o 0(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of section	Yes	No
inc	Part XIV, describe how the organization report lude, if applicable, the text of the footnote iservation easements.	s conservation easements in its to the organization's financial	revenue and expense st statements that descri	atement, and balance sheet, a bes the organization's acco	and unting for
	Organizations Maintaining Collection Complete if the organization ans			ner Similar Assets.	
art.	he organization elected, as permitted unde historical treasures, or other similar asset Part XIV, the text of the footnote to its fina	ts held for public exhibition, ed	lucation, or research in	statement and balance sheen furtherance of public servi	et works of ce, provide,
. his foll	ne organization elected, as permitted unde torical treasures, or other similar assets he owing amounts relating to these items:	eld for public exhibition, educa	tion, or research in fur	therance of public service, p	orks of art, provide the
∂(i)	Revenues included in Form 990, Part VIII	, line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(ii)	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	·		
2 Ift am	he organization received or held works of a ounts required to be reported under SFAS	art, historical treasures, or oth 116 (ASC 958) relating to the	er similar assets for fir se items:	nancial gain, provide the foll	lowing
a Re	venues included in Form 990, Part VIII, line	e 1			
h Ac	sate included in Form 000. Part V			<u> </u>	

1					
Schedule D (Form 990) 2011 WALDE Part III Organizations Maintair	N FAMILY SER			91-216 r Other Similar Ass	
 Using the organization's acquisition items (check all that apply): Public exhibition Scholarly research Preservation for future general Provide a description of the organization. 	tions	d Loan o	r exchange programs		
5 During the year, did the organizat assets to be sold to raise funds ra Part IV Escrow and Custodial line 9, or reported an a	Arrangements	. Complete if the	he organization an		
1a Is the organization an agent, trust included on Form 990, Part X? b If 'Yes,' explain the arrangement				ner assets not	Yes No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance				1d	Amount
2a Did the organization include an ar b If 'Yes,' explain the arrangement	in Part XIV.				Yes No
Part V Endowment Funds. Co					
1 a Beginning of year balance b Contributions	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back
c Net investment earnings, gains, and losses					
d Grants or scholarships e Other expenditures for facilities and programs					
f Administrative expenses g End of year balance	of the current year	ar and halance flin	o 1g column (a)) hold	201	
a Board designated or quasi-endow b Permanent endowment c Temporarily restricted endowmen The percentages in lines 2a, 2b,	ment >%		e rg, column (<i>a))</i> nelu		
3a Are there endowment funds not in organization by:	·	_			Yes No
(i) unrelated organizations(ii) related organizationsb If 'Yes' to 3a(ii), are the related organizations.		• • • • • • • • • • • • • • • • • • • •			
4 Describe in Part XIV the intended					****
Part VI Land, Buildings, and I					
Description of property	- (ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land) 				

c Leasehold improvements..... Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).... 0.

BAA

Schedule **D** (Form 990) 2011

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

(10)_(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).

181,473.

Sche	edule D (Form 990) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC.	91-2160214 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	r
4	Net unrealized gains (losses) on investments.	
5	Donated services and use of facilities	The state of the s
_		
6	Investment expenses	·
/	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	
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With	
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
i	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.	
3		
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	l l	
	a Investment expenses not included on Form 990, Part VIII, line 7b	
	b Other (Describe in Part XIV.)	
	c Add lines 4a and 4b	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With	
	Total expenses and losses per audited financial statements	
2	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
	Subtract line 2e from line 1.	
4		
-	a Investment expenses not included on Form 990, Part VIII, line 7b	
	b Other (Describe in Part XIV.)	Conference of Co
	c Add lines 4a and 4b	
5		
P,	rt XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·
Cor Par any	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line t V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d are additional information.	ss 1a and 4; Part IV, lines 1b and 2b; id 4b. Also complete this part to provide
	_PART_X_FIN_48_FOOTNOTE	<u></u>
	THE ORGANIZATION USES A LOSS CONTINGENCIES APPROACH FOR	EVALUATING UNCERTAIN TAX
	POSITIONS AND CONTINUALLY EVALUATES CHANGES IN TAX LAW A	ND_NEW_AUTHORITATIVE
	RULINGS.	<u></u>

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chedule D (Form 990) 2011 WALDEN FAMILY SERV.	ICES FOUNDATION, INC.	91-2160214 Page 5
chedule D (Form 990) 2011 WALDEN FAMILY SERV Part XIV Supplemental Information (continued))	
		· _
		
		<u> </u>
		·
BAA	TEEA3305L 05/25/11	Schedule D (Form 990) 20

TEEA3305L 05/25/11

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2011 SCHEDULE D. PART XIVE SUPPLEMENTAL INFORMATION PAGE 6

SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

SPECIAL EVENTS EXPENSES..... TOTAL \$

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2011

OMB No. 1545-0047

Open to Public Inspection

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization Employer identification number WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 **Partille** Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations g X Special fundraising events C In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?...... X No b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) have custody or control from activity (or retained by) (or retained by) of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 0. Total... List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

		Fundraising Events. Complete if t more than \$15,000 of fundraising List events with gross receipts gre	he organization an event contributions	swered 'Yes' to For	m 990, Part IV, lii	ne 18, or reported lines 1 and 6b.
Ŗ		ziot ovorta mar gross receipte gro	(a) Event #1 WINE D'VINE (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
RE>ESDE	1	Gross receipts	390,818.			390,818.
Ē	2		217,808.			217,808.
	3	Gross income (line 1 minus line 2)	173,010.			173,010.
	4	Cash prizes				
	5	Noncash prizes				
D-RECH	6	Rent/facility costs	32,537.			32,537.
ECT	7	Food and beverages	15,000.			15,000.
E X P	8	Entertainment	2,200.			2,200.
EXP MZ SES	9	Other direct expenses	12,840.			12,840.
S	10	Direct expense summary. Add lines 4 thr	ough 9 in column (d)		>	62,577.
	11	Net income summary. Combine line 3, co	olumn (d), and line 10.		<u></u>	110,433.
Pai	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Ye	s' to Form 990, Par	t IV, line 19, or re	ported more than
REVENU			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue				
	2	! Cash prizes				
D I P E E N S T E	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses		!		
	6	Volunteer labor	Yes %	Yes% No	Yes%	
	7	7 Direct expense summary. Add lines 2 th	rough 5 in column (d).			-
	8	3 Net gaming income summary. Combine	lines 1, column (d) and	! line 7		-
	En a Is	iter the state(s) in which the organization o the organization licensed to operate gamin 'No,' explain:	perates gaming activiti g activities in each of t	es: hese states?		Yes No
		ere any of the organization's gaming licens	es revoked, suspended	 or terminated during th	e tax year?	Yes No
ВА	4		TEEA3702L		Schedule G (F	orm 990 or 990-EZ) 201

91-2160214

Schedule G (Form 990 or 990-EZ) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC.

Schedule G (Form 990 or 990-EZ) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 11 Does the organization operate gaming activities with nonmembers?	Page 3 es No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	es No
13 Indicate the percentage of gaming activity operated in: Image: a The organization's facility. 13a b An outside facility. 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	૦૦ ૦૦
Name •	
Address ► 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party:	
Name ►Address ►	
16 Gaming manager information:	
Name ►	
Gaming manager compensation ► \$	
Description of services provided	
Director/officer Employee Independent contractor	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	- II
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also this part to provide any additional information (see instructions).	line 2b, complete

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

201

OMB No. 1545-0047

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-- Open to Public

Employer identification number 91-2160214 Part Indentification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) WALDEN FAMILY SERVICES FOUNDATION, INC. Department of the Treasury Internal Revenue Service Name of the organization

Family Identification of Distegation Linutes (Complete in the	חשקווול זו נוזכ משוניוליוול						
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	ctivity Legal domicile (state or foreign country)		(d) E	(e) End-of-year assets	(f) Direct controlling entify	5
	; I					j	
					i		
(3)							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during		Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had the tax year.)	answered 'Yes	' to Form 990, F	art IV, line 34 be	ecause it had	
(a) Name, address, and EIN of related organization	1 9	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	us Direct controlling entity	Sec 512(b) controlled #	(13) antity? No
(1) WALDEN ENVIRONMENT, INC. 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	FOSTER FAMILY AND ADOPTION AGENCY	CA.	6	501 (C) 3	N/A		×
(8)							
(4)							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ions for Form 990.		TEEA5001L 09/08/11		Sched	Schedule R (Form 990) 2011	2011

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

91-2160214 Page 2

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Schedule R (Form 990) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC.

Schedule R (Form 990) 2011 (h) Percentage ownership (k) Percentage ownership Par IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) **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 ŝ Yes Code V-UBI
amount in box
20 of Schedule
R-1 (Form 1065) Dispropor-tionate allocations? ŝ Ξ Yes (e)
Type of entity
(C corp, S corp,
or trust) (g) Share of end-of-year assets (d)
Direct
Controlling entity ((f) Share of total TEEA5002L 05/24/11 (c) Legal domicile (state or foreign c country) (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (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. BAA 듼 \mathcal{G}_{l}^{l} ଞ୍ଚ ଷ୍ଟା ପ୍ର

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Schedule R (Form 990) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC.

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

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Schedule R (Form 990) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC.

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

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

(k) Percentage ownership					90) 2011
General or managing partner?					Schedule R (Form 990) 2011
Code V-UBI amount in box 20 of Schedule K-1 Form (1065)					Schedu
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
Share of total income					
Are all partners section 501(c)(3) organizations?					TEEA5004L 05/24/11
ant Irre- Ided John Sold)					
Legal domicile (state or foreign country)					
(b) Primary activity					
Name, address, and EIN of entity (a) (b) (c) (c) (c) (c) (related, unincome country) (related, unincome country) (related, unincome country) (related, unincome country) (related, unincome section 512.2.	(2)	(d)	(<u>6</u>)	(8)	ВАА

Schedule R (Form 990) 2011	Pa	ige 5
Part VII Supplemental Information		
Complete this part to provide additional informati (see instructions).	ion for responses to questions on Schedule R	
•		
		. — — -

Page 5

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

ame of the organization WALDEN FAMILY SERVICES FOUNDATION, INC.	Employer identification number 91-2160214
FORM 990, PAGE 5, PART V. LINE 1A	
WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT FILE 1099	9'S. ALL INDEPENDENT
CONTRACTORS EXPENSES ARE PAID BY ITS PARENT COMPANY WALDEN	N_ENVIRONMENT, INC
FORM 990, PAGE 5, PART V, LINE 1A	
WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT HAVE ANY	EMPLOYEES, THEREFORE IT
DOES NOT FILE W-2'S.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE CFO REVIEWS THE 990 TAX RETURN FOR ACCURACY AND THEN I	THE CHAIRPERSON REVIEWS AND
SIGNS RETURN.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFO	DRCEMENT OF CONFLICTS
ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT	OF INTEREST POLICY. BOARD
MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFLICTS TO	HROUGHOUT THE YEAR AND
REFRAIN FROM VOTING ON ANY TRANSACTION OR MATTER BEFORE T	HE BOARD IN WHICH A
CONFLICT OR POSSIBLE CONFLICT EXISTS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLI	CLY AVAILABLE
THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990	, FROM THE PREVIOUS THREE
YEARS, WILL BE AVAILABLE (FOR INSPECTION OF COPYING) AT T	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 ENVIRONMENT, INC., A RELATE	D ENTITY, AND ALLOCATED TO
WALDEN FAMILY FOUNDATION.	
	
