## 2012 Exempt Org. Return prepared for:

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

Leaf & Cole, LLP 2810 Camino Del Rio South, Suite 200 San Diego, CA 92108-3820

### Form 990

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Α	For the 2	2012 calen	dar year, or tax year beginr	ning	, 2012, a	and ending	9	,		
В	Check if app	plicable;	С				D	Employer Identifi	cation Number	
	Addres	ss change	WALDEN ENVIRONMEN	NT, INC.				94-23586	32	
	Name	change	DBA: WALDEN FAMII				E	Telephone number	er	<del></del>
	Initial r	*	6150 MISSION GORO	SE ROAD #210			İ	619-584-	5777	
	Termin		SAN DIEGO, CA 921	L20			<u> </u>	013 301	3777	
							٦	Gross receipts \$	5,880,	725
		ded return	E None and address of allesian	-#i MEDECA CHI	TTEDC			oup return for affili		X  <sub>No</sub>
	Applica	ation pending		officer: TEREŞA STI	LVERS		• •			No No
			SAME AS C ABOVE		1,0,000,0,000	1	If 'No,' atta	ates included? ch a list. (see instr	ructions)	□ I NO
<u> </u>		npt status	X 501(c)(3) 501(c) (	)∢ (insert no.)	4947(a)(1) or	527		_		
<u>J</u>	Websit		W.WALDENFAMILY.OR	·····	<del></del>		· · · · · · · · · · · · · · · · · · ·	nption number		
K		organization:	X Corporation Trust	Association Other	L Ye	ear of Formati	ion: 1976	M State of le	gal domicite: CA	
Pε	rt I	<u>Summar</u>	У							
			be the organization's mission							
ψ			<u> AGENCY WHICH IS</u>							
풊	<u>O</u> I	<u>F_FOSTE</u>	<u> R_AND_ADOPTIVE_PA</u>	RENTS, AND THE	PLACEMEN	NT_OF_E	<u>OSTER AN</u>	<u>ID ADOPTI</u>	<u>VE_CHILDR</u>	<u>EN.</u> _
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õ			ox 🕨 📗 if the organization						ets.	_
∾ধ			oting members of the gover idependent voting members							8
S			r of individuals employed in						<del></del>	8 63
寰	1		r of volunteers (estimate if r	- ,						0
Activities & Governance			ed business revenue from F						******	0.
			d business taxable income f							$\frac{0}{0}$
				· · · · · · · · · · · · · · · · · · ·				r Year	Current Ye	
	8 Co	ntributions	s and grants (Part VIII, line	1h)	,					625.
Revenue			vice revenue (Part VIII, line					56,368.	5,769,	
Ş.	1	_	ncome (Part VIII, column (A	= -				184.		65.
æ			ue (Part VIII, column (A), lin							
	12 To	tal revenu	e – add lines 8 through 11	(must equal Part VIII, co	olumn (A), lir	ne 12)	5,9	56,552.	5,880,	735.
	<b>13</b> Gra	ants and s	imilar amounts paid (Part I	X, column (A), lines 1-3	)				<u> </u>	
	<b>14</b> Be	nefits paid	t to or for members (Part IX	(, column (A), line 4)						
	15 Sa	laries, oth	er compensation, employee	benefits (Part IX, colur	nn (A), lines	5-10)	2.5	95,684.	2,445,	322.
Ses	16a Pro	ofessional	fundraising fees (Part IX, c	olumn (A). line 11e)			<u> </u>	,	· · · ·	
Expenses			sing expenses (Part IX, colo							
峾	1		ses (Part IX, column (A), lir	-				70 051	2 000	FOC
	1	•						370,251.	3,206,	
	1		ses. Add lines 13-17 (must e	-				965, 935.	5,651,	
		evenue res	s expenses. Subtract line 18	5 Irom line 12				<u>-9,383.</u>		<u>, 907.</u>
ets	оо то	tal agasta	(Dort V. line 16)					f Current Year	End of Ye	
Ass	20 To 21 To		(Part X, line 16)es (Part X, line 26)					206,131.	1,478,	
Net Assets Fund Baland	21 10							513,599.		,208.
	22   140		r fund balances. Subtract lin	ne 21 from line 20				592,532.	921	<u>,439.</u>
			re Block	F						
Und	er penalties plete, Declai	of perjury, 1 d ration of prep	leclare that I have examined this retu arer (other than officer) is based on a	rn, including accompanying school all information of which preparer	edules and staten has any knowled	nents, and to i lge.	the best of my kr	owledge and belie	ef, it is true, correct,	and
		<u> </u>	TAYDAV	FRC COPY		· ·- · · · · · · · · · · · · · · · ·				
e:		Signati	ure of officer	LITO DOLL			Date		<del> </del>	
Sig He	yn re	מיטייי 🕨	יבים פיידניביםפ				EVECTION	TUE DIDEC	יש∩ם	
110			ESA STIVERS or print name and title.				EXECUT	IVE DIREC	.1.UR	
			preparer's name	Preparer's signature		Date		eck X if	PTIN	
_	: -1	1 "		' '				CCK M		
Pa			A. FIRL	JÜLIE A. FIRL	<del> </del>	8/14/	TO Sel	f-employed .	P00085551	
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US	e Only	Firm's addi			SUITE 200	U		m's EIN ► 95-		
		<u></u>		A 92108-3820	L . P . S				294.7200	<del></del>
Ma	y the IRS	discuss t	his return with the preparer	shown above? (see inst	tructions)				X Yes	No_

	990 (2012) WALDEN ENVIRONMENT, INC.	94-2358632	Page 2
	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		- <b>-</b>
	~		
2	Did the organization undertake any significant program services during the year which were not listed on the p	orior	
	Form 990 or 990-EZ?	Y	es X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	res 🛛 No
	If 'Yes,' describe these changes on Schedule O.	,	_
4	Describe the organization's program service accomplishments for each of its three largest program section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	ervices, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	, of grants and allocation	ons to
	others, the total expenses, and revenue, if any, for each program service reported.		
4 -	(Code: \(\sigma\) (European & 4.405 205 including quarters & \(\delta\)	(Revenue \$ 5.	004 700 \
4 a		(Revenue \$ 5	.084,723.)
	SEE SCHEDULE O		
		·	
4 b	(Code: ) (Expenses \$ 323,552, including grants of \$	(Revenue \$	325,300.)
	ADOPTION:		
	WALDEN FAMILY SERVICES IS COMMITTED TO THE CHILD'S NEED FOR A P	ERMANENT HOME	. IN
	ORDER TO FACILITATE STRONG ATTACHMENTS, WALDEN PROVIDES TRAININ	IG AND SUPPORT	ÏVE
	THERAPY FOR THE FAMILY AND CHILD. IN ADDITION, POST ADOPTIVE S	ERVICES ARE F	ROVIDED
	AFTER THE LEGAL ADOPTION SERVICES ARE FINALIZED. WALDEN IS COM	MITTED TO FAC	ILITATING
	THE FAMILY'S ADJUSTMENTS AS THE CHILD GROWS THROUGH EACH DEVELO	PMENTAL STAGE	INTO
	EARLY ADULTHOOD.		
1.	(Code: ) (Expenses \$ 220,104, including grants of \$ )	(Revenue \$	010 751 \
40		(Revenue \$	213,751.)
	SAN BERNARDINO AFTER CARE:	DOIDE CERTIC	
	WALDEN IS CONTRACTED WITH SAN BERNARDINO COUNTY TO PROVIDE AFTE		
	HIGH DESERT FOR 18-21 YEAR OLDS. WALDEN'S AFTERCARE PROGRAM IS		
	THAT ASSISTS FORMER FOSTER YOUTH WITH OVERCOMING THE CHALLENGES		
	LEAVING FOSTER CARE. WE BELIEVE FORMER FOSTER YOUTH HAVE WHAT		
	AND SUPPORT THEM IN COMMON AREAS THAT FORMER FOSTER YOUTH OFTEN		
	AS, DAILY LIFE SKILLS, MEDICAL, DENTAL AND EMOTIONAL HEALTH, ME		
	ASSISTANCE, EMPLOYMENT ASSISTANCE, HOUSING ASSISTANCE AND PERMA	<u>NENT CONNECTI</u>	:ON
	SUPPORT.		
4 0	Other program services. (Describe in Schedule O.)  SEE SCHEDULE O		
	(Expenses \$ 100,376. including grants of \$ ) (Revenue	\$ 98,5	96.)
46	Total program service expenses ► 5,140,417.		
BAA			Form <b>990</b> (2012)

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Form 990 (2012) WALDEN ENVIRONMENT, INC.