<u></u>	

SCHEDULE O - SUPPLEMENTAL INFORMATION: PAGE 2 2011 WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 CLIENT 11-015 FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES 18,000. -62,577. -44,577. DONATED SERVICES AND USE OF FACILITIES......\$

SPECIAL EVENT EXPENSES.......

TOTAL \$

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

nternal Revenue	Service .	File a sepa	arate applic	ation for each return.		
lf you are	e filing for an	Automatic 3-Month Extension, comp	olete only P	art and check this box		≻ 🔀
If you are	e filing for an	Additional (Not Automatic) 3-Month	Extension,	complete only Part Kon page 2 of this t	form).	_
-	_			tic 3-month extension on a previously fil		
corporation to equest an expension to 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 Pai ist be sent t	a 3-month automatic extension of time 3-month extension of time. You can ele rt II with the exception of Form 8870, in to the IRS in paper format (see instruction of the IRS with paper format (see instruction) and the IRS with paper format (see instruction) are the IRS with paper for the I	ctronically file Forr formation Return fo	n 8868 to or Transfers
				nit original (no copies needed).		
CONTRACTOR CONTRACTOR OF THE PERSON OF THE P				month extension— check this box and co	omplete Part I only	▶ 🗍
	rporations (inc			nd trusts must use Form 7004 to request Enter filer's identi	t an extension of ti	me to file
	Name of exemp	t organization or other filer, see instructions.			Employer identification	
Гуре or	}					
orint	WALDEN H	FAMILY SERVICES FOUNDAT	TON. IN	IC.	X 91-21602	14
ile by the		and room or suite number. If a P.O. box, see in:	•		Social security nu	
due date for filing your	6150 MT	SSION GORGE ROAD #210				
return, See instructions.		st office, state, and ZIP code. For a foreign addr	ess, see instruc	tions.	111	
	SAN DIE	GO, CA 92120	,	g-13		
· · · · · · · · · · · · · · · · · · ·	JOHN DIE	30, CR 32120		\sim		
Enter the R	eturn code for	the return that this application is fo	r (file a se	arate application for each return)		01
Application Is For	1	((Return	Application Is For		Return Code
Form 990			01	Form 990-T (corporation)		07
Form 990-E	3L		02	Form 1041-A		08
Form 990-E			01	Form 4720		09
Form 990-F		**************************************	04	Form 5227		10
		a) or 408(a) trust)	05	Form 6069		11
	(trust other t		06	Form 8870		12
Telepho If the o If this is check the ext 1 I request the ext The ext 2 if the	ne No • 619 rganization do s for a Group this 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, of the group, of the group, of the group of the organization's return for: I ar 20 11 or ginning, 20 red in line 1 is for less than 12 mon	siness in the digit Group check this between this between the digital of the digi		If this is for the who ames and EINs of a	ole 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	. За \$	0.
payn	nents made. Ir	nclude any prior year overpayment a	llowed as a	any refundable credits and estimated ta credit	. 3b \$	0.
				with this form, if required, by using		0.
Caution. It payment is	f you are going nstructions.	g to make an electronic fund withdra	wal with thi	is Form 8868, see Form 8453-EO and F	orm 88/9-EO for	

TAXABLE YEAR California Exempt Organization 2011 Annual Information Return

FORM 199

Calendar Year 2011 or fiscal year beginning month and ending month vear Corporation/Organization Name California corporation number WALDEN FAMILY SERVICES FOUNDATION, INC. 2358520 Address (suite, room, or PMB no.) FFIN 91-2160214 6150 MISSION GORGE ROAD #210 State ZIP Code SAN DIEGO, CA 92120 X No If exempt under R&TC Section 23701d, has the A First Return..... organization during the year: (1) participated in any X No political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election X No under R&TC Section 23704.5 (relating to lobbying by X No public charities)?..... X No D Final Return..... If 'Yes,' complete and attach form FTB 3509. Dissolved Surrendered (Withdrawn) X No K Is the organization exempt under R&TC Section 23701g?. . • Merged/Reorganized Enter date: • If 'Yes,' enter gross receipts from E Check accounting method: nonmember sources.... 1 Cash 2 X Accrual 3 If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required F Federal return filed? 1 • | 990T 2 • | 990 (PF) 3 • **G** Is this a group filing for the subordinates/affiliates?..... X No X No If 'Yes,' attach a roster. See instructions M Is the organization a Limited Liability Company? X No H is this organization in a group exemption?..... N Did the organization file Form 100 or Form 109 to report X No taxable income?..,..... If 'Yes,' What's the parent's name? O is the organization under audit by the IRS or has the IRS X No audited in a prior year?..... I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?.... X No If 'Yes,' explain, and attach copies of revised documents. Part I Complete Part I unless not required to file this form. See General Instructions B and C. 173,529. Receipts Gross contributions, gifts, grants, and similar amounts received SEE . SCH . . . B ● 3 605,839. and Total gross receipts for filing requirement test. Add line 1 through line 3. Revenues This line must be completed. If the result is less than \$25,000, see General Instruction B. . 779,368. **5** Cost of goods sold...... Cost or other basis, and sales expenses of assets sold. Total costs. Add line 5 and line 6..... 7 Total gross income. Subtract line 7 from line 4...... 8 779,368. 9 Total expenses and disbursements. From Side 2, Part II, line 18..... 663,449. Expenses 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8...... 115,919. Filing fee \$10 or \$25, See General Instruction F..... 11 12 Filing Penalties and Interest. See General Instruction J..... 13 Fee 14 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result..... Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Inate Title Telephone TAXPAYERS COPY Here Signature
of officer EXECUTIVE DIRECTOR 619-584-5777 Date Paid PTIN Preparer's -JULIE A. FIRL P00085551 5/29/12 signature employed Paid FEIN Preparer's • LEAF & COLE, LLP Firm's name Use Only (or yours, if self-employed) and address 2810 CAMINO DEL RIO SOUTH, 95-2076568 Telephone SAN DIEGO, CA 92108-3820 619.294.7200 X Yes May the FTB discuss this return with the preparer shown above? See instructions.

91-2160214

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.

	1	Gross sales or receipts from all	business activities. See	instructions	• • • • • • • • • • • • • • • • • • • •	1	
	2	Interest				2	519.
	3	Dividends			,	3	
Receipt	ts 4	Gross rents		.,		4	
from Other	5	Gross royalties	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,	5	
Source	s 6	Gross amount received from sal	e of assets (See instruct	tions)		6	
	7	Other income. Attach schedule.		SEES.T.	TEMENT 1 •	7	173,010.
	8	Total gross sales or receipts fro					
	1	Enter here and on Side 1, Part I				8	173,529.
	9	Contributions, gifts, grants, and similar a				9	
	10	Disbursements to or for member				10	
	11	Compensation of officers, direct	ors, and trustees. Attach	n scheduleSEES.T.	ATEMENT. 2 •	11	48,648.
Expens		Other salaries and wages				12	199,347.
and	12	Interest				13	
Disburs ments	se- 14	Taxes				14	17,758.
	15	Rents				15	18,442.
	16	Depreciation and depletion (See				16	•
	17	Other Expenses and Disbursem				17	379,254.
	18	Total expenses and disbursements. Add				18	663,449.
Sched		Balance Sheets		taxable year	·	of taxa	able year
Assets	;		(a)	(b)	(c)		(d)
1 Ca	ash	, , , , , , , , , , , , , , , , , , , ,		418,186.		•	596,634.
2 N	et accounts	receivable.		15,964.	特别的特别	•	23,929.
⊃ N	et notes re	celvable	The second secon		100	•	THE RESERVE OF THE PERSON OF T
4 In	ventories .	state government obligations	The Control of Supplied States of Supplied		Language of the	<u> </u>	
						•	·
6 In	vestments	in other bonds				•	
7 in	nvestments	in stock	A Signification of the desired of		Color Service Colors	•	
8 M	fortgage for	ans				•	
9 0	ther invest	ments Attach schedule				•	
		assets		and the state of			a produce de la companya de la comp
		ulated depreciation. ,		· · · · · · · · · · · · · · · · · · ·			
11 L	.and. ,				0.50	<u> </u>	
12 0	ther assets	s. Attach schedule	. PROPERTY OF A PARTY		LE BUSINESSE	•	
15 1							
l ishilid	otal assets			434,150.			620,563.
LIADIII	ties and	net worth		434,150.			
14 A	ti es and Accounts pa	net worth yable		434,150.			
14 A 15 C	ties and Accounts pa Contribution	net worth yables, gifts, or grants payable		434,150.		•	
14 A 15 C 16 B	ties and Accounts pa Contribution Bonds and	net worth yable		434,150.		•	
14 A 15 C 16 B 17 M	ties and Accounts pa Contribution Bonds and Mortgages j	net worth yable s, gifts, or grants payable notes payable.				•	
14 A 15 0 16 B 17 M	ties and Accounts pa Contribution Bonds and Mortgages j Other liabili	net worth yable s, gifts, or grants payable notes payable payable ties. Attach schedule		66,402.		•	181,473.
14 A 15 0 16 B 17 M 18 0	ties and Accounts pa Contribution Bonds and Mortgages p Other Habili Capital stoo	net worth yable s, gifts, or grants payable notes payable payable ties. Attach schedule k or principle fund.					181,473. 439,090.
14 A 15 C 16 B 17 M 18 C 19 C	ties and Accounts pa Contribution Bonds and Mortgages p Other habili Capital stoo Paid-in or c	net worth lyable ls, gifts, or grants payable notes payable bayable ties. Attach schedule k or principle fund apital surplus. Attach reconciliation		66,402.		•	181,473. 439,090.
14 A 15 0 16 B 17 M 18 0 19 0 20 F 21 F	ties and Accounts pa Contribution Bonds and Mortgages p Other Habili Capital stoo Paid-in or c Retained ea	net worth lyable ls, gifts, or grants payable notes payable lies. Attach schedule k or principle fund lapital surplus. Attach reconciliation rnings or income fund		66,402. 367,748.			181,473. 439,090.
14 A 15 0 16 B 17 M 18 0 19 0 20 F 21 F 22 T	ties and Accounts pa Contribution Bonds and Mortgages p Other Irabili Capital stoc Paid-in or c Retained ea Fotal Irabili	net worth yable s, gifts, or grants payable notes payable ties. Attach schedule k or principle fund apital surplus. Attach reconciliation rnings or income fund ties and net worth		66,402. 367,748. 434,150.			181,473. 439,090.
14 A 15 0 16 B 17 M 18 0 19 0 20 F 21 F 22 T	ties and Accounts pa Contribution Bonds and Mortgages p Other Habili Capital stoo Paid-in or c Retained ea	net worth lyable ls, gifts, or grants payable loayable lies. Attach schedule k or principle fund lapital surplus. Attach reconciliation lies and net worth Reconciliation of income	eer books with income	66,402. 367,748. 434,150. per return			181,473. 439,090. 620,563.
14 A 15 C 16 B 17 M 18 C 19 C 20 F 21 F 22 T Sche	ties and Accounts pa Contribution Bonds and Mortgages p Other liabili Capital stoc Paid-in or c Retained ea Fotal liabili cdule M	net worth syable s, gifts, or grants payable notes payable ties. Attach schedule k or principle fund apital surplus. Attach reconciliation rnings or income fund ties and net worth Reconciliation of income	per books with income public if the amount on Science	66,402. 367,748. 434,150. Der return thedule L, line 13, colum	nn (d), is less than		181,473. 439,090. 620,563.
14 A 15 C 16 B 17 M 18 C 20 F 21 F 22 T Sche	ties and Accounts pa Contribution Bonds and Mortgages p Other liabili Capital stoc Paid-in or c Retained ea Fotal liabili edule M Net income	net worth lyable ls, gifts, or grants payable loayable lies. Attach schedule k or principle fund lapital surplus. Attach reconciliation lies and net worth Reconciliation of income	per books with income pulse if the amount on Science 11,342	66,402. 367,748. 434,150. Der return thedule L, line 13, colum	nn (d), is less than		181,473. 439,090. 620,563.
14 A 15 C 16 B 17 M 18 C 20 F 21 F 22 T Sche	ties and Accounts par Contribution Bonds and Mortgages pother Irabili Capital stoc Paid-in or caletained ea Fotal Irabili edule Mortgages Pederal income Federal income	net worth yable s, gifts, or grants payable notes payable ties. Attach schedule k or principle fund apital surplus. Attach reconciliation rnings or income fund ties and net worth Preconciliation of income incom	per books with income public if the amount on Science 11,342	434,150. 434,150. ber return thedule L, line 13, colum to included in this Attach schedule.	nn (d), is less than books this year return.	\$25,00	181,473. 439,090. 620,563.
14 A 15 0 16 B 17 M 18 0 19 0 20 F 21 F 22 T Sche	ties and Accounts pare Contribution Bonds and Mortgages pother Irabili Capital stoce Paid-in or call trabilities and Mortgages pother Irabilities and Paid-in or call trabilities and Paid-in	net worth lyable lis, gifts, or grants payable loayable ties. Attach schedule lites. Attach schedule lites and load worth label Reconciliation of income go not complete this schedule per books lone tax lapital losses over capital gains recorded on books this year.	per books with income public if the amount on Science 11,342	434,150. 434,150. ber return chedule L, line 13, colum 7 Income recorded on included in this Attach schedule 8 Deductions in this	nn (d), is less than a books this year a return.	\$25,00	181,473. 439,090. 620,563.
14 A 15 C 16 B 17 M 18 C 20 F 21 F 22 T Sche	ties and Accounts pare Contribution Bonds and Mortgages potential Stoce Paid-in or call trabilities and Mortgages potential Inabilities and Mortgages potential Income Federal income Federal income not Attach schedusch	net worth lyable lis, gifts, or grants payable lists, and payable lites. Attach schedule lites. Attach schedule lites. Attach schedule lites and payable surplus. Attach reconciliation lites and net worth l-1 Reconciliation of income proper books lites and lites and lites schedule lites and lites schedule lites and net worth lites and net wort	per books with income public if the amount on Science 11,342	66,402. 367,748. 434,150. Der return Thedule L, line 13, column The included in this Attach schedule. 8 Deductions in this against book income	nn (d), is less than books this year return. SEE S' return not charged he this year.	\$25,00	181,473. 439,090. 620,563.
14 A 15 C 16 B 17 M 18 C 20 F 21 F 22 T Sche	ties and Accounts pare Contribution Bonds and Mortgages pother liabilicapital stoce Paid-in or call liabilicapital income Federal ince Excess of collection of the Control	net worth lyable list, gifts, or grants payable lists, gifts, or grants payable lists, advable lites. Attach schedule lites. Attach schedule lites. Attach schedule lites and lites schedule lites and net worth I-1 Reconciliation of income	per books with income pulle if the amount on Science 71,342	66,402. 367,748. 434,150. Der return Thedule L, line 13, column Thedule L, line 14, column Thedule L	nn (d), is less than books this year return. SEE S' return not charged he this year.	\$25,00	181,473. 439,090. 620,563.
14 A 15 C 16 B 17 M 18 C 19 C 20 F 21 F 22 T Sche	Accounts pa Contribution Conds and Mortgages p Other liabili Capital stoc Paid-in or o Retained ea Fotal liabili Caule M Net income Federal inc Excess of contribution of Attach sche Expenses rein this retu	net worth lyable lis, gifts, or grants payable lists, and payable lites. Attach schedule lites. Attach schedule lites. Attach schedule lites and payable surplus. Attach reconciliation lites and net worth l-1 Reconciliation of income proper books lites and lites and lites schedule lites and lites schedule lites and net worth lites and net wort	per books with income pulle if the amount on Science 71,342	66,402. 367,748. 434,150. Der return Thedule L, line 13, column Thedule L	nn (d), is less than books this year return. SEE S' return not charged he this year.	\$25,00	181,473. 439,090. 620,563.
14 A 15 C 16 B 17 M 18 C 19 C 20 F 22 T Sche	ties and Accounts pare Contribution Sonds and Mortgages potential Stock Paid-in or Caletained ea Fotal liability and the Mortgage Mortgage Produce Produce Mortgage Produce Mortgage Produce Mortgage Produce Produc	net worth lyable list, gifts, or grants payable lists, gifts, or grants payable lists, advable lites. Attach schedule lites. Attach schedule lites. Attach schedule lites and lites schedule lites and net worth I-1 Reconciliation of income	per books with income pulle if the amount on Science 71,342	66,402. 367,748. 434,150. Der return Thedule L, line 13, column Thedule L, line 14, column Thedule L, line 15, column Thedule L	nn (d), is less than books this year return. SEE S' return not charged he this year.	\$25,00	181,473. 439,090. 620,563.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service CALIFORNIA COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Name of the organization		Employer identification number
WALDEN FAMILY SERVICES	FOUNDATION, INC.	91-2160214
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) o 4947(a)(1) nonexempt charitable 527 political organization	organization e trust no t treated as a private foundation
Form 990-PF	501(c)(3) exempt private founda 4947(a)(1) nonexempt charitable 501(c)(3) taxable private founda	e trust treated as a private foundation
Check if your organization is covered Note. Only a section 501(c)(7), (8), or	by the General Rule or a Special Rule . or (10) organization can check boxes for both th	ne General Rule and a Special Rule. See instructions.
General Rule X For an organization filing Form 9 contributor. (Complete Parts I an	90, 990-EZ, or 990-PF that received, during the d II.)	year, \$5,000 or more (in money or property) from any one
Special Rules		
\Box $= 600(a)(1)$ and $170(b)(1)(A)(vi)$ a	ion filing Form 990 or 990-EZ that met the 33-1 nd received from any one contributor, during th n 990, Part VIII, line 1h or (ii) Form 990-EZ, line	1/3% support test of the regulations under sections be year, a contribution of the greater of (1) \$5,000 or e 1. Complete Parts I and II.
total contributions of more than :	0) organization filing Form 990 or 990-EZ that \$1,000 for use <i>exclusively</i> for religious, charitab ren or animals. Complete Parts I, II, and III.	received from any one contributor, during the year, ole, scientific, literary, or educational purposes, or
contributions for use exclusively If this box is checked, enter here purpose. Do not complete any o	for religious, charitable, etc, purposes, but thes the total contributions that were received durin	received from any one contributor, during the year, se contributions did not total to more than \$1,000. ng the year for an exclusively religious, charitable, etc, his organization because it received nonexclusively
<u> </u>		
QQ0_PE) but it must answer 'No' on	covered by the General Rule and/or the Specia Part IV, line 2, of its Form 990; or check the bo not meet the filing requirements of Schedule B	al Rules does not file Schedule B (Form 990, 990-EZ, or ox on line H of its Form 990-EZ or on Part I, line 2, of its (Form 990, 990-EZ, or 990-PF).
BAA For Paperwork Reduction Ac 990EZ, or 990-PF.	t Notice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2011

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4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number

of

91-2160214

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARLEY SEFTON 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$121,516.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution
2	ANDRUS FAMILY FUND 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$62,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DONNA SEFTON 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$ 25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_4	HERVEY FAMILY FUND 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BARNEY & BARNEY 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Numbe	(b) r Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BRADY 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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4 of Part 1

Name of organization

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number

91-2160214

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DOWLING & YAHNKE LLC	10.000	Person X Payroll
	SAN DIEGO, CA 92120	\$10,000.	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	IN-N-OUT BURGER FOUNDATION		Person X Payroll
	6150 MISSION GORGE RD, STE 210	\$6,000.	Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WELLS FARGO FOUNDATION	_	Person X
	6150 MISSION GORGE RD, STE 210	\$ <u>10,000.</u>	Payroll Noncash
	SAN DIEGO, CA 92120	<u> </u> -	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	DAY FOR CHANGE	_	Person X
	6150 MISSION GORGE RD, STE 210	\$ 17,000.	Payroll Noncash
	SAN DIEGO, CA 92120	_	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	DWIGHT STUART YOUTH FOUNDATION		Person X
	6150 MISSION GORGE RD. STE 210	\$20,000.	Payroll Noncash
	SAN DIEGO, CA 92120	_	(Complete Part II if there is a noncash contribution.)
(a) Numbe	(b) r Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	ST. GERMAINE AUXILARY		Person X
	6150 MISSION GORGE RD. STE 210	\$ 12,000	Payroll Noncash
	SAN DIEGO, CA 92120	_	(Complete Part II if there is a noncash contribution.)