Part V Checklist of Required Schedules

1

			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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? 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		X.
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		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	
	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, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	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
	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 5 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	ļ	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	a Did 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	ı	1

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Part V 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		Х
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		Х
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		Х
24 8	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
k	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
k	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	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		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
	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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
l	alf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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# Form 990 (2012) WALDEN ENVIRONMENT, 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				للن
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	20			3.5
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			50.0
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin (gambling) winnings to prize winners?	ng 	1 c	Х	
2 a	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 2 a	63			dia.
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> , (see instructions)		20	71	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3 b		<u></u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over				<u> </u>
	financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country:	nt)?	4 a		X
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accou	unto			
5.0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a	3 2	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5 b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		<u> </u>
			5 C		<del>                                     </del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organicit any contributions that were not tax deductible as charitable contributions?		6a		X
	lf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts wern not tax deductible?	e 	6b		
7	Organizations that may receive deductible contributions under section 170(c).				3013
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?		7 a		X
	of Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file	7с		Х
d	He is a second of the number of Forms 8282 filed during the year			500 500	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ct?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizatio supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess by holdings at any time during the year?	ns. Did the siness	8		
9	Sponsoring organizations maintaining donor advised funds.			1112	
	Did the organization make any taxable distributions under section 4966?		9 a		a attenuation craimi desiral
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b				
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders		111111		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	• • • • • • • • • • • • • • • • • • • •	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	·			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	.,,,	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
	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				
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14b	L	

Form 990 (2012) WALDEN ENVIRONMENT, INC. 94-2358632 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI...... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year.....
If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad
authority to an executive committee or similar committee, explain in Schedule O. 1 a **b** Enter the number of voting members included in line 1a, above, who are independent..... 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . 5 Did the organization have members or stockholders?.... 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8 a b Each committee with authority to act on behalf of the governing body?..... X 8h Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes 10a Did the organization have local chapters, branches, or affiliates?..... X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.....SEE SCHEDULE. O...... X 12 c X 13 Did the organization have a written whistleblower policy?..... 13  $\overline{X}$ 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15 a b Other officers of key employees of the organization..... 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?..... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 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 Other (explain in Schedule O) X Upon request 19 Describe in Schedule 0 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: 20

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## 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Œ) (F) Reportable compensation from Reportable compensation from Estimated amount of other Name and Title Average hours per week (list any hours for related compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Former Individual Officer (ey employee lighest compensated Stutional director organiza-tions and related organizations below dotted Itrustee SEE SCHEDULE O (1) ARLENE LIEBERMAN 0 Х BOARD MEMBER 0 0 0 0. (2) LESLIE LEVINSON 1 BOARD MEMBER 0 Х 0 0 0. 1 (3) ADAM RAJAH GAINEY BOARD MEMBER 0 Х 0. 0 0. (4) LEE WILLS-IRVINE 1 BOARD MEMBER 0 Х 0 0 0. 40 (5) SUSAN EVANS 0 X 0 DIRECTOR OF OPS 92,516 0. (6) MARYANNE CARLIN, CPA 1 TREASURER X 0 0 0 0. (7) RITA SZCZOTKA VICE CHAIR 0 0 0 0. (8) JENNIFER CHAVEZ 1 X 0 SECRETARY 0 0 0. (9) MICHELLE WALSH-OZANNE 1 CHAIR 0 Х 0 0 0. (10)TERESA STIVERS 19 EXECUTIVE DIR. 21 Χ 15,216. 43,727 47,601 (11)(12)(13)(14)

Page 8

Part VIE Section A. Officers, Directors, Tru	(B)	\Cy		(C)	_	5, a		i riigilest com	pensateu Linpi	Oyees (com)
(A) Name and title	Average hours per week	offic	not ch unles er and	s per	rson is irector	s both ⁄truste	an ee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	(list any hours for related organiza tions dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	ă	tee			saled				
(15)		-						·		
(16)										V, 140
(17)										
(18)										
(19)	<del> </del>									— 6 to 10*
(20)										<del> </del>
(21)					-					
(22)										4. 440
(23)				į				!		
(24)										
(25)										
1 b Sub-total							<b>-</b>	136,243.	47,601.	15,216.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>-</b>	0. 136,243.	0. 47,601.	0. 15,216.
2 Total number of individuals (including but not limited from the organization ► 0								more than \$100,00		ensation
	· · · · · · · · · · · · · · · · · · ·		_							Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	h individi	ıal								3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab r than \$	le co 150,0	mpei 00? <i>i</i>	nsat <i>If 'Y</i> 	tion 'es' d	and comp	oth olet	er compensation te Schedule J for	from 	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper s,' comple	nsatio	n fro ched	om a ule .	any ι <i>J for</i>	unrel suc	late h p	ed organization or person	individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensation.	cated ind	enon	dont		ntrac	tore	the	at received more t	han \$100 000 of	
compensation from the organization. Report compen	sation for	the c	alenc	dar y	/ear	endir	ng v	with or within the or	ganization's tax year	
Name and business addr	ess							Description	of services	(C) Compensation
2 Total number of independent contractors (including be \$100,000 in compensation from the organization		ited te	o tho	se li	sted	abov	ve)	who received more	than	are significant for
RAA	<u>U</u>	TEEAC	1100	01.0	4 CI D					Form <b>991</b> (2012

Form 990 (2012) WALDEN ENVIRONMENT, INC 94-2358632 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII..... (B) Related or **(C)** Unrelated (A) Total revenue Revenue exempt business excluded from tax under sections 512, 513, or 514 function revenue revenue PROGRAM SERVICE REVENUE 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 . . . 111,625 g Noncash contributions included in Ins 1a-1f: h Total. Add lines 1a-1f..... 111,625 Business Code 2a FEES & CONTRACTS GOV AGENCIES 624100 5,397,070 5,397,070 b ADOPTION REVENUE 624110 325,300. 325,300 900099 46,675 46,675 OTHER PROGRAM REVENUE f All other program service revenue... g Total. Add lines 2a-2f..... 5,769,045 Investment income (including dividends, interest and other similar amounts)..... 65 65. Income from investment of tax-exempt bond proceeds. Royalties..... (i) Real (ii) Personal 6a Gross rents..... b Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss)..... OTHER REVENUE

	7 a Gross amount from sales of assets other than inventory.	(i) Securities	(ii) Other		i versione de la company. La companya de la c		
	<b>b</b> Less: cost or other basis and sales expenses					and the state of t	
	c Gain or (loss) d Net gain or (loss)					gardi Gotto dalli sagrifica Gotto de Nadola Scretch	
HEK KEVENUE	8a Gross income from fund (not including. \$	draising events					
Ë	See Part IV, line 18						
5	<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from</li></ul>		ents				
	9a Gross income from gan See Part IV, line 19	ning activities.	·				
	<b>b</b> Less: direct expenses. ,	b					
	c Net income or (loss) fro	om gaming activit	ies				Laborate School and the second and t
	<b>10a</b> Gross sales of inventor and allowances	y, less returns					
	<b>b</b> Less: cost of goods sole	d <b>b</b>					
	<b>c</b> Net income or (loss) fro	om sales of inven	tory ▶				
	Miscellaneous Reven	ue	Business Code				
	11a						
	b						
	с						
	<b>d</b> All other revenue						
	e Total. Add lines 11a-11						
	12 Total revenue. See inst	tructions	*	1 0,000,100.	5,769,045.	0.	<u>65.</u>
ДД	L		TEE	A0109L 12/17/12			Form <b>990</b> (2012)

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#### Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a r		n in this Part IX		,,,,,,,,,,,,,,,
Do r 7b, a	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.		200		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	132,433.	47,394.	85,039.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,742,379.	1,563,149.	179,230.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	434,029.	366,856.	67,173.	
10	Payroll taxes	136,481.	116,944.	19,537.	
	Fees for services (non-employees):				
	a Management				<del></del>
	Legal	250.	250.	0.5 750	
	Accounting	26,750.		26,750.	<del></del>
	d Lobbying				
	Investment management fees				<u> </u>
	Other. (If line 11g amt exceeds 10% of line 25, col-				
	umn (A) amt, list line 11g expenses on Sch 0)	85,814.	78,075.	7,739.	
	Advertising and promotion	41,143.	38,576.	2,567.	
13	Office expenses	28,266.	22,345.	5,921.	
14 15	Information technologyRoyalties				
16	Occupancy.	242,826.	218,196.	24,630.	
17	Travel	109,267.	105,844.	3,423.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	1.03,207.	103,044.	J/ 12.0 .	
19	Conferences, conventions, and meetings	18,933.	14,087.	4,846.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,749.	11,309.	13,440.	
23 24	Insurance  Other expenses. Itemize expenses not	104,868.	95,463.	9,405.	
:4.7	covered above (List miscellaneous expenses				
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a FOSTER PARENTS	2,203,730.	2,203,730.		
	b MISC_EXPENSE	65,096.	36,742.	28,354.	
	TELECOMMUNICATION	61,672.	52,915.	8,757.	
	d EMANCIPATED YOUTH	47,324.	47,324.	0.4.600	
	e All other expenses.	145,818.	121,218.	24,600.	
25	· · · · · · · · · · · · · · · · · · ·	5,651,828.	5,140,417.	511,411.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
BAZ		<u></u>		<u>l</u>	Form <b>990</b> (2012)

Part X Balance Sheet

r a

		Check if Schedule O contains a response to any question in this Part X			.,.,,
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Ī	1	Cash - non-interest-bearing	222,124.	1	456,093.
	2	Savings and temporary cash investments	64,732.	2	170,193.
į	3	Pledges and grants receivable, net	·	3	
j	4	Accounts receivable, net	637,286.	4	683,216.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
_	6	Loans and other 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). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
T	9	Prepaid expenses and deferred charges	26,428.	9	56,958.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
		Less: accumulated depreciation	41,758.	10 c	41,879.
	11	Investments – publicly traded securities.	,	11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related, See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	213,803.	15	70,308.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,206,131.	16	1,478,647.
	17		468,579.	17	525,119.
	18	Grants payable		18	
	19	Deferred revenue		19	
ŀ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŀ	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
T	23	Secured mortgages and notes payable to unrelated third parties	3,733.	23	
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.	41,287.	25	32,089.
	26	Total liabilities. Add lines 17 through 25.	513,599.	26	557,208.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	n variously a line and because land one les		
S	27	Unrestricted net assets	692,532.	27	884,447.
<b>∢ഗഗ⊞-ഗ</b>	28	Temporarily restricted net assets		28	36,992.
	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
DZC		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds.		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds	200 -05	32	004 105
<b>めずつ とび しゅう</b>	33	Total net assets or fund balances.	692,532.	33	921,439.
	34	Total liabilities and net assets/fund balances	1,206,131.	34	1,478,647.
BA	4				Form <b>990</b> (2012)

Form	n 990 (2012) WALDEN ENVIRONMENT, INC. 94	-2358632		Pag	ge <b>12</b>
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	.,,,,,,,,,,,,,,			. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	5,8	80,7	35.
2	Total expenses (must equal Part IX, column (A), line 25).	. 2	5,6	51,8	28.
3	Revenue less expenses. Subtract line 2 from line 1	. 3		28,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		92,5	
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
******	column (B))	. 10	9:	21,4	<u>39.</u>
Par	rt XII Financial Statements and Reporting	, ,			
	Check if Schedule O contains a response to any question in this Part XII				. , 🔲
	West to be a second of the sec			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 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	1	Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie separate basis, consolidated basis, or both:	wed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
t	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:	ırate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc review, or compilation of its financial statements and selection of an independent accountant?	lit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Х	And the second

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

Form 990 (2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

WALDEN ENVIRONMENT, INC.