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4 of Part 1

Name of organization

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JOHN BURTON FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$6 <u>,683</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	LINDA & JERRY STRICKLAND FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$22,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	KELLEY BERMAN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$7,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MARK GROSVENOR FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MCCARTHY FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ 15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	6 DEGRESS REALTY CAPITAL 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ 5,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

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4 of Part 1

Name of organization

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	ARTHUR CANDLAND		Person X Payroll
	6150 MISSION GORGE RD. STE 210	\$5,000.	Noncash (Complete Part II if there
	SAN DIEGO, CA 92120		is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	BOB DOEDE	•	Person X
	6150 MISSION GORGE RD. STE 210	\$ <u>5,000</u> .	Payroll Noncash
	SAN DIEGO, CA 92120	•	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	LINDSEY & BROWNELL	-	Person X
	6150 MISSION GORGE RD. STE 210	\$5 <u>,</u> 000.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
22	CHIP LYMAN .	_	Person X
	6150 MISSION GORGE RD. STE 210	\$ <u>5,000.</u>	Payroll Noncash
	SAN DIEGO, CA 92120	<u>}</u> -	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_	UNION BANK		Person X
	6150 MISSION GORGE RD. STE 210	\$5,000.	Payroll Noncash
	SAN DIEGO, CA 92120	_	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) r Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. ——			Person Payroll
		\$	Noncash
		_	(Complete Part II if there is a noncash contribution.)

Name of organization

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number

91-2160214

(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
***************************************		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	(d) Date received
			h/1-7-1
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	(d)) Date received
-		\$\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	(d) Date received
		s	:

Name of organization
WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

	Exclusively religious, charitable, etc organizations that total more than \$	1.000 for the vear. Complete	e cois (a) thro	ough (e) and the following line entry.
	For organizations completing Part III, enter to contributions of \$1,000 or less for the year. (EUse duplicate copies of Part III if additional specific part III is additional specific part III if additional specific part III is additional specific part I	otal of <i>exclusively</i> religious, cha Enter this information once. Sec pace is needed.	ritable, etc, e instructions	s.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	N/A			
'	Transferee's name, address,	(e) Transfer of gift , and ZIP + 4	Relat	ionship of transferor to transferee
(a)	(b)	(c)		(d)
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held
				4.4
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relat	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address	Rela	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	l ationship of transferor to transferee

Υ,				
oni Cal	IFORNIA STATEN	/ENTS		PAGE
IENT II-015 WALDEN F	AMILY SERVICES FOUN	IDATIONNING :		91-216021/
STATEMENT 1 FORM 199, PART II, LINE 7				
OTHER INCOME INCOME FROM SPECIAL EVENTS				173,010. 173,010.
CTATEMENT 2				
STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTO	ORS, TRUSTEES AND KE	Y EMPLOYEES		
FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTO CURRENT OFFICERS:	TITLE AND AVERAGE HOURS	COMPEN-		ACCOUNT/
FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTO	TITLE AND AVERAGE HOURS PER WEEK DEVOTED BOARD MEMBER	COMPEN- SATION	CONTRI- BUTION TO EBP & DC \$ 0.	ACCOUNT/ OTHER
FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTO CURRENT OFFICERS: NAME AND ADDRESS ED EARL 6150 MISSION GORGE ROAD, #210	TITLE AND AVERAGE HOURS PER WEEK DEVOTED BOARD MEMBER	COMPEN- SATION \$ 0.	BUTION TO EBP & DC	ACCOUNT/ OTHER \$
FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTO CURRENT OFFICERS: NAME AND ADDRESS ED EARL 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120 RITA SZCZOTKA 6150 MISSION GORGE ROAD, #210	TITLE AND AVERAGE HOURS PER WEEK DEVOTED BOARD MEMBER 1.00 CHAIRPERSON	COMPEN- SATION \$ 0.	BUTION TO EBP & DC \$ 0.	ACCOUNT/ OTHER \$

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

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BOARD MEMBER

EXECUTIVE DIREC

1.00

1.00

1.00

1.00

1.00

20.00

DALE GANZOW

KARINA R. LION

JOE BERNSTEIN

PAUL GOODING

VINCE HEALD

TERESA STIVERS

SAN DIEGO, CA 92120

6150 MISSION GORGE ROAD, #210

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48,648.

TOTAL \$ 48,648. \$

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2011 CALIFORNIA STATEMENTS		PAGE 2
CLIENT: 11-015 WALDEN FAMILY SERVICES FOUNDATION, INC.		au 91-216021 4
STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES ADVERTISING AND PROMOTION. CONFERENCES, CONVENTIONS, AND MEETINGS. CONTRACT LABOR. EMANCIPATED YOUTH. FOSTER PARENTS. LICENSES & PERMITS. MISC EXPENSE. OTHER EMPLOYEE BENEFIT. OTHER FEES. POSTAGE AND SHIPPING. PRINTING AND PUBLICATIONS. REGIONAL CENTER RESPITE CARE. SPECIAL EVENT EXPENSES. SPECIAL PROJECTS. TELECOMMUNICATION. TRAVEL. TC		17,081. 1,965. 25,385. 50,504. 492. 8,772. 78,391. 43,162. 575. 2,836. 18,838. 13,434. 62,577. 52,201. 1,440. 1,601. 379,254.
STATEMENT 4 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES DUE TO WALDEN FAMILY SERVICES	 'AL <u>\$</u>	181,473. 181,473.
STATEMENT 5 FORM 199, SCHEDULE M-1, LINE 5 EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN SPECIAL EVENTS EXPENSES	<u>\$</u> 'AL <u>\$</u>	62,577. 62,577.
STATEMENT 6 FORM 199, SCHEDULE M-1, LINE 7 INCOME RECORDED ON BOOKS NOT ON RETURN DONATED SERVICES	<u>\$</u> [AL <u>\$</u>	18,000. 18,000.

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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



State Charity Registration Number 11	18786			Check if: Change of			
			Amended r	eport			
WALDEN FAMILY SERVICES F Name of Organization	LAUMOOL	TON, INC	<u>•</u>				
6150 MISSION GORGE ROAD	#210			Corporate or C	Organization No. 2358520		
Address (Number and Street)							
SAN DIEGO, CA 92120 City or Town		State ZIP	Code	Federal Emplo	yer ID No. 91-2160214		
ANNUAL REGISTRA	TION REN	IEWAL FEE S		il. Code Regs. s Registry of Cha	ections 301-307, 311 and 312) ritable Trusts		
Gross Annual Revenue	Fee	Gross Annual	Revenue	Fee	Gross Annual Revenue	Fe	ee
Less than \$25,000	0	Between \$100	,001 and \$250,00	0 \$50	Between \$1,000,001 and \$10 milli		150
Between \$25,000 and \$100,000	\$25	Between \$250	,001 and \$1 milli	on \$75	Between \$10,000,001 and \$50 mil Greater than \$50 million		225 300
PART A - ACTIVITIES							
For your most recent full accoun	iting perio	d (beginning	1/01/1	L ending	12/31/11) list:		
Gross annual revenue \$		716,791.	Total assets	\$	620,563.		
PART B — STATEMENTS REG	ARDING	ORGANIZ	ATION DURIN	G THE PERI	OD OF THIS REPORT		
					providing an explanation and deta	alls for as	
Note: If you answer 'yes' to any of 'yes' response. Please revie	w RRF-1 i	nstructions fo	r information rec	uired.	providing all explanation and deta		
1 During this reporting period, were	e there an	v contracts. To	ans leases or of	her financial tra	nsactions between the	Yes	No
organization and any officer, dire director or trustee had any finance	ector or tru	istee thereof e	ither directly or v	vith an entity in	which any such officer,		x
2 During this reporting period, was property or funds?	there any	theft, embezz	zlement, diversio	n or misuse of th	ne organization's charitable		х
3 During this reporting period, did	non-progr	am expenditur	es exceed 50% o	of gross revenue	s?		х
4 During this reporting period, were Form 4720 with the Internal Reve	e any orga enue Serv	anization funds ice, attach a c	s used to pay any opy.	penalty, fine or	judgment? If you filed a		x
5 During this reporting period, were purposes used? If 'yes,' provide service provider.	e the serv an attach	ices of a comment listing the	mercial fundraise e name, address	r or fundraising , and telephone	counsel for charitable number of the		x
6 During this reporting period, did the name of the agency, mailing	the organ address,	ization receive contact persor	any government n, and telephone	al funding? If so number.	o, provide an attachment listing		X
7 During this reporting period, did indicating the number of raffles a	the organ and the da	ization hold a ate(s) they occ	raffle for charitat urred.	le purposes? If	'yes,' provide an attachment		×
Does the organization conduct a the program is operated by the o charitable purposes.	vehicle deharity or	onation progra whether the or	m? If 'yes,' provi ganization contra	de an attachme acts with a comn	nt indicating whether nercial fundraiser for		X
9 Did your organization have prepared principles for this reporting period	ared an au od?	udited financia	I statement in ac	cordance with g	enerally accepted accounting	x	
Organization's area code and telepho	ne numbe	er <u>619-584</u>	-5777		<u> </u>	·	
Organization's e-mail address					·	<u> </u>	
I declare under penalty of perjury that	at I have e	xamined this	report, including	accompanying	documents, and to the best of my	knowled	ge
and belief, it is true, correct and com							
TAXPAYERS COPY	TER	ESA STIVE	ers	EXECUTIV	E DIRECTOR		
Signature of authorized officer	Printed	l Name		Title	Date		