OMB No. 1545-0047

Employer identification number

Open to Public

DBA: WALDEN FAMILY SERVICES 94-2358632 Part 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv), (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). 9 (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. 11 Type I Type III — Functionally integrated Type III — Non-functionally integrated 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? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization?.... A family member of a person described in (i) above?..... 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) h Provide the following information about the supported organization(s). (v) Did you notify the organization in column (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) Is the organization in column (i) organized in the (i) Name of supported organization (ii) EIN (iv) is the organization in (vii) Amount of monetary support organization in column (i) listed in your governing document? Yes No Yes No Yes (A) (B) (C) (D) (E) Total

#### Part I 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.)

Sec	tion A. Public Support						, <del></del>
begii	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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			• •			
<b>4</b> 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					opportunity politically is at	
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		region de l'Articles con la transfer de l'Articles	alay karangan Managan			
12	Gross receipts from related activ	vities, etc (see ins	tructions)				
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	012 (line 6, colum	n (f) divided by lir	ne 11, column (f))		14	%
15	Public support percentage from	2011 Schedule A,	Part II, line 14				%
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, a	nd the line 14 is 3	3-1/3% or more,	check this box
k	33-1/3% support test — 2011. If and stop here. The organization	the organization o qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is	33-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	est – <b>2012.</b> If the meets the 'facts-and-circumstand	organization did n and-circumstance: es' test. The orga	ot check a box or s' test, check this nization qualifies	n line 13, 16a, or box and <b>stop her</b> as a publicly sup	16b, and line 14 is e. Explain in Part ported organizatio	s 10% IV how on
k	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	est – 2011. If the meets the 'facts-a d-circumstances'	organization did r and-circumstance test. The organiza	ot check a box or s' test, check this ation qualifies as	n line 13, 16a, 16l box and <b>stop her</b> a publicly support	o, or 17a, and line e. Explain in Part ed organization	15 is 10% IV how the
18	Private foundation. If the organ	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	s box and see ins	structions 🟲 🗌

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						
	ar year (or fiscal yr beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include						
	any 'unusual grants.') [	91,297.	715,247.	608,101.		111,625.	1,526,270.
	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	0 7/2 120	7 695 441	6 737 320	5 056 360	5 769 045	34,891,322.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	0,743,139.	7,005,441.	6,737,329.	3,950,506.	5, 109, 045.	
	Tax revenues levied for the organization's benefit and either paid to or expended on					·	0.
5	its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	8,834,436.	8,400,688.	7,345,430.	5,956,368.	5,880,670.	36,417,592.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or	0.		<u> </u>	0.	0.	:
	1% of the amount on line 13 for the year	0.	0.	o.	0.	O.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	0.	0.	0.	U.	0.	0.
•	7c from line 6.)						36,417,592.
Sect	tion B. Total Support						
	non B. Total Support						
	• •	(2) 2008	<b>(P)</b> 5000	(c) 2010	(4) 2011	(a) 2012	(f) Total
Calend	lar year (or fiscal yr beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
Calend 9	lar year (or fiscal yr beginning in) ► Amounts from line 6	(a) 2008 8,834,436.	<b>(b)</b> 2009 8,400,688.		· · ·	(e) 2012 5,880,670.	<u> </u>
Calend 9 10 a	lar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		8,400,688.		· · ·		<u> </u>
Calend 9 10 a	lar year (or fiscal yr beginning in) Amounts from line 6	8,834,436. 5,726.	8,400,688. 6,894.	7,345,430. 952.	5,956,368.	5,880,670. 65.	36,417,592. 13,821.
Calend 9 10 a b	lar year (or fiscal yr beginning in) Amounts from line 6	8,834,436.	8,400,688.	7,345,430.	5,956,368.	5,880,670.	13,821.
Calend 9 10 a b	lar year (or fiscal yr beginning in) Amounts from line 6	8,834,436. 5,726.	8,400,688. 6,894.	7,345,430. 952.	5,956,368.	5,880,670. 65.	36,417,592. 13,821.
Calend 9 10 a b c 11	lar year (or fiscal yr beginning in) Amounts from line 6	8,834,436. 5,726.	8,400,688. 6,894.	7,345,430. 952.	5,956,368.	5,880,670. 65.	36,417,592.  13,821.  0.  13,821.
Calend 9 10 a b c 11	lar year (or fiscal yr beginning in) Amounts from line 6	5,726. 5,726.	6,894. 6,894.	7,345,430. 952. 952.	5,956,368. 184.	5,880,670. 65.	36,417,592.  13,821.  0.  13,821.  0.
Calend 9 10 a b c 11	lar year (or fiscal yr beginning in) Amounts from line 6	5,726. 5,726.	6,894. 6,894. 8,407,582.	7,345,430. 952. 952.	5, 956, 368. 184. 184.	5,880,670. 65. 65.	36,417,592.  13,821.  0.  13,821.  0.  36,431,413.
Calend 9 10 a b c 11 12	lar year (or fiscal yr beginning in) ► Amounts from line 6	8,834,436. 5,726. 5,726. 8,840,162. is for the organiz stop here	6,894. 6,894. 8,407,582. ation's first, secon	7,345,430. 952. 952.	5, 956, 368. 184. 184.	5,880,670. 65. 65.	36,417,592.  13,821.  0.  13,821.  0.  36,431,413.
Calend 9 10 a b c 11 12	lar year (or fiscal yr beginning in) Amounts from line 6	8,834,436. 5,726. 5,726.  8,840,162. is for the organizatop here	8,400,688. 6,894. 6,894. 8,407,582. ation's first, second	7,345,430.  952.  952.  7,346,382.  ad, third, fourth, contractions of the contraction of	5, 956, 368.  184.  184.  5, 956, 552.  or fifth tax year as	5,880,670. 65. 65. 5,880,735. a section 501(c)	36,417,592. 13,821. 0. 13,821. 0. 36,431,413. (3). ►
Calence 9 10 a b C 11 12 13 14 Sec 15	lar year (or fiscal yr beginning in) Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	8,834,436. 5,726. 5,726.  8,840,162. is for the organizatop hereblic Support Pol (line 8, column)	8,400,688. 6,894. 6,894. 8,407,582. ation's first, secondercentage n (f) divided by lin	7,345,430. 952. 952. 7,346,382. ad, third, fourth, one 13, column (f)	5, 956, 368.  184.  184.  5, 956, 552.  or fifth tax year as	5,880,670. 65. 65. 5,880,735. a section 501(c)	36,417,592.  13,821.  0.  13,821.  0.  36,431,413.  (3)  99.96 %
Calence 9 10 a b c 11 12 13 14 Sec 15 16	lar year (or fiscal yr beginning in) Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage from	8,834,436. 5,726. 5,726. 5,726.  8,840,162. is for the organizatop hereblic Support PD12 (line 8, column 2011 Schedule A,	8,400,688. 6,894. 6,894. 8,407,582. ation's first, secon Percentage n (f) divided by lin Part III, line 15.	7, 345, 430.  952.  952.  7, 346, 382.  d, third, fourth, one 13, column (f)	5, 956, 368.  184.  184.  5, 956, 552.  or fifth tax year as	5,880,670. 65. 65. 5,880,735. a section 501(c)	36,417,592. 13,821. 0. 13,821. 0. 36,431,413. (3). ►
Calence 9 10 a b c 11 12 13 14 Sec 15 16 Sec	lar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Purblic support percentage for 20 Public support percentage from tion D. Computation of Inv	8,834,436. 5,726. 5,726. 5,726.  8,840,162. is for the organiz stop here. blic Support Port Port (line 8, column 2011 Schedule A, restment Incor	8,400,688. 6,894. 6,894.  6,894.  8,407,582. ation's first, second secon	7, 345, 430.  952.  952.  7, 346, 382.  nd, third, fourth, one 13, column (f)	5, 956, 368.  184.  184.  5, 956, 552.  or fifth tax year as	5,880,670. 65. 65. 5,880,735. a section 501(c)	36,417,592.  13,821.  0.  13,821.  0.  36,431,413.  (3)  99.96 % 99.93 %
Calence 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	lar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the supp	8,834,436. 5,726. 5,726. 5,726.  8,840,162. is for the organizatop here. D12 (line 8, column 2011 Schedule A, restment Incorror 2012 (line 10c,	8,400,688. 6,894. 6,894. 6,894. ation's first, second recentage n (f) divided by ling Part III, line 15. me Percentage column (f) divided	7, 345, 430.  952.  952.  7, 346, 382.  nd, third, fourth, one 13, column (f)	5, 956, 368.  184.  184.  5, 956, 552.  or fifth tax year as	5,880,670. 65. 65. 5,880,735. a section 501(c)	36,417,592.  13,821.  0.  13,821.  0.  36,431,413.  (3)  99.96 % 99.93 %  0.04 %
Calence 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	lar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the su	8,834,436. 5,726. 5,726. 5,726.  8,840,162. is for the organizatop here. D12 (line 8, column 2011 Schedule A, restment Incorror 2012 (line 10c, from 2011 Schedule Corrom 2011 Sc	8,400,688. 6,894. 6,894. 6,894.  8,407,582. ation's first, second percentage n (f) divided by ling Part III, line 15. me Percentage column (f) divided lile A, Part III, line	7, 345, 430.  952.  952.  7, 346, 382.  nd, third, fourth, one 13, column (f)  e d by line 13, column 17.	5, 956, 368.  184.  184.  5, 956, 552.  or fifth tax year as as a second control of the control	5,880,670. 65. 65. 5,880,735. a section 501(c)	36,417,592.  13,821.  0.  13,821.  0.  36,431,413.  3)  99.96 % 99.93 %  0.04 % 0.07 %
Calence 9 10 a b b c 11 12 13 14 Sec 17 18 19 a	lar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the supp	8,834,436. 5,726. 5,726. 5,726.  8,840,162. is for the organization here	8,400,688. 6,894. 6,894. 6,894.  8,407,582. ation's first, second	7, 345, 430.  952.  952.  7, 346, 382.  nd, third, fourth, one 13, column (f)  e d by line 13, column (f)  e box on line 14, nization qualifies	5, 956, 368.  184.  184.  5, 956, 552.  or fifth tax year as a publicly supplied as a publi	5,880,670. 65. 65. 5,880,735. a section 501(c) 15. 16 17 18 te than 33-1/3%, sorted organizatio	36,417,592.  13,821.  0.  13,821.  0.  36,431,413.  3)  99.96 % 99.93 %  0.04 % 0.07 %  and line 17 n ▼ X
Calence 9 10 a b b c 11 12 13 14 Sec 17 18 19 a	lar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage from the support percentage from 1  Investment income percentage from 1  Investment income percentage for 33-1/3% support tests — 2012. In 1	8,834,436. 5,726. 5,726. 5,726.  8,840,162. is for the organization here	8,400,688. 6,894. 6,894. 6,894.  8,407,582. ation's first, second	7, 345, 430.  952.  952.  7, 346, 382.  nd, third, fourth, one 13, column (f)  e d by line 13, column (f)  e box on line 14, nization qualifies	5, 956, 368.  184.  184.  5, 956, 552.  or fifth tax year as a publicly supplied as a publi	5,880,670. 65. 65. 5,880,735. a section 501(c) 15. 16 17 18 te than 33-1/3%, sorted organizatio	36,417,592.  13,821.  0.  13,821.  0.  36,431,413.  3)  99.96 % 99.93 %  0.04 % 0.07 %  and line 17 n ▼ X

Schedule A	(Form 990 or 990-EZ) 2012	WALDEN I	ENVIRONMENT,	INC.	94-2358632	Page 4
Part IV	Supplemental Inform Part II, line 17a or 17 (See instructions).	<b>ation.</b> Comp b; and Part II	lete this part to I, line 12. Also	provide the explanat complete this part fo	tions required by Part II, line r any additional information	∍ <b>1</b> 0;
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		<del>-</del>	. – – – – – –			
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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

2012

Name of the organization WALDEN ENVIRONMENT, INC.		
DBA: WALD	EN FAMILY SERVICES	94-2358632
Organization type (check one):		·
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) orga	nization
	4947(a)(1) nonexempt charitable tru	ust <b>not</b> treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	1
	4947(a)(1) nonexempt charitable tru	ust treated as a private foundation
	501(c)(3) taxable private foundation	ı
Check if your organization is cover	red by the <b>General Rule</b> or a <b>Special Rule</b>	
Note. Only a section 501(c)(7), (8)	), or (10) organization can check boxes for both the G	eneral Rule and a Special Rule. See instructions.
General Rule  [X] For an organization filing Form 9 contributor. (Complete Parts I	990, 990-EZ, or 990-PF that received, during the year, \$5,0 and II.)	000 or more (in money or property) from any one
Special Rules		
☐ 509(a)(1) and 170(b)(1)(A)(vi)	zation filing Form 990 or 990-EZ that met the 33-1/3% and received from any one contributor, during the yea orm 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1.	ar, a contribution of the greater of (1) \$5,000 or
total contributions of more that	10) organization filing Form 990 or 990-EZ that received fr in \$1,000 for use <i>exclusively</i> for religious, charitable, s ildren or animals. Complete Parts I, II, and III.	rom any one contributor, during the year, scientific, literary, or educational purposes, or
If this box is checked, enter here purpose. Do not complete any of	10) organization filing Form 990 or 990-EZ that received fr for religious, charitable, etc, purposes, but these contribute the total contributions that were received during the year f the parts unless the <b>General Rule</b> applies to this organizations of \$5,000 or more during the year	for an <i>exclusively</i> religious, charitable, etc, ation because it received nonexclusively
answer 'No' on Part IV, line 2, of its Form	I by the General Rule and/or the Special Rules does not file Schedule n 990; or check the box on line H of its Form 990-EZ or on Part I, chedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF) but it must , line 2, of its Form 990-PF, to certify that it does not
BAA For Paperwork Reduction A or 990-PF.	Act Notice, see the Instructions for Form 990, 990EZ,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012)

P	ad	е	
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1 of

1 of Part 1

WALDEN ENVIRONMENT, INC.

Employer identification number 94-2358632

Raid #	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	i.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HERVEY FAMILY FUND 6150 MISSION GORGE ROAD, #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
	SAN MANUEL BAND OF INDIANS 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$ <u>10,000</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
3	LAS PATRONAS 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$ <u>14,625.</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
4	DAY FOR CHANGE 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$12,500.	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
5	PRICE FAMILY CHARITABLE FUND 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$20,000.	Person X Payroli  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
6	WALDEN FAMILY SERVICES FOUNDATION 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$ <u>843,708.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

1 to

of Part II

Name of organization
WALDEN ENVIRONMENT, INC.

Employer identification number

1

94-2358632

Part II	Noncash Property (see instructions), Use duplicate copies of Part II if additional	al spac	e is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A			
		$\dashv$		
		\$_		.**/*
(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
		\$		
·····				
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
· · · · · · · · · · · · · · · · · · ·		\$		
BAA		ob odul	e <b>B</b> (Form 990, 990-EZ	7 or 000 DEX /2017

1 to

of Part III

Name of organization

Employer identification number

94-2358632

WALDEN	ENVIRONMENT, INC.			94-2358632	
	Exclusively religious, charitable, et organizations that total more than serior organizations completing Part III, enter the contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional serior to the serior copies of the serior copies.	\$1.000 for the year. Complet	e columns (a) 1	through (e) and the following line	entry.
	Use duplicate copies of Part III if additional	space is needed.	oo monaaaaan	·//···································	IV/ A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
	N/A				
		(e)			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relat	tionship of transferor to trans	feree
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	ic hold
Part I	ruipose oi giit	use or gift		Description of now gift is need	
				<del></del>	
		(e) Transfer of gift			
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
	(e) Transfer of gift				
	Transferee's name, addres	Relationship of transferor to transferee		feree	
	114113131313131313131313131313131313131				
-			· · · · · · · · · · · · · · · · · · ·		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
				111.411	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		feree

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **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

2012

Open to Public Inspection

Name	of the organization		Employer identification number
	DEN ENVIRONMENT, INC. : WALDEN FAMILY SERVICES		94-2358632
Par	Organizations Maintaining Donc	or Advised Funds or Other Similar Fund	<b>ls or Accounts.</b> Complete if
	the organization answered 'Yes'		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in don organization's exclusive legal control?	or advised funds Yes No
6	for charitable purposes and not for the benefi impermissible private benefit?	ors, and donor advisors in writing that grant funds t of the donor or donor advisor, or for any other p	ourpose conferring Yes No
		lete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	,	
	Preservation of land for public use (e.g.,	, I I	an historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contribution in the form	
_	Total someban of assessmentian assessment		Held at the End of the Tax Year
		ments	
	structure listed in the National Register	in (c) acquired after 8/17/06, and not on a historic	
3	Number of conservation easements modified, tra tax year ►	nsferred, released, extinguished, or terminated by the	e organization during the
4	Number of states where property subject to cons	ervation easement is located >	
5	and enforcement of the conservation easeme	egarding the periodic monitoring, inspection, hand nts it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements du	uring the year
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, and enforcing conservation easements during	the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and expense to the organization's financial statements that de	e statement, and balance sheet, and scribes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, or G swered 'Yes' to Form 990, Part IV, line 8	Other Similar Assets.
1 6	If the organization elected, as permitted undo art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its fina	er SFAS 116 (ASC 958), not to report in its reven- eld for public exhibition, education, or research in fur ncial statements that describes these items.	ue statement and balance sheet works of therance of public service, provide,
ł	historical treasures, or other similar assets held following amounts relating to these items:	er SFAS 116 (ASC 958), to report in its revenue s for public exhibition, education, or research in further	ance of public service, provide the
	• • • • • • • • • • • • • • • • • • • •	, line 1	
	amounts required to be reported under SEAS	· -	
	Revenues included in Form 990, Part VIII, lin	e 1	
1	Appears included in Lores COO Dart V		<b>₽</b> ¥