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 2011

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: 91-2160214 WALDEN FAMILY SERVICES FOUNDATION, INC. Address change E Telephone number 6150 MISSION GORGE ROAD #210 Name change SAN DIEGO, CA 92120 619-584-5777 Initial return Terminated 779.368. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? X No TERESA STIVERS F Name and address of principal officer: Yes Application pending H(b) Are all affiliates included? Nο SAME AS C ABOVE If 'No,' attach a list. (see instructions) X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or Tax-exempt status Website: ► WWW.WALDENFAMILY.ORG H(c) Group exemption number L Year of Formation: 2001 M State of legal domicile: CA Form of organization: X Corporation Trust Other > Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE CHARITABLE FUNDS AND OTHER CONSTITUENCY SERVICE FOR THE EXCLUSIVE SUPPORT OF WALDEN ENVIRONMENT, INC. (DBA Governance WALDEN_FAMILY_SERVICES)_ 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)..... 9 4 Number of independent voting members of the governing body (Part VI, line 1b). 4 ō 5 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)..... <u>15</u> 6 6 Total number of volunteers (estimate if necessary)..... Ō. 7a Total unrelated business revenue from Part VIII, column (C), line 12...... 7 a $\overline{0}$. **Prior Year Current Year** 605,839. 368,892. 8 Contributions and grants (Part VIII, line 1h)..... Program service revenue (Part VIII, line 2g)..... 635. 519. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 75,899. 110.433. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 $7\overline{16,791}$. 445,426. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 609,158. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 308,915. 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) 291,957. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 609,158 600,872. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... -163,732.115,919. Revenue less expenses. Subtract line 18 from line 12..... Beginning of Current Year End of Year 620,563. 434,150. Total assets (Part X, line 16)..... Total liabilities (Part X, line 26)..... 181,473. 66,402. Net assets or fund balances. Subtract line 21 from line 20..... 367,748. 439,090. 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 Sign EXECUTIVE DIRECTOR Here TERESA STIVERS Type or print name and title. X if Preparer's signature Print/Type preparer's name Check 5/29/12 P00085551 JULIE A. FIRL self-employed JULIE A. FIRL Paid ► LEAF & COLE, LLP Preparer Firm's name ► 2810 CAMINO DEL RIO SOUTH, SUITE 200 Firm's EIN > 95-2076568 Use Only Phone no. 619.294.7200 SAN DIEGO, CA 92108-3820

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

No

Yes

Cheed: Schedulo Contains a response to any question in this Part III. 1 Birdy describe the organization's mission: TO SUPPORT NALIDEN ENVIRONMENT, INC. (DBA NALDEN FRMILY SERVICES) 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 1 Tys.; describe these new services on Schedule C. 3 Did the organization crease conducting, or make significant changes in how 1 conducts, any program services? Yes No If Yes, describe these news can Schedule C. 4 Describe the organization stees conducting, or make significant changes in how 1 conducts, any program services? Yes No If Yes, describe these changes on Schedule C. 4 Describe the organization's program service accomplishments for each of its three lignest program services. as measured by expenses section 501(2)(3) and 501(20) and 501(20	4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
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SHIP Chatament of Drogram Service Accomplishments	Statement of Program Service Accomplishments	
orm 9		Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-EZ?

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Form 990 (2011) WALDEN FAMILY SERVICES FOUNDATION, 91-2160214 Page 3 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 X 1 Schedule A Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 3 Χ 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 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 X 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 X 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,' 8 Χ complete Schedule D, Part III 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 9 Χ Schedule D, Part IV. 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.................. Χ 10 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 X 11 a 11 b Χ 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...... Х 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e 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 Χ 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.......... Х 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 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*..... 14h Χ 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..... Χ 16 Χ 17

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)

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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.

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.

20 aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.......

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Form 990 (2011) WALDEN FAMILY SERVICES FOUNDATION, 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		<u>X</u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	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	,	_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 any tax-exempt bonds?	24c		
d	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	25 a		X
b	s 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	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):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		_X_
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	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)?	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		Х
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		X
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
BA/	$m{4}$	Forr	n 990	(2011)

Form 990 (2011) WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 Page 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......

	Y	es	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0			
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		31,385.7
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 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3Ь		
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	ideas di locales	Χ
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
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		Χ
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
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		<u>X</u>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a	arrest contract of	anterchica in States.
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
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		77.5
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.	10		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	- 1	
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	14-		v
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	140		f

Form 990 (2011)

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 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. **b** Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 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?..... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X members of the governing body?..... **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?...... X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body?..... Х 8b **b** Each committee with authority to act on behalf of the governing body?..... Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a 10b X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?... Χ X 13 13 Did the organization have a written whistleblower policy?..... X 14 Did the organization have a written document retention and destruction policy?..... 14 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..... 15a X 15b Χ **b** Other officers of key employees of the organization..... 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 Х **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements?. 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. Another's website X Upon request Own 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: ► TERESA STIVERS 6150 MISSION GORGE ROAD SAN DIEGO CA 92120 619-584-5777

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Part VIII 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.....

Y

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any	relate	d or	gani	zati	on cor	npe	ensated any current of	ficer, director, or trus	tee.
(A) Name and title	(B) Average hours per week	ē	t chec s pen	Posi ck mo son is direct	tion re the	an one t an officustee)	oox, er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
SEE SCHEDULE O	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ED EARL										
BOARD MEMBER	1	X						0.	0.	0.
(2) W. HALSEY (HAL) DUNNING BOARD MEMBER	1	X					İ	<u>o.</u>	0.	0.
(3) DALE GANZOW										
BOARD MEMBER	1	X						0.	0.	0.
(4) KARINA R. LION BOARD MEMBER	1	X						0.	0.	0.
(5) JOE BERNSTEIN			į							
BOARD MEMBER	1	X	<u> </u>		_		<u> </u>	0.	0.	0.
	1	X		ŀ				0.	0.	0.
7) VINCE HEALD	 +							0.	0.1	<u> </u>
BOARD MEMBER	1	Х						0.	0.	0.
(8) RITA SZCZOTKA								_		_
CHAIRPERSON	11		1	X			ļ	0.	0.	. 0.
_(9) MARYANN_CARLIN VICE CHAIR	1			X				0.	0.	0.
(10) TERESA STIVERS				1				· · · · · · · · · · · · · · · · · · ·		<u> </u>
EXECUTIVE DIREC	20			Х				48,648.	36,070.	0.
(11)										
(12)			1							
(13)								· · · ·		
(14)										
			_							·

Page 8

Part VII Section A. Officers, Directors, Trus	tees, l	Ке у	Em	plo	ye	es, a	and	l Highest Com	pensated Empl	oyees (cont)
				((•					
(A) Name and title	(B) Average hours	box,	unles er an	s pe	rson irecto	than d is both or/trust	ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)	_			<u> </u>						
(16)	_									
(17)	_		<u> </u>							
(18)	_									
(19)	_									
(20)	_	-								
(21)			ļ							
(22)										
(23)	_									
(24)	_									
(25)	-									
1 b Sub-total							<u>↓</u>	48,648.	36,070.	0.
c Total from continuation sheets to Part VII, Section								0.		
d Total (add lines 1b and 1c)	.,,						*	48,648.		
2 Total number of individuals (including but not lim from the organization ► 0	ited to t	hose	liste	ed a	bove	e) wh	no re	eceived more than	1 \$100,000 of repor	
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor or tru	ustee Just	, kej	y en	nplo	yee,	or h	nighest compensa	ted employee	Yes No
For any individual listed on line 1a, is the sum of the organization and related organizations greater.	reporta	ble c	amo:	ens	atio	n an	d otl	her compensation	from	
such individual	 e compe	 Insat	 ion f	····	 i ani		 elat	ed organization o	r individual	10 mg
for services rendered to the organization? If 'Yes Section B. Independent Contractors	, comp	lete :	Sche	dule	e J t	or su	ıch _l	person		. 5 X
Complete this table for your five highest compen compensation from the organization. Report compensation from the organization.	sated in	depe	nde r the	nt c	ontra lend	actor ar ye	s th	at received more ending with or wit	than \$100,000 of hin the organization	n's tax year.
(A) Name and business add	ress	·						Description	of services	(C) Compensation
				-					·	
								<u> </u>		
		-				··		1.		
									1600000	
2 Total number of independent contractors (includ	_	not li	mite	d to	tho	se lis	sted	above) who rece	ived more than	

Fal			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in Ins 1a-1f: \$	217,808. 388,031. 10,048.				
	h Total. Add lines 1a-1f	Business Code	605,839.	nae brief Geboud. Militario Bolinia	A filosoficial de la composición de la composición de la composición de la composición de la composición de la La composición de la	t de la persona de la presenta de la casa de
PROGRAM SERVICE REVENUE	2abd					
ROGRAN	f All other program service revenue			Apple of a property of the state of		Subsequences successed by an access of
-	g Total. Add lines 2a-2f	interest and				
	other similar amounts)	bond proceeds	519.			519.
	(i) Real 6a Gross rents b Less: rental expenses.	(ii) Personal	. 1903 y programa Seret Orosan programa Sereta Sereta y programa Programa		The model of the second of the	The first of the party of the p
	c Rental income or (loss) d Net rental income or (loss)	<u> </u> 				
	7a Gross amount from sales of assets other than inventory.	(ii) Other		in 15. The first of 20. The first that contains		Mark San Child San San San San San San San San San San
	b Less: cost or other basis and sales expenses		re og den somete Greekle, plestelse Greekle betyderet		e hij godinë (se ji sepa 1915 - Paris de Amelia 1917 - Paris dhe mereka	
	d Net gain or (loss)					
VENUE	8a Gross income from fundraising events (not including. \$ 217,808. of contributions reported on line 1c).				Proposition of the control of the co	
OTHER REVENU	See Part IV, line 18			i programa programa de la composición del composición de la composición de la composición del composición de la composición de la composición de la composición de la composición de la composición del composición de la composición de la composición del composición del composición del composición del composición del composición del composición del composición del composición del composició		The state of the s
3	c Net income or (loss) from fundraising e 9a Gross income from gaming activities.		110,433.		Water English	110,433.
	See Part IV, line 19)	ner jaret fan skieren. 1812: jaret 1770 og skier		Page W. Carenji	
	10a Gross sales of inventory, less returns and allowances		appropria stream construction of the construct	verten i zeropak (i Societa 1841 - Korres Lago, Aladen	erengi ng pada energ Tang pang bada eng	ginger of the section
	b Less: cost of goods sold					
	Miscellaneous Revenue	Business Code				
	11a					· · · · · · · · · · · · · · · · · · ·
	d Ail other revenue					5 W. H. W.
	e Total. Add lines 11a-11d			0.	. 0.	110,952.