Schedule D (Form 990) 2012 WALDE	N ENVIRONMENT	INC.	1 Tues	94-235	8632		Page 2
Part III Organizations Maintai							ea)
3 Using the organization's acquisition, items (check all that apply):	accession, and other			e a significant use of its	collection	1	
a Public exhibition		H	change programs				
b Scholarly research c Preservation for future genera	ations	e  Other _		·			
4 Provide a description of the organiza		explain how they furth	ner the organization's	s exempt purpose in			
Part XIII.  5 During the year, did the organizat to be sold to raise funds rather th	tion solicit or receive	donations of art, his	storical treasures, o	r other similar assets	Yes	Г	No
Part IV Escrow and Custodial Arra	an to be maintained	e if the organization	answered Yes to	Form 990 Part IV lin			
reported an amount or	ı Form 990, Part	X, line 21.	i anonorou 100 to	7 TOTTI 550, 1 are 14, 1111	0 J, 01		
1a Is the organization an agent, trust	tee, custodian, or oth	ner intermediary for	contributions or oth	er assets not included		_ <del>_</del>	
on Form 990, Part X?b If 'Yes,' explain the arrangement	in Part XIII and com	alete the following t	abla:		Yes	L	No
bit 103, explain the attangement	in an Am and com	piete the following to	able.		Amount	,	<del></del>
c Beginning balance				1 c	Amount		
d Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an ar	mount on Form 990,	Part X, line 21?		<u> </u>	Yes		No
b If 'Yes,' explain the arrangement						, <b> </b>	1
			•			L.	
Part V Endowment Funds. Co		ganization answe	ered 'Yes' to Fo	rm 990, Part IV, lir	ne 10.		
,	(a) Current	<b>(b)</b> Prior year	(c) Two years	(d) Three years	(e) F	our year	's
1 a Beginning of year balance		-					
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses					<u> </u>	_	
<b>g</b> End of year balance							
2 Provide the estimated percentage	•	end balance (line 1g	, column (a)) held	as:			
a Board designated or quasi-endowme		~~~~~ %					
<b>b</b> Permanent endowment		0					
c Temporarily restricted endowmen							
The percentages in lines 2a, 2b, a	and 2c should equal	100%.					
3 a Are there endowment funds not in the organization by:						Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related o					. 3b		
4 Describe in Part XIII the intended				<del>,</del>			
Part VI Land, Buildings, and I							1
Description of property	i (in	t or other basis ( nvestment)	<b>b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(a) i	Book va	alue ———
1 a Land							
<b>b</b> Buildings.			00.001	00 ***			
c Leasehold improvements			22,834.	22,455.			379.
d Equipment			220 500	070 000		л -1	
e Other		m 990. Part X. colu	320,562.	279,062.			<u>,500.</u> .879.

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Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X,	line 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation end-of-year market	
(1) Financial derivatives			
(2) Closely-held equity interests		1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	
(3) Other			
(A)			
(B)			
(C)	<del></del>		
(D)			
(E)			
(F)			•
(G)			
(H)			
(I)			**************************************
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments - Program Related. See	Form 990, Part X.	line 13. N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation end-of-year market	n: Cost or value
(1)		and or your market	raido
(2)			
(3)			
(4)	***************************************		
(5)		7,000	· · · · ·
(6)			
(7)	-		
(8)			
(9)			
(10)			<del></del>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >			
Part IX Other Assets. See Form 990, Part X, I			
	scription		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·		(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (i	B). line 15.)	······	
Part X Other Liabilities. See Form 990, Part X			<u> </u>
(a) Description of liability	(b) Book value		
(1) Federal income taxes	(2) 233/(13/(43)		
(2) OVERPAYMENTS	32,08	Q President Control of the Control	lanca di kacamatan
(3)	52,00		
(4)		The state of the s	
(5)			
(6)			i (Maria III a Guarra d
(7)			
(8)			
(9)		ATTENDED POLICE PROPERTY CONTRACTOR OF THE	Para Para Para Para Para Para Para Para
(10)			
(11)			
No. of the Control of			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote		39. [2010]	f
- ring to (ASO 740) roothole. In Part XIII, provide the text of the foothole i	w we organization's financial	statements that reports the organization's liability	y for uncertain tax positions

Schedule D (Form 990) 2012 WALDEN ENVIRONMENT, INC.	94-2358632 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With	
1 Total revenue, gains, and other support per audited financial statements	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Control Street, and Contro
a Net unrealized gains on investments	A STATE OF THE STA
b Donated services and use of facilities	Control Contro
c Recoveries of prior year grants	Control of the Contro
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	,,,,
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	The state of the s
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With	
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	200 (200 cm) 200 cm) 200 (200 cm) 200 cm) 200 (200 cm) 200 cm) 200 (200 cm) 200 cm) 20
b Prior year adjustments	Colonia de Militario.
c Other losses	
d Other (Describe in Part XIII.)	Charles Colonial Colo
e Add lines 2a through 2d.	<u> </u>
3 Subtract line 2e from line 1.	, 3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	The Control of the Co
a Investment expenses not included on Form 990, Part VIII, line 7b	Control of American Control of Co
c Add lines 4a and 4b.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIII Supplemental Information	
antities a retirement and the state of the s	a 1a and 4: Part IV lines 1b and 2b: Part V
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	part to provide any additional information.
DADT V. FIN 40 FOOTNOTE	
PART X - FIN 48 FOOTNOTE	
WALDEN FAMILY SERVICES IS A PUBLIC CHARITIY AND IS EXEMP'	T FOOM INCOME TAYES HADED
MATDEN LAMITI SEKATCES 12 W LORTIC CHARILLI WAD 12 EYEML	I FROM INCOME TAXES UNDER
CECTION EATICATED OF THE INTERNAL DEVENUE CODE AND CECTION	OM 22701 (D) OF THE
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION	ON 23/01(D) OF THE
CALTEODNIA DEVENUE AND WAVAWION CODE. MATCHEN CANTIV CEDI	TORC DELIEVES THAT THEY
CALIFORNIA REVENUE AND TAXATION CODE. WALDEN FAMILY SER	ATCES DEFIEVES THAT THEI
ΝΑΥΓ ΆΦΟΦΛΟΡΤΆΨΕ CHODΛΟΨ ΕΛΟ ΆΝΥ ΨΆΥ ΦΛΟΤΨΤΛΝΟ ΨΆΥΕΝ ΑΝΙ	D AC CIICH DO NOT HAVE ANV
HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND	AS SUCH, DO NOT HAVE ANT
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIA	AT CTATEMENTS MATEM
ONCENTATA TAY LOSTITORS THAT ARE MATERIAL TO THE LINANCT	TENTENTS. WALLEN
FAMILY SERVICES IS NOT PRIVATE FOUNDATIONS.	
- LUMINI DEWATORD ID MOT TUTANTE LOCINOMITORO.	
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wan	Schodule b (Form 550) 2012

Schedule D (Form 990) 2012 WALDEN ENVIRONMENT, INC.	94-2358632	Page 5
Part XIII Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
THE ORGANIZATION'S RETURN OF ORGANIZATION EX	EMPT FROM INCOME TAX FOR THE YEARS	ENDED
DECEMBER 31, 2012, 2011, 2010 AND 2009 ARE S	UBJECT TO EXAMINATION BY THE INTER	NAL
REVENUE SERVICE AND STATE TAXING AUTHORITIES	, GENERALLY THE THREE TO FOUR YEAR!	<u>s</u>
AFTER THE RETURNS WERE FILED.		
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#### **SCHEDULE O** (Form 990 or 990-EZ)

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

OMB No. 1545-0047 2012

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

Department of the Treasury Internal Revenue Service

Name of the organization WALDEN ENVIRONMENT, INC.

DBA: WALDEN FAMILY SERVICES

Employer identification number

94-2358632

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
WALDEN ENVIRONMENT DBA WALDEN FAMILY SERVICES (WALDEN) WAS FORMED IN 1976 AS A
NONPROFIT ORGANIZATION TO PROVIDE ADVOCACY, OUT OF HOME PLACEMENT, AND TREATMENT
SERVICES FOR CHILDREN UNABLE TO REMAIN IN THEIR OWN HOMES DUE TO ABANDONMENT, ABUSE,
OR NEGLECT. WALDEN'S GOAL IS TO HELP STABILIZE CHILDREN, YOUTH AND FAMILIES THROUGH
COMMUNITY-BASED PREVENTION AND INTERVENTION SERVICES. WALDEN IS A TREATMENT-LEVEL
FOSTER FAMILY AND ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT,
CERTIFICATION, AND TRAINING OF FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF
FOSTER AND ADOPTIVE CHILDREN. WALDEN'S FUNDING COMES PRIMARILY FROM FEDERAL, STATE,
AND COUNTY WELFARE PROGRAMS. WALDEN PROVIDED SERVICES TO 430 UNIQUE FOSTER CARE
CLIENTS PLUS HUNDREDS MORE CHILDREN/YOUTH/TEENS THROUGH OUR ADOPTIONS, AFTER CARE,
CAL LEARN AND FIRST 5 NURTURING PARENTING PROGRAMS.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS
FOSTER CARE PLACEMENT
THERAPEUTIC FOSTER CARE:
THERAPEUTIC FOSTER CARE IS AN ALTERNATIVE TO INSTITUTIONALIZATION FOR CHILDREN. THE
CHILDREN IN WALDEN'S CARE HAVE SEVERE EMOTIONAL AND BEHAVIORAL CHALLENGES AS A RESULT
OF PAST ABUSE AND ARE IN NEED OF INTENSIVE SERVICES TO HELP THEM HEAL AND REMAIN IN A
FAMILY ENVIRONMENT. MANY OF THE CHILDREN HAVE SUFFERED THE TRAUMA OF MULTIPLE FOSTER
FAMILIES OR GROUP HOME PLACEMENTS BEFORE COMING TO WALDEN. WITH WALDEN'S SPECIALLY
TRAINED FOSTER FAMILIES AND SUPPORT SERVICES, CHILDREN THAT OTHERWISE WOULD BE IN A
GROUP HOME ARE ABLE TO LIVE WITH A FAMILY. WALDEN IS A COST-EFFECTIVE ALTERNATIVE TO
GROUP HOME CARE THAT ALLOWS CHILDREN TO GROW INTO HEALTHY ADULT MEMBERS OF THE
COMMUNITY.