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	esponse to any question	in this Part IX		
Do n 6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				e maga sa
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				Parada Maria
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				Company of the Compan
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	48,648.	27,729.	0.	20,919.
•	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.
7	Other salaries and wages	199,347.	113,908.	<u></u>	85,439.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)			,	
9	Other employee benefits	43,162.	28,114.		15,048.
10	Payroll taxes	17,758.	10,115.		7,643.
	Fees for services (non-employees):				<u> </u>
a	Management				
	Legal				
· c	Accounting				
'd	Lobbying				
е	Professional fundraising services. See Part IV, line 17		ale participation and	A CONTRACTOR OF THE STATE OF	
	Investment management fees				
a	j Öther	575.	321.		254.
	Advertising and promotion		10,219.		6,862.
13	Office expenses	•			
14	Information technology				
15	Royalties				
16	Occupancy	18,442.	16,282.		2,160.
17	Travel	1,601.	1,585.		16.
	Payments of travel or entertainment expenses for any federal, state, or local public officials.		2,000.		
19	Conferences, conventions, and meetings		601.		1,364.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				1
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	The second of th			
	a MISC EXPENSE	78,391.	60,370.		18,021.
	SPECIAL PROJECTS	52,201.	8,359.	1	43,842
	E EMANCIPATED YOUTH	50,504.	50,504.		10,012
	d CONTRACT LABOR	25,385.	10,792.		14,593
	e All other expenses	45,812.	· · · · · · · · · · · · · · · · · · ·		24,839
25			· · · · · · · · · · · · · · · · · · ·		241,000
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)		<u> </u>		

Part X Balance Sheet (B) End of year (A) Beginning of year 454,806. 418,186. 1 Cash — non-interest-bearing..... 2 141,828. Savings and temporary cash investments..... Pledges and grants receivable, net 3 3 Accounts receivable, net..... 15,964 4 23,929 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 6 organizations (see instructions)..... 7 Notes and loans receivable, net Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 10 c 11 Investments – publicly traded securities..... 11 Investments - other securities. See Part IV, line 11..... 12 12 Investments – program-related. See Part IV, line 11..... 13 13 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11..... 434,150. 620.563. Total assets. Add lines 1 through 15 (must equal line 34)..... 16 16 17 Accounts payable and accrued expenses..... 17 18 Grants payable..... 18 Deferred revenue..... 19 19 Tax-exempt bond liabilities..... 20 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 22 of Schedule L..... Secured mortgages and notes payable to unrelated third parties..... 23 23 24 Unsecured notes and loans payable to unrelated third parties..... 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. 66,402. 25 181,473. Total liabilities. Add lines 17 through 25..... 66,402 181,473. 26 26 Organizations that follow SFAS 117, check here 🔪 |X| and complete lines 27 through 29 and lines 33 and 34. ASSET'S 66,605. 49,831. 27 Unrestricted net assets. 301,143. 389,259. Temporarily restricted net assets 28 28 Permanently restricted net assets..... 29 R Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund..... BALANCES 32 32 Retained earnings, endowment, accumulated income, or other funds..... Total net assets or fund balances..... 367,748. 439,090. 33 33 434,150. 620,563. Total liabilities and net assets/fund balances Form 990 (2011) BAA

orr	m 990 (2011) WALDEN FAMILY SERVICES FOUNDATION, INC. 91-7	160214		Pag	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)			.6,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		.5,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36	57,7	<u>48.</u>
5	A COLUMN CONTRACTOR OF CONTRAC	5	-4	14,5	<u>77.</u>
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	43	39,0	<u>90.</u>
Pa	ort XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
		,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	b Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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 audit,	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 issues separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis	ed on a			
3	3a 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	3a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	uired audit	36		I

BAA

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

WAL	DEI	N FAMILY SERVI	CES FOUNDATION	, INC.					91-21	60214		
Pari	Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
The c	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1												
2				i). (Attach Schedule E	•							
3			•	organization described								
4			• '	n conjunction with a ho	ospital d	escribed	in sect	ion 170	(b)(1)(A)(iii). Ent	er the hosp	ital's
5												
6	— 170(bχ̃1)(A)(iv). (Complete Part II.) I federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that		ıbstantial part of its su					or from	the gen	eral public o	described
8	_	,)(b)(1)(A)(vi) . (Complet		•						
9		from activities related investment income a	d to its exempt function	more than 33-1/3% of ns — subject to certain taxable income (less s plete Part III.)	i exceptio	ons, and	d (2) no	more ti	nan 33-1	1/3% of i	ts support fr	om gross
10		-		clusively to test for pu		-						
11	Х	more publicly suppor describes the type o	ted organizations desc f supporting organizati	clusively for the benef cribed in section 509(a) on and complete lines)(1) or so 11e thro	ection 5 ugh 11h	09(a)(2) 1.	. See s	f, or car ection 5	ry out th 509(a)(3).	Check the	box that
	_	a X Type I	b Type II		Func	-	_			a ∐ diamunia	Type III —	
е	· L	other than foundation section 509(a)(2).	n managers and other	nization is not controll than one or more publ	ea aireci licly supp	orted a	urecuy irganiza	by one tions de	or more scribed	in sectio	n 509(a)(1)	or
f				mination from the IRS		Type I,	Type II	or Type	e III sup	porting a	rganization,	
ç	I	Since August 17, 20	06, has the organizatio	n accepted any gift or	r contrib	ution fro	m any	of the fo	llowing	persons	? _	
		(i) A person who	directly or indirectly co	ntrols, either alone or	toaether	with pe	rsons d	escribe(d in (ii)	and (iii)	r	Yes No
		below, the gov	erning body of the sup	ported organization?					, . , .			X
		• •	•	ed in (i) above?								X
		• •	<u> </u>	lescribed in (i) or (ii) a			• • • • • • •				11 g (iii)	X
ł	1	Provide the following	1	supported organization	on(s).					··-		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) I: organiz column (i your go docur	ation in) listed in verning	(v) Did y the organ colum: your su	ization in 1 (i) of	organiz colur organiza	s the ation in n (i) ed in the 3.?	(vii) Amount	of support
					Yes	No	Yes	No	Yes	No		
	W	ALDEN ENVIRONM	ENT, INC.									
(A)			94-2358632	9	X		X		X		46	50,697.
<u>(B)</u>												
(C)		4444 A. 449 A. 100 A.										· · · · · · · · · · · · · · · · · · ·
(D)												
<u>(E)</u>												
Tota	-	· .		and Color Color Color Color								50,697.
BAA	١F٠	or Paperwork Reducti	on Act Notice, see the	Instructions for Form	990 or 9	990-EZ.		,	Schedul	e A (Forr	n 990 or 99	0-EZ) 2011

Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) > (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) > (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) > (f) Total beginning in) > (h) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) > (f) Total beginning in) > (f) Total beginning in) > (h) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) > (f) Total beginnin	_					
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 support did organization) included on line 1 that exceeds 2% of the amounts shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, cividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 12 Institute of the promise of the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
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. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 12 Errost five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.	— ,					
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 5 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions). 12 Gross receipts from related activities, etc (see instructions). 12 Inst five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year leginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total supports in the form interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 12 Instruction of the sale of capital assets (Explain in Part IV).						
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. 8 Gross income from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 12 Gross receipts from p30 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
From line 4. Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total peginning in) > (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total peginning in) > (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total peginning in) > (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total peginning in) > (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total peginning in a mount in a						
Calendar year (or fiscal year beginning in) Amounts from line 4.						
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
through 10						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
organization, check this box and stop here.						
Castian C. Cananatalian of Dublic Cumpart Devantors						
Section C. Computation of Public Support Percentage						
	<u>%</u>					
15 Public support percentage from 2010 Schedule A, Part II, line 14	%					
16 a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	للـــــــــــــــــــــــــــــــــــــ					

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	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						***
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)			ing kanggan Pelangan Pada	Marie probablica		
Sec	tion B. Total Support			Υ''-	т		
Caler	ndar year (or fiscal yr beginning in) 🟲 👚	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6					<u> </u>	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sourcesb Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	,					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	,					
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box an	o is for the organized stop here		ond, third, fourth,	or fifth tax year	as a section 501(c)	(3) ▶
<u>Se</u>	ction C. Computation of Pu						
15							%
_ 16		2010 Schedule A	, Part III, line 15			16	%
Se	ction D. Computation of In	<u>vestment Inco</u>	me Percentag	je			1
17	Investment income percentage	for 2011 (line 10d	c, column (f) divid	ed by line 13, co	lumn (f))	17	%
18		from 2010 Sched	ule A, Part III, lin	e 17			8
19	33-1/3% support tests — 2011. is not more than 33-1/3%, chec	If the organization this box and store	n did not check th op here. The orga a did not check to	e box on line 14, inization qualifies	and line 15 is m as a publicly su cline 190, and line	ore than 33-1/3%, a oported organization on 16 is more than 3	and line 17 n ► ☐
	b 33-1/3% support tests — 2010. line 18 is not more than 33-1/3 Private foundation. If the orga	%, check this box	and stop here. I	he organization o	qualifies as a pub	iiciy supported orga	anization —
_20	Private foundation. If the orga	nization did not cr	IECK a DOX OF TIME	: 1+1, 12a, 01 13b,	CHECK THIS DOX &	THE SEC HISHIGUIS	

Suriedule A	(Poim 990 of 990-EZ) 2011 WA	TOER LAMINI SEK	ATCES LOOMDWI	TON, TNC. 3	1-2100214 Page	: 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and (See instructions).	Complete this part to Part III, line 12. Als	to provide the ex so complete this	planations requir part for any addit	ed by Part II, line 10; tional information.	
•	(Oee manuchona).	· · · · · ·				_
_ .	***************************************					
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	are after from here time time land land time time time the PAR PAR PAR AND I	ment proper princip brincip brincip backer particle harvest unders minute brincip being				
	and have broad stand broad broad broad price broad State (FIFE FAIR FIFE BROAD)		· ·			··· ··
		Make the Burn dance of the total party of the party of th			there were their times done have been place over these price price take them.	
			A WILL STUD POUR AREA GARN ROLL SAFE FOUR PRIN			
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	· 		-i hole bind took one who had both both both	make press arms have been some their state price built		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Name of the organization		Employer identification number					
WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214							
Organization type (check one):							
Filers of:	Section:						
form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization							
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a pri 501(c)(3) taxable private foundation	vate foundation					
Check if your organization is covered by the Go Note. Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule. anization can check boxes for both the General Rule and a	Special Rule. See instructions.					
General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)							
Special Rules							
509(a)(1) and 170(b)(1)(A)(vi) and receive	Form 990 or 990-EZ that met the 33-1/3% support test of th d from any one contributor, during the year, a contribution t VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I :	of the greater of (1) \$5.000 or					
For a section 501(c)(7), (8), or (10) organize total contributions of more than \$1,000 for the prevention of cruelty to children or anim	zation filing Form 990 or 990-EZ that received from any one use exclusively for religious, charitable, scientific, literary, nals. Complete Parts I, II, and III.	contributor, during the year, or educational purposes, or					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively							
religious, charitable, etc, contributions of \$	5,000 or more during the year	······································					
Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF) (2011 990EZ, or 990-PF.							

of	4	of	Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

91-2160214

Part I	Contributors (see instructions). Use duplicate copies of Part 1 if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	HARLEY SEFTON		Person X Payroll
	6150 MISSION GORGE RD, STE 210	\$121,516.	Noncash Consolete Bort II if there
ļ	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDRUS FAMILY FUND		Person X Payroll
	6150 MISSION GORGE RD, STE 210	\$62,000.	Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DONNA SEFTON		Person X Payroll
	6150 MISSION GORGE RD, STE 210	\$25,000.	Noncash
	SAN DIEGO, CA 92120	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HERVEY FAMILY FUND	_	Person X
	6150 MISSION GORGE RD, STE 210	\$25,000.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BARNEY & BARNEY	_	Person X
	6150 MISSION GORGE RD, STE 210	\$20,000.	Payroll Noncash
	SAN DIEGO, CA 92120	_	(Complete Part II if there is a noncash contribution.)
(a) Numbe	(b) r Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_6	BRADY	_	Person X
	6150 MISSION GORGE RD, STE 210	\$10,000	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)

Page

2 of

4 of Part 1

Employer identification number

WALDEN	FAMILY	SERVICES	FOUNDATION,	INC.		91-2160214	
Part I	Contribut	t ors (see instr	ructions). Use duplic	cate copies o	of Part I if additional space is needed.		