Name of the organization WALDEN ENVIRONMENT, INC.  DBA: WALDEN FAMILY SERVICES	94-2358632
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
SPECIAL HEALTH CARE NEEDS:	
WALDEN'S SPECIAL HEALTH CARE NEEDS (SHCN) PROGRAM IS DESIGNED I	O MOVE MEDICALLY
FRAGILE CHILDREN OUT OF SKILLED NURSING FACILITIES AND HOSPITAL	S INTO HIGHLY SKILLED
AND SPECIFICALLY TRAINED CERTIFIED FOSTER FAMILIES. THIS PROGR	RAM ALSO CARES FOR
CHILDREN WITH TECHNOLOGY-DEPENDENT CONDITIONS SUCH AS APNEA MOD	NITORS, NEBULIZERS,
OXYGEN, FEEDING TUBES AND OTHER ADAPTIVE EQUIPMENT. OTHER CHII	DREN IN THE PROGRAM
MAY INCLUDE DRUG-EXPOSED INFANTS, JUVENILE DIABETICS, FAILURE	O THRIVE INFANTS,
PREMATURE INFANTS, OR CHILDREN WITH OTHER LIFE THREATENING MEDI	ICAL CONDITIONS. THIS
UNIQUE PROGRAM INCLUDES INTENSIVE TRAINING AND SUPPORT FOR FOS	TER PARENTS WILLING TO
CARE FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS.	
DEVELOPMENTAL DISABILITIES PROGRAM:	
WALDEN FAMILY SERVICES SERVES THE NEEDS OF FOSTER CHILDREN AND	TEENS WITH
DEVELOPMENTAL DISABILITIES AND BEHAVIORAL CHALLENGES. DEVELOPMENTAL DISABILITIES AND BEHAVIORAL CHALLENGES.	MENTAL DISABILITIES
INCLUDE MENTAL RETARDATION, CEREBRAL PALSY, EPILEPSY, AUTISM A	ND OTHER SIMILAR
CHALLENGES. THE GOAL OF THIS PROGRAM IS TO PREVENT INSTITUTION	NALIZATION, PREPARE
CHILDREN AND TEENS FOR MAXIMUM INDEPENDENCE AND ENRICH LIVES BY	Y PARTICIPATION IN A
FULL RANGE OF NORMAL LIFE EXPERIENCES IN FAMILY AND COMMUNITY	SETTINGS.
LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING (LGBTQ) FO	OSTER_CARE_NETWORK:
THIS PROGRAM IS DESIGNED TO MEET THE SPECIAL NEEDS OF LGBTQ FOR	STER YOUTH IN SOUTHERN
CALIFORNIA. THE FOCUS OF THIS PROGRAM IS EDUCATION AND ADVOCAC	Y SERVICES FOR LGBTQ
FOSTER YOUTH, AND TRAINING AND SUPPORT FOR CHILD WELFARE PROVI	DERS, FOSTER PARENTS
AND BIRTH FAMILIES. WALDEN FAMILY SERVICES HAS ACTIVELY RECRUI	TED AND EDUCATED
MEMBERS OF THE LGBT COMMUNITY TO BECOME CERTIFIED FOSTER AND A	DOPTIVE PARENTS.

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	94-2358632
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
FOSTER CARE FOR PREGNANT AND PARENTING TEENS:	
WALDEN PROVIDES SUPPORT AND TRAINING TO PRE AND POST EMANCIPATE	ED PREGNANT AND
PARENTING TEENS THROUGH THIS PROGRAM. SERVICES INCLUDE SUPPOR	T WITH THE COURT
PROCESS, PARENTING TRAINING, BUDGETING ASSISTANCE AND REFERRALS	TO COMMUNITY
RESOURCES. THE PROGRAM OFFERS SERVICES AND SUPPORT TO BOTH TE	ENS THAT HAVE CUSTODY
OF THEIR CHILDREN AND TEENS WORKING TOWARD REUNIFICATION WITH	THEIR DEPENDENT
CHILDREN. ADDITIONALLY, UNDER THIS PROGRAM, WALDEN SUPPORTS CA	ALIFORNIA STATUTE SB500
(WHOLE FAMILY FOSTER HOME - WFFH) PLACEMENTS AND PROVIDES THE	SERVICES LISTED IN THE
ABOVE PARAGRAPH TO WFFH PLACEMENTS.	
	· · · · · · · · · · · · · · · · · · ·
INDEPENDENT FUTURES PROGRAM:	
WALDEN CREATED THE INDEPENDENT FUTURES PROGRAM IN 2001 TO ASSI	ST PRE AND POST
EMANCIPATED WALDEN FOSTER YOUTH WHEN THEY EXIT FROM FOSTER CAR	E. IT IS A GRANT AND
PHILANTHROPY FUNDED PROGRAM WHICH SERVES OVER 150 PRE- AND POS	T-EMANCIPATED FOSTER
YOUTH. FUNDING HAS MADE IT POSSIBLE FOR WALDEN TO FOCUS ON TH	E CORE AREAS OF ITS
PROGRAM: EDUCATION (SUPPORTING YOUTH THROUGH HIGH SCHOOL AND C	OLLEGE WITH EXPOSURE,
TUTORING, RESOURCE MANAGEMENT, APPLICATIONS); EMPLOYMENT (RESU	ME BUILDING, INTERVIEW
SKILLS, JOB EXPECTATIONS, ETHICAL BEHAVIOR, PRODUCTIVITY AND A	TTITUDE); HEALTH
(COPING WITH CHRONIC HEALTH ISSUES THAT ARE OFTEN THE CONSEQUE	NCE OF EARLY ABUSE AND
NEGLECT); CONNECTIONS (ADULT MENTORS THAT WILL SERVE AS A CONS	TANT SOURCE OF SUPPORT
FOR THESE YOUTH WHO OFTEN HAVE NO OTHER LASTING RELATIONSHIPS)	; FINANCIAL LITERACY
(SHOPPING, BILLS, HOUSING DEPOSITS); HOUSING (DEVELOPING A HOU	SING BUDGET, PAPERWORK,
ACQUIRING UTILITIES AND OBTAINING NECESSARY FURNISHINGS).	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
FIRST 5 NURTURING PARENTING PROGRAM:	
THROUGH A CONTRACT WITH FIRST 5 OF SAN BERNARDINO, WALDEN IS P	ROVIDING THE WALDEN

Name of the organization WALDEN ENVIRONMENT, INC.  DBA: WALDEN FAMILY SERVICES	Employer identification number  94–2358632
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
TEEN NURTURING PARENTING CLASSES FOR TEEN PARENTS (UP TO AGE	18) WITH CHILDREN 0-5
YEARS OLD THROUGHOUT SAN BERNARDINO COUNTY. NURTURING PARENTI	NG CURRICULUM IS AN
EVIDENCED-BASED PHILOSOPHY THAT HELPS PARENTS ENHANCE THEIR P	ARENTING SKILLS, AND
THE CLASSES ARE OFFERED FREE OF CHARGE IN LOCATIONS ACROSS TH	E COUNTY.
CAL-LEARN:	
WALDEN PROVIDES THE CAL-LEARN PROGRAM, DESIGNED TO ASSIST PRE	GNANT AND PARENTING
TEENS RECEIVING CALWORKS TO ATTEND AND GRADUATE FROM HIGH SCH	OOL, OR ITS EQUIVALENT.
COORDINATED SERVICES HELP TEENS BECOME SELF-SUFFICIENT ADULTS	AND RESPONSIBLE
PARENTS, OBTAINING AN EDUCATION AND HAVING ACCESS TO HEALTH A	AND SOCIAL SERVICES.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE ACCOUNTING MANAGER REVIEWS THE 990 TAX RETURN FOR ACCURAC	CY AND THEN THE CEO
REVIEWS AND SIGNS RETURN.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE	EMENT OF CONFLICTS
ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF	INTEREST POLICY. BOARD
MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFLICTS THROU	JGHOUT THE YEAR AND
REFRAIN FROM VOTING ON ANY TRANSACTION OR MATTER BEFORE THE E	BOARD IN WHICH A
CONFLICT OR POSSIBLE CONFLICT EXISTS.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCE	SS - CEO, TOP MANAGEMENT
WE HAVE A COMPENSATION SALARY RANGE GUIDE FOR ALL JOB TITLES	AND NEW HIRES SIGN AN
OFFER LETTER DETAILING SALARY AND BENEFITS. WE BENCHMARK AGA	AINST THE NON-PROFIT
SALARY PROFILES. FOR THE EXECUTIVE DIRECTOR, THE BOARD OF DI	IRECTORS MAKES HIRING
AND COMPENSATION DECISIONS.	

, schedule <b>0</b> (Form 990 or 990-EZ) 2012	Page <b>2</b>
Name of the organization WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	Employer identification number 94-2358632
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990, FROM	1 THE PREVIOUS THREE
YEARS, WILL BE AVAILABLE FOR INSPECTION OR COPYING AT THE ORGAN	NIZATION'S MAIN OFFICE
DURING NORMAL BUSINESS HOURS AT NO CHARGE	
FORM 990, PART VII - COMPENSATION EXPLANATION	
TERESA STIVERS	
ALL PAYROLL IS PAID BY WALDEN ENVIORNMENT, INC. AND ALLOCATED T	O THE RELATED ENTITY,
WALDEN FAMILY FOUNDATION.	
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SCHEDULE R (Form 990)

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Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2012 (f) Direct controlling entity Open to Public Inspection 'Yes' to Form 990, Part IV, line 34 because it had Yes Employer identification number (f)
Direct controlling
entity 94-2358632 N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Part Indentification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) 501 (C) 3 (d) Total income Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions. (d) Exempt Code section **Part III** Identification of Related Tax-Exempt Organizations (Complete if the organization answered one or more related tax-exempt organizations during the tax year.) 디 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) CA(b) Primary activity INC PROVIDE SUPPORT SERVICES TO WALDEN (b)
Primary activity ENVIRONMENT, WALDEN FAMILY (a) Name, address, and EIN (if applicable) of disregarded entity (a) (a) Name, address, and EIN of related organization DBA: INC. WALDEN ENVIRONMENT Name of the organization | | | | |

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TEEA5001L 12/28/12

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

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Page 2 94-2358632 INC. DBA: WALDEN FAMILY SERVICES

**paratify** 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.) Schedule R (Form 990) 2012 WALDEN ENVIRONMENT,

Schedule <b>R</b> (Form 990) 2012	Schedu			TEEA5002L 12/28/12	TEEA5002			ВАА
								(3)
								(Z)
	•							 
								(1)
Yes No			Osman io					
Percentage Sec 512(b)(13) ownership controlled entity?	Share of end-of-	Share of Sh total income	Type of entity (C corp, S corp,	Direct controlling ((	Legal domicile (state or foreign	Primary activity		Name, address, and EIN of related organization
1 990, Part IV,	red 'Yes' to Form	janization answe g the tax year.)	nplete if the orgon or	<b>or Trust</b> (Con s a corporatio	a Corporation of ations treated as	ns Taxable as elated organiza	⊕ <b>#</b>	Part IV Ine 34 because
								(3)
				<u></u>				
		-						<u>(2)</u>
					1			
								(1)
Yes No	I I	Yes No			512-514)	જ	count	
managing ownership partner?	amount in box 20 of Schedule K-1 (Form						domicile   (state or   foreign	related organization
(l) (k) eneral or Percentage	Code V-UBI	of Dispropor-	otal Share of	(f) Share of total		(d)	(b) (c) Primary activity Lega	(a) Name, address, and EIN of

Page 3 -

94-2358632

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ions listed in Parts II-IV?				
a Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity			1a		×
<b>b</b> Giff, grant, or capital contribution to related organization(s)			1 p		×
c Giff, grant, or capital contribution from related organization(s)			1c	×	
d Loans or loan guarantees to or for related organization(s)			- 1g		⋈
:			- 1 - 1		×
f Dividends from related organization(s),			1f		×
g Sale of assets to related organization(s)			1g		×
h Purchase of assets from related organization(s)			1h		×
i Exchange of assets with related organization(s)			.: 1i		×
i Lease of facilities, equipment, or other assets to related organization(s)			:		×
k Lease of facilities, equipment, or other assets from related organization(s)			<del>*</del>		×
I Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			1 <b>m</b>		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 n		×
o Sharing of paid employees with related organization(s)			10	×	
<b>p</b> Reimbursement paid to related organization(s) for expenses.			1p	X	×
q Reimbursement paid by related organization(s) for expenses			19	×	ĺ
r Other transfer of cash or property to related organization(s)			1r		×
s Other transfer of cash or property from related organization(s)			1s		×
2 If the answer to any of the above is "Yes,' see the instructions for information on who must complete this line, includin	this line, including covered relationships and transaction thresholds.				
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	stermini ivolved	ing
(1) WALDEN FAMILY SERVICES FOUNDATION, INC.	U	843,703.0	GAAP		
(2) WALDEN FAMILY SERVICES FOUNDATION, INC.	0	165,985.0	GAAP		
(3) WALDEN FAMILY SERVICES FOUNDATION, INC.	O)	408,586.	GAAP		[
(4)					
(5)					
(9)					
<b>BAA</b> TEEA5003L 12/28/12		Schedule	×	(Form 990) 2012	012

Schedule R (Form 990) 2012

Page 4

94-2358632

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																			3) 2012
General or managing partner?	oN s		 										 <u>.</u>					-	(Form 990) 2012
Ger	Yes		 																9 22
Code V-UBI amount in box 20 of Schedule K-Ch	( )																		Schedule R
(h) Dispropor- tionate allocations?	Yes No		 																
(g) Share of Cond-of-year all	<u> </u>																		
Share of total income																	-		
(e) Are all partners section 501(c)(3) organizations?	Yes No						<u>-,</u>		 										TEEA5004L 12/28/12
Predominant A income (related, unre-lated, excluded from tax incles	section 512-514)																		TEEA
(c) Legal domicile (state or foreign country)																			
(b) Primary activity																			
(a) Name, address, and EIN of entity Primary activity		(1)		(2)		(3)		(4)		(5)		(9)		(O)		(8)			ВАА

Schedule R	(Form 990) 2012 Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	·

# Form 4562

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

OMB No. 1545-0172

2012

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attachment Sequence No. 179 ldentifying number 94-2358632

DBA: WALDEN FAMILY SERVICES Business or activity to which this form relates

WALDEN ENVIRONMENT, INC

DEPRECIATION SCHEDULES ONLY Part Eaction To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions)..... 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ..... 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29..... Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 9 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562..... 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)... 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11..... 12 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 . . . . . ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part I Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)..... 14 Property subject to section 168(f)(1) election.... 15 Other depreciation (including ACRS)..... 16 24,749. Part II MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012..... 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	<b>(f)</b> Method	(g) Depreciation deduction
19 a 3-year property					-	
<b>b</b> 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property				-		
g 25-year property			25 yrs		S/L	
h Residential rental			27.5 yrs	MM	S/L	
property			27.5 yrs	MM	S/L	
i Nonresidential real			39 yrs	MM	S/L	
property				MM	S/L	
Section C -	Assets Placed in	Service During 2012 T	ax Year Using th	e Alternative [	Depreciation Sys	stem
20 a Class life	2000				S/L	
<b>b</b> 12-year			12 yrs		S/L	
<b>c</b> 40-year			40 yrs	MM	S/L	

F a	Summary (See instructions.)		
21	Listed property. Enter amount from line 28.	21	
	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions		24,749.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs		

# Form 8868

(Rev January 2013)

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

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868. Ejectronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only . . . . All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print WALDEN FAMILY SERVICES FOUNDATION, INC 91-2160214 Number, street, and room or suite number. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 6150 MISSION GORGE ROAD #210 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions SAN DIEGO, CA 92120 Enter the Return code for the return that this application is for (file a separate application for each return)..... Application Return Application Return Code Code Form 990 or Form 990-EZ ษ็ท์ 990 ัึ่ง (corporation) 07 ້ຽrm 1041-A 80 Form 990-BL Form 4720 09 Form 4720 (individual) 10 04 Form 990-PF Form 5227 11 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ➤ TERESA STIVERS FAX No. ► 619-584-5757 \_ Telephone No. ► 619-584-5777\_ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . . ▶ ☐ . If it is for part of the group, check this box . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20  $\underline{13}$  , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 12 or tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions..... 3 a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3 b \$ 0. payments made. Include any prior year overpayment allowed as a credit..... c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions..... 0.

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

Form 8868	(Rev 1-2013)				Page 2
● If you a	re filing for an Additional (Not Automatic) 3-Month	Extension	i <mark>, complete only Part II</mark> and check t	his box	► X
Note. Only	complete Part II if you have already been granted	an automa	itic 3-month extension on a previou	sly filed Form 8868.	اسبسا
<ul> <li>If you a</li> </ul>	re filing for an Automatic 3-Month Extension, com	plete only	Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month Ex	ctension.	of Time. Only file the origina	I (no copies needed)	
is, was another and			<u> </u>	dentifying number, see inst	
	Name of exempt organization or other filer, see instructions.			Employer Identification number (	
<b></b>	WALDEN ENGINONMENT TAIC				
Type or print	WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES			94-2358632	
<b></b>	Number, street, and room or suite number. If a P.O. box, see insti	ructions.		Social security number (SSN)	
File by the extended	LEAF & COLE, LLP				
due date for	2810 CAMINO DEL RIO SOUTH, SUIT	PE 200			
filing your return, See instructions,	City, town or post office, state, and ZIP code. For a foreign address		ions.	J	
(NOT WOUDING)	SAN DIEGO, CA 92108-3820				
	DAN DIEGO, CA 92100 3020	•	· · · · · · · · · · · · · · · · · · ·		
Enter the I	Return code for the return that this application is fo	or (file a sei	parate application for each return)		0.1
	Total 1 odd for the retain that the approach is to	i (illa a so)	parate application for each retains.	******************	, OI
Applicatio	n	Doturn	Application		Dotum
is For	11	Return   Code	Application Is For		Return Code
Form 990 c	r Form 990-EZ	01		777	
Form 990-		02	Form 1041-A	in Kasalan Kasalan Kasalan Santa	08
	(individual)	03	Form 4720		09
Form 990-		04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	FormC6Q69		11
	T (trust other than above)	06 5	FOM 88XQ		12
	not complete Part II if you were not already grant				
Teleph If the o If this whole grou	oks are in care of TERESA A STIVERS one No. • 619-584-5777  organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box • If it is for part of the grather extension is for.	FAX No. ► siness in th digit Group	p Exemption Number (GEN)	. If this	is for the
5 For 6 If the 7 State	quest an additional 3-month extension of time until calendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months that counting period the extension ADDI OUTRED TO FILE A COMPLETE AND ACCOUNTED TO THE TAX THE PROPERTY AND ACCOUNTED TO THE PRO	ng ths, check i	, 20 _ , and ending _reason:	, 20 Final return  GATHER THE INFORM	ATION
noni	is application is for Form 990-BL, 990-PF, 990-T, 4 refundable credits. See instructions			Value I see a see	
with				8b \$	
c Bala EFT	ance due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System). See	ır payment instruction	with this form, if required, by using s	8c \$	<del></del>
	Signature and Verific	ation mu	st be completed for Part II o	nly.	
Under penalt correct, and	ies of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form.	companying so	hedules and statements, and to the best of my $\Lambda$	knowledge and belief, it is true,	1
Signature •	· July fal Title ►	_ US	<u> </u>	Date ► 8/3/	13
BAA		FIFZ05021	L 01/21/13	Form <b>8868</b> (	Rev 1-2013)