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DOWLING & YAHNKE LLC 6150 MISSION GORGE RD, STE 210	\$ 10,000.	Person X Payroll Noncash (Complete Port II if there
(a) Number	SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4	(c) Total	(Complete Part II if there is a noncash contribution.) (d) Type of contribution
8	IN-N-OUT BURGER FOUNDATION 6150 MISSION GORGE RD, STE 210	contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WELLS FARGO FOUNDATION 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	DAY FOR CHANGE 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$ 17,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	DWIGHT STUART YOUTH FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$20,000. 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	ST. GERMAINE AUXILARY 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	_ \$12,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

age	.3

4 of Part 1

Employer identification number

WALDEN	FAMILY SERVICES FOUNDATION, INC.	91-21	60214
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	JOHN BURTON FOUNDATION	-	Person X Payroli
	6150 MISSION GORGE RD. STE 210	\$ <u>6,683.</u>	Noncash
-	SAN DIEGO, CA 92120	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	LINDA & JERRY STRICKLAND FOUNDATION	_	Person X
	6150 MISSION GORGE RD. STE 210	\$22,500.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	KELLEY BERMAN	_	Person X
·	6150 MISSION GORGE RD. STE 210	\$7,000.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>	MARK GROSVENOR FOUNDATION	_	Person X
	6150 MISSION GORGE RD. STE 210	\$ 10,000.	Payrolf Noncash
	SAN DIEGO, CA 92120	_	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>	MCCARTHY FOUNDATION	_	Person X
	6150 MISSION GORGE RD. STE 210	\$15,000.	Payroll Noncash
	SAN DIEGO, CA 92120	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	6 DEGRESS REALTY CAPITAL		Person X
	6150 MISSION GORGE RD. STE 210	\$ 5,000.	Payroll Noncash
•	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)

age	4	

4 of Part 1

Name of organization

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number

Ω1	_21	60214	
フエ	Z. I.	OUZIG	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ARTHUR CANDLAND 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$5,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	BOB DOEDE 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(C) Total contributions	(d) Type of contribution
21_	LINDSEY & BROWNELL 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	_ _\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	CHIP LYMAN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	- \$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	UNION BANK 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	- - \$5,000.	(Complete Part II if there is a noncash contribution.
(a) Numbe	(b) r Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

1 to___

1 of Part II

Name of organization

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number

91-2160214

(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	

Name of organization

Employer identification number 91-2160214

WALDEN FAMILY SERVICES FOUNDATION, INC.

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000** or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (c) (d) (a) Description of how gift is held Use of gift No. from Purpose of gift Part I N/A (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) (b) (c) (a) Description of how gift is held No. from Purpose of gift Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (c) (d) (b) (a) Use of gift Description of how gift is held No. from Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) (c) (b) (a) Description of how gift is held Use of gift No. from Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number

k77\T	DEN FAMILY SERVICES FOUNDATIO	N TNC		91-2160214
Par	Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other S	imilar Funds or A	ccounts. Complete if
		(a) Donor advised fund	s (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			
5	Did the organization inform all donors and dor funds are the organization's property, subject	to the organization's exclusive leg	al control?	tes No
	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	TIL (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	163 110
Pai	till Conservation Easements. Compl	ete if the organization answ	ered 'Yes' to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (e.g., r			orically important land area
	Protection of natural habitat		Preservation of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organizati	on held a qualified conservation c	ontribution 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			
	b Total acreage restricted by conservation ease			
	c Number of conservation easements on a certi			
	d Number of conservation easements included structure listed in the National Register		<u>Z</u> a	
3	tax year ►			e organization during the
4	Number of states where property subject to c			
5	Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitoring, into it holds?	nspection, handling of	violations, Yes No
6	▶			
7	► \$			
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.			
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	ts conservation easements in its reve to the organization's financial sta	enue and expense stater tements that describes	ment, and balance sheet, and the organization's accounting for
Pa	Organizations Maintaining Coll Complete if the organization and	ections of Art, Historical Tr swered 'Yes' to Form 990, F	easures, or Other Part IV, line 8.	Similar Assets.
1	a If the organization elected, as permitted undart, historical treasures, or other similar asse in Part XIV, the text of the footnote to its fine	ets held for public exhibition, educations ancial statements that describes the	ation, or research in tu nese items.	rtnerance of public service, provide,
	b If the organization elected, as permitted und historical treasures, or other similar assets h following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VII	II, line 1	,,	
	(i) Revenues included in Form 990, Part VII(ii) Assets included in Form 990, Part X	· 		►\$
2	2 If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other s 3 116 (ASC 958) relating to these	similar assets for finan items:	cial gain, provide the following
	a Revenues included in Form 990, Part VIII, lin	ne 1,		
	b Assets included in Form 990, Part X			

nedule D (Form 990) 2011 WALDE	N FAMILY SE	RVICES FOUNDA	TION, INC.	91-2160		Page 2
nt III Organizations Maintai	ning Collectio	ns of Art, Histori	cal Treasures, or	Other Similar Asse	ts (continu	ed)
Using the organization's acquisition items (check all that apply):	on, accession, and	d other records, check	any of the following	that are a significant us	e of its collect	ion
a Public exhibition			exchange programs			
b Scholarly research		e Other _				
c Preservation for future genera				P. 1		
Provide a description of the organ Part XIV.					≯ I⊓	
During the year, did the organizat assets to be sold to raise funds ra	tion solicit or rece ather than to be m	ive donations of art, in taintained as part of	historical treasures, or the organization's coll	ection?	Yes	No
rt IV Escrow and Custodial line 9, or reported an a	Arrangement	s. Complete if the	e organization ans	swered 'Yes' to Forr	n 990, Part	IV,
a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary fo	or contributions or othe	er assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and c	omplete the following	ı table:			
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance.					Yes	No
a Did the organization include an a		90, Mart X, line 217.			1e2 [
b If 'Yes,' explain the arrangement of V Endowment Funds. Co	in Part XIV.	organization ansy	vered 'Yes' to Form	m 990 Part IV line	10	
Endowment Funds. Co	(a) Current year	(b) Prior year	(c) Two years back		(e) Four year	s back
a Beginning of year balance	·····		(a) The June 1235.	(4) 1.7.5.	()	
b Contributions			***		ALC: NO.	
	 					
c Net investment earnings, gains, and losses	,				100	
d Grants or scholarships					STATE TO A	
e Other expenditures for facilities and programs					a tradición de la companya de la companya de la companya de la companya de la companya de la companya de la co La companya de la co	
f Administrative expenses						
g End of year balance						
Provide the estimated percentage		ear end balance (line	1g, column (a)) held	as:		
a Board designated or quasi-endo	wment 🟲	%				
b Permanent endowment		0				
c Temporarily restricted endowme						
The percentages in lines 2a, 2b,						
3a Are there endowment funds not organization by:					Yes	No
(i) unrelated organizations					. 3a(i)	1
(ii). related organizations			.,.,.,.,.,.,.,		. 3a(ii)	
b If 'Yes' to 3a(ii), are the related					. 3b	1.
4 Describe in Part XIV the intende	ed uses of the org	anization's endowme	nt runas. ct V. line 10			
art VI Land, Buildings, and		Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book v	zalue
Description of property		(investment)	basis (other)	depreciation		alue
1 a Land			-			
b Buildings	[· ·					
c Leasehold improvements				,		
d Equipment e Other						
e Otner	mn (d) must saus	l Form 990 Part Y	column (R) line 10(c)) >		0.
otal. Add lines Ta through Te. (Colu AA	mii (u) must eque	a : 0(11) 220, 1 a(t A, C	Commit (D), mile 10(C).		dule D (Form 9	
_				-01100		-,

BAA

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

>

(10) (11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).

181,473.

Schedule D (Form 990) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC	. 91-2160214 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements N/A
1 Total revenue (Form 990, Part VIII, column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	,,
3 Excess or (deficit) for the year. Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
A Print	
9 Total adjustments (net). Add lines 4 through 8	3
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and Part XIII Reconciliation of Revenue per Audited Financial Statements W	th Pevenue per Return N/A
Pan XIII Reconciliation of Revenue per Addited Financial Statements	1
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV.). 2d	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1896
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV.)	
c Add lines 4a and 4b	4c
5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Return N/A
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	i e
b Prior year adjustments21	
c Other losses	
d Other (Describe in Part XIV.).	
e Add lines 2a through 2d.	
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. 4 b Other (Describe in Part XIV.). 4	
c Add lines 4a and 4b.	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II. lines 3.5. and 9: Part III.	lines 1a and 4: Part IV, lines 1b and 2b;
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	ed and 4b. Also complete this part to provide
any additional information.	
PART X - FIN 48 FOOTNOTE.	
·	
THE ORGANIZATION USES A LOSS CONTINGENCIES APPROACH F	OR EVALUATING UNCERTAIN TAX
	·
POSITIONS AND CONTINUALLY EVALUATES CHANGES IN TAX LA	W_AND_NEW_AUTHORITATIVE
RULINGS	

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Schedule **D** (Form 990) 2011

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Part XIV Supplemental Information (continue	ed)		
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2011 SCHEDULE D. PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 11-015 WALDEN FAMILY SERVICES FOUNDATION, INC. 1986 191-2160214

SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

SPECIAL EVENTS EXPENSES......

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number Name of the organization 91-2160214 WALDEN FAMILY SERVICES FOUNDATION, INC. Part 1 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants f Solicitation of government grants b Internet and email solicitations g X Special fundraising events Phone solicitations C d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (vi) Amount paid to (or retained by) (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (ii) Activity from activity or entity (fundraiser) have custody or control organization of contributions? column (i) Yes No 1 2 3 4 5 6 7 8 9 10 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Par		Fundraising Events. Complete if t more than \$15,000 of fundraising List events with gross receipts gre	event contributions	swered 'Yes' to For and gross income	rm 990, Part IV, lii on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
R			(a) Event #1 WINE D'VINE (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
#CZ#<#	1	Gross receipts	390,818.			390,818.
Ě	2	Less: Charitable contributions	217,808.			217,808.
	3	Gross income (line 1 minus line 2)	173,010.			173,010.
	4	Cash prizes				
D :	5	Noncash prizes				
D-RECT	6	Rent/facility costs	32,537.			32,537.
	7	Food and beverages	15,000.			15,000.
E X P	8	Entertainment	2,200.			2,200.
EXPENSES	9	Other direct expenses	12,840.			12,840.
S	10					
Pai	11 111	Net income summary. Combine line 3, co Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.			177, mie 15, or 16	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
n N	1	Gross revenue		,	-	
D X	2	Cash prizes				
D X I P R E S C S T	4	Rent/facility costs		1		
3						
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	profesional policies
	7	Direct expense summary. Add lines 2 th	rough 5 in column (d)			-
	8	Net gaming income summary. Combine	lines 1, column (d) and	line 7		•
	a Is t	ter the state(s) in which the organization o the organization licensed to operate gamin No,' explain:	g activities in each of th	nese states?		Yes No
•						
		ere any of the organization's gaming licens Yes,' explain:	es revoked, suspended	or terminated during th	e tax year?	

Schedule G (Form 990 or 990-EZ) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC.

91-2160214

che	dule G (Form 990 or 990-EZ) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214	Page 3
	Does the organization operate gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity operated in:	•
a	The organization's facility	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address >	
	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	No
b	of ryes,' enter the amount of gaming revenue received by the organization ►\$ and the amount	
c	of gaming revenue retained by the third party > \$ c if 'Yes,' enter name and address of the third party:	
	Name ►	
	Address ►	1
16	Garning manager information:	
	Name ►	
	Gaming manager compensation ► \$	
	Description of services provided ►	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	—
ĺ	state gaming license?	No
	organization's own exempt activities during the tax year ► \$	
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also com-	2b, plete
	this part to provide any additional information (see instructions).	
,		
		•

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

WALDEN FAMILY SERVICES FOUNDATION, Name of the organization

INC

Open to Publ 201

OMB No. 1545-0047

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

Employer identification number 91-2160214

Schedule R (Form 990) 2011 (g) Sec 512(b)(13) controlled entity? õ (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 (e)
Public charity status (if section 501(c)(3)) Part In 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 09/08/13 o (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) CA(b) Primary activity FOSTER FAMILY AND ADOPTION (b) Primary activity AGENCY BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity (a) Name, address, and EiN of related organization (1) WALDEN ENVIRONMENT, INC. 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120 94-2358632 | | | | 1 1 Ŧ 티 ଫ୍ରା ତ୍ର ତ୍ୟ ପ୍ର'

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Schedule R (Form 990) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC

Schedule R (Form 990) 2011 (h) Percentage ownership (k) Percentage ownership **Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) **Partill** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 'because it had one or more related organizations treated as a partnership during the tax year.) (j) General or managing partner? (g) Share of end-of-year assets ŝ Yes Code V-UBI
amount in box
20 of Schedule
K-1 (f) Share of total income (h)
Disproportionate
allocations? ŝ Yes (e)
Type of entity
(C corp, S corp,
or trust) (g) Share of end-of-year assets (c) (d)

Legal domicile (state or foreign controlling entity) (f) Share of total income TEEA5002L 05/24/11 (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (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 BAA 터 ଫ୍ରା 듼 \mathfrak{S}_{l}^{l} প্র ଙ୍ଗ

Page 3

INC Schedule R (Form 990) 2011 WALDEN FAMILY SERVICES FOUNDATION,

(c) (d) (d) Amount involved ' | Method of determining amount involved Yes FAIR VALUE FAIR VALUE 10 19 1 b 1 <u>_</u> 1 0 <u>r</u> ٢ 7 = 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.) Purchase of assets from related organization(s)..... j Lease of facilities, equipment, or other assets from related organization(s)................................. Performance of services or membership or fundraising solicitations for related organization(s) 179,866. 460,697. **b** Gift, grant, or capital contribution to related organization(s)...... During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-r) z 0 Other transfer of cash or property from related organization(s)..... Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity...... Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Sharing of paid employees with related organization(s)...... (a)
Name of other organization (1) WALDEN ENVIRONMENT, INC INC (2) WALDEN ENVIRONMENT, € (3)

Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 WALDEN FAMILY SERVICES FOUNDATION, INC.

Bart W 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. (D) General or managing partner? ŝ Yes Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (h)
Disproportionate
allocations? å Yes (g) Share of end-of-year assets (f) Share of total income 05/24/11 (e)
Are all partners section 501(c)(3) organizations? 2 TEEA5004L Yes Predominant Alincome (related, unre-lated, conded from tax under section 512-514) (c)
Legal domicile
(state or foreign country) (a)
Name, address, and EIN of entity | Primary activity | | | | | | | | | 1 111111 1 1 티 ପ୍ର ତ୍ର ତ୍ୱ 8 ୍ଧ ତ୍ରା **€**|

Schedule R (Form 990) 2011 P	age 5
Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
	
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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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

WALDEN FAMILY SERVICES FOUNDATION, INC.	91-2160214
FORM 990, PAGE 5, PART V. LINE 1A	
WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT FIL	LE 1099'S. ALL INDEPENDENT
CONTRACTORS EXPENSES ARE PAID BY ITS PARENT COMPANY	WALDEN_ENVIRONMENT, INC.
FORM 990, PAGE 5, PART V, LINE 1A	
WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT HAY	VE ANY EMPLOYEES, THEREFORE IT
DOES NOT FILE W-2'S.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE CFO REVIEWS THE 990 TAX RETURN FOR ACCURACY AND	THEN THE CHAIRPERSON REVIEWS AND
SIGNS RETURN.	,
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AN	ND ENFORCEMENT OF CONFLICTS
ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CO	NFLICT OF INTEREST POLICY. BOARD
MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFL	ICTS THROUGHOUT THE YEAR AND
REFRAIN FROM VOTING ON ANY TRANSACTION OR MATTER BE	FORE THE BOARD IN WHICH A
CONFLICT OR POSSIBLE CONFLICT EXISTS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS	S PUBLICLY AVAILABLE
THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FO	RM 990, FROM THE PREVIOUS THREE
YEARS, WILL BE AVAILABLE (FOR INSPECTION OF COPYING) AT THE ORGANIZATION'S MAIN
OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE	
FORM 990, PART VII - COMPENSATION EXPLANATION	
TERESA STIVERS	
ALL PAYROLL IS PAID BY WALDEN ENVIRONMENT, INC., A	RELATED ENTITY, AND ALLOCATED TO
WALDEN FAMILY FOUNDATION.	

9/01/1

schedule of supplemental information

PAGE 2

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WALDEN FAMILY SERVICES FOUNDATION: INC.

91-2160214

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DONATED SERVICES AND USE OF FACILITIES	\$ 18,000.
SPECIAL EVENT EXPENSES	 -62,577 <u>.</u>
TOTA	-44,577.

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

nternal Revenue				audit for each recurrin			(a.e.)	
If you are	e filing for an Automatic 3-l	Month Extension, comp	lete only Pa	art and check this box			► X	
 If you are 	e filing for an Additional (N	ot Automatic) 3-Month	Extension,	complete only Part I(on page 2 of this fo	orm).	. 00CD		
				c 3-month extension on a previously file				
corporation (request an e	required to file Form 990-1), or an additional (not a of the forms listed in F off Contracts, which mu	automatic) a Part I or Par st be sent to	a 3-month automatic extension of time to 3-month extension of time. You can elect t II with the exception of Form 8870, Info the IRS in paper format (see instruction tharities & Nonprofits.	ormatic	ny me rom on Return fo	r Transfers	
				it original (no copies needed).				
A corporatio	n required to file Form 990	-T and requesting an a	ıtomatic 6-r	nonth extension- check this box and co	mplete	Part I only.		
All other coi income tax	porations (including 1120-	C filers), partnerships, f	REMICS, and	d trusts must use Form 7004 to request	an exte	ension of tir	ne to file	
	Enter filer's identifying n					number, see instructions over identification number (EIN) or		
	Name of exempt organization or	other filer, see instructions.			Employe	r identification	number (Eliv) or	
Type or print						W 01 0160014		
-	WALDEN FAMILY SERVICES FOUNDATION, INC. Number, street, and room or suite number. If a P.O. box, see instructions.			-	X 91-2160214 Social security number (SSN)			
File by the due date for	· · · · · · · · · · · · · · · · · · ·		Wichous.	•				
filing your return, See instructions.	6150 MISSION GO	RGE ROAD #ZIU	ess see instruc	tions.	Щ			
ilizilucuotis.	1		200 000	e 3				
	SAN DIEGO, CA 9	ZIZU				•		
Enter the R	leturn code for the return ti	nat this application is fo	r (file e sep	arate application for each return)			01	
Application	1		Return	Application Is For			Return Code	
Form 990			01	Form 990-T (corporation)			07	
Form 990-	3L		02	Form 1041-A			08	
Form 990-EZ		01	Form 4720			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069			11		
Form 990-	T (trust other than above)		06	Form 8870			12	
Telepho If the o If this check the ex until	is for a Group Return, ente this box ► If it i tension is for, juest an automatic 3-montr 8/15, 20 12	an office or place of burthe organization's four s for part of the group, (6 months for a corpor, to file the exempt or	siness in the digit Group check this batton require	b. ► 619-584-5757 The United States, check this box Exemption Number (GEN) The property of the property of time and the property of the organization named above	f this is ames a	for the who	ole group,	
	extension is for the organix X calendar year 20 11 tax year beginning		_, and endi	ng, 20				
	e tax year entered in line 1 Change in accounting perio		iths, check i	reason: Initial return Fi	nal retu	urn		
non	refundable credits. See ins	tructions		9, enter the tentative tax, less any		\$	0.	
pay	ments made. Include any p	rior year overpayment	allowed as a	any refundable credits and estimated to a credit	3,	\$	0.	
c Bai	ance due.Subtract line 3b IPS (Electronic Federal Ta	from line 3a. Include yo x Payment System). Se	ur payment e instruction	with this form, if required, by using	. 34	\$	0.	
Caution.	If you are going to make a instructions.	n electronic fund withdr	awal with th	is Form 8868, see Form 8453-EO and F	orm 88	/9-EO for		