12/31/12	7	012 F	2012 FEDERAL	^LB	Se	DEP	RECIA	NOIL:	SCHE	BOOK DEPRECIATION SCHEDULE				PAGE
CLIENT 11-014				DBA:	WALD	EN FAI	DBA: WALDEN FAMILY SERVICES	NICES						94-2358632
NO. DESCRIPTION	DATE ACQUIRED.	DATE SOLD	COST/ BASIS	BUS.	CUR S 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT EDEPR
R. SCHEDULE														
IMPROVEMENTS														
2 LEASEHOLD IMPROVEMENTS	VARIOUS		22,834	l	 					22,834	22,155	3/L	Ŋ	300
TOTAL IMPROVEMENTS			22,834		0	0	0	Ō	0	22,834	22,155			300
MACHINERY AND EQUIPMENT  1 FURNITURE & EQUIPMENT	VARIOUS		278,759							278,759	215,407	1/8	2	22,817
TOTAL MACHINERY AND EQUIPME		I	278,759	I	   ° 	0	0	0	0	278,759	215,407			22,817
MISCELLANEOUS														
3 SOFTWARE	VARIOUS	ı	41,803	!						41,803	39,206	S/L	m	1,632
TOTAL MISCELLANEOUS			41,803		0	0	0	0	0	41,803	39,206			1,632
TOTAL DEPRECIATION		1 31	343,396	1 <b>I</b>			0	0	0	343,396	276,768			24,749
GRAND TOTAL DEPRECIATION		. "	343,396			0	0	0	0	343,396	276,768			24,749
								-						:

2012 California Exempt Organization
Annual Information Return

FORM

	Alitical illioilliation retain		
	ar 2012 or fiscal year beginning month day	year , and ending month	day year
Corporation/Org	anization Name WALDEN ENVIRONMENT, INC.		California corporation number
	DBA: WALDEN FAMILY SERVICES		C0775003
Address (suite,	oom, or PMB no.)		FEIN
6150 MI	SSION GORGE ROAD #210		94-2358632
City		State ZIP Code	
SAN DIE	GO	CA 92120	
	n Yes 🗓 Yes	J If exempt under R&TC Section 23701d, has the	
A THIST ROLL	Von W	organization during the year: (1) participated if	any
	Return	Iegislation or any hallot measure, or (3) made a	in election
C IRC Section	n 4947(a)(1) trust	under R&TC Section 23704.5 (relating to lobbying	ng by Eliver Elive
D Final Retu	n • Dissolved • Surrendered (Withdrawn)	public charities)?	• 🗀 162 🛣 110
	Merged/Reorganized Enter date:	if tes, complete and attach form FTD 5505.	
		K Is the organization exempt under R&TC Section	23701g? • Yes 🗶 No
AL 1	15	If 'Yes' enter gross receints from	
, <del></del>	punting method:	nonmember sources	9
	Cash 2 x Accrual 3 0ther	L If organization is exempt under R&TC Section 2	3701d
F Federal re		and is exclusively religious, educational, or cha and is supported primarily (50% or more) by p	ritable, public
	990T 2 • 990 (PF) 3 • Sch H (990)	contributions about how No filing for is require	ed • X
	roup filing for the subordinates/affiliates? • Yes x No		?
	tach a roster. See instructions anization in a group exemption? Yes x No.	M Is the organization a Limited Liability Company	
		N Did the organization file Form 100 or Form 109 taxable income?	to report Yes X No
IT Yes, W	hat's the parent's name?		
I Did the or	an institution have one changes in the activities	O is the organization under audit by the IRS or ha	as the IRS Yes X No
	ganization have any changes in its activities, instrument, articles of incorporation, or bylaws	audited in a prior year?	• [] too A
that have	not been reported to the Franchise Tax Board? • Yes X No	0 }	
	xplain, and attach copies of revised documents.		CACA1112L 10/11/12
Part I	Complete Part I unless not required to file this form. See G		
	1 Gross sales or receipts from other sources. From Side		1 5,769,110.
	2 Gross dues and assessments from members and affil		2
Receipts and	3 Gross contributions, gifts, grants, and similar amounts		3 111,625.
Revenues	4 Total gross receipts for filing requirement test. Add lin	ŀ	Carry St. Spring Carry Land
	This line must be completed. If the result is less than		4 5,880,735.
	5 Cost of goods sold		
	6 Cost or other basis, and sales expenses of assets sol		TO GRADIE OF CHIEF STREET
	7 Total costs. Add line 5 and line 6		7
	8 Total gross income. Subtract line 7 from line 4		8 5,880,735.
Expenses	9 Total expenses and disbursements. From Side 2, Par	· ·	9 5,651,828.
	10 Excess of receipts over expenses and disbursements		10 228,907.
	11 Filing fee \$10 or \$25. See General Instruction F		11
Filing	12 Total payments		12
Fee	13 Penalties and Interest. See General Instruction J,		13
	14 Use tax. See General Instruction K	••••••••••	14
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15
<u> </u>	Under penalties of perjury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other than taxpayer) is based o	accompanying schedules and statements, and to the bes	t of my knowledge and belief, it is true,
Sign	l Title	n all information of which preparer has any knowledge.    Date	Telephone
Here	Signature TAXPAVERS COPY		
L	of officer EXEC	UTIVE DIRECTOR  Date Check if	619-584-5777
<b>.</b>	Preparer's ► signature JULIE A. FIRL	8/14/13 Self- employed ×	- I -
Paid Preparer's	Signature DULLE A. FIRE  LEAF & COLE, LLP	1 O/II/IO Lembiosed	• FEIN
Use Only	(or yours, if > 2810 CAMINO DET. RIO SOUTH	, SUITE 200	95-2076568
	self-employed)	, 50111 200	Telephone
	SAN DIEGO, CA 92108-3820		619.294.7200
	May the FTB discuss this return with the preparer shown a	above? See instructions	<u></u>
	I may the FTD discuss this retorn with the preparer shown a	anove: age illanordalia	2 14 103 110



WALDEN ENVIRONMENT, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations

		eyaru	iless of amount of gross receipts — com	ipiete Fait ii ui Turnsii substi	tute iiiio	miauvii.			
		1	Gross sales or receipts from all	business activities. See i	instruct	ions		1	
	l	2	Interest				,., •	2	65.
		3	Dividends		. <b>.</b>			3	
Recei	nts	4	Gross rents					4	
from		5	Gross royalties						<del></del>
Other Source		6	Gross amount received from sal						,
Jourc		7	Other income. Attach schedule.						5,769,045.
		8	Total gross sales or receipts from other:					8	5,769,110.
Evnor		9	Contributions, gifts, grants, and similar a	-					3,703,110.
Exper and	1565	-	Disbursements to or for member					ļ	
Disbu		10	Compensation of officers, direct						7.00 423
ments	•	11							132,433.
	ļ	12	Other salaries and wages						1,742,379.
		13	Interest					13	
		14	Taxes					14	136,481.
	Ì	15	Rents					15	242,826.
		16	Depreciation and depletion (See						24,749.
		17	Other Expenses and Disburseme						3,372,960.
		18	Total expenses and disbursements. Add	line 9 through line 17. Enter he	re and or	i Side 1, Part I, line !	9	. 18	5,651,828.
Sche	dule	: L	Balance Sheets	Beginning of	taxabl	e year	En	d of tax	able year
Asset	5			(a)		(b)	(c)		(d)
1	Cash					286,856.		•	626,286.
2	Net acc	ounts	receivable			637,286.	Charles Street		683,216.
3	Net note	es rec	eivable . , . ,					•	
									· · · · · · · · · · · · · · · · · · ·
5	Federal	and s	tate government obligations	CONTROL OF STREET				•	
6	Investm	nents i	in other bonds	4.10			The state of the Conf.	•	· · · · · · · · · · · · · · · · · · ·
7	Investm	nents i	in stock	Company of the second second second				<u> </u>	
8	Mortgaç	ge loa	ns.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				artist treets state and	Make •	)
9	Other in	nvestn	nents Attach schedule					# 14 •	
10 a	Depreci	iable a	assets	318,526.		were entitled to	343,3	96.	
b	Less ac	cumu	lated depreciation	276,768.		41,758.	301,5	517.	41,879.
11	Land.							•	•
12	Other a	ssets.	Attach schedule	West Convenience		240,231.	15 10 10 10 10 10 10 10 10 10 10 10 10 10	•	127,266.
13				The state of the s		1,206,131.		1	1,478,647.
Liabi			iet worth		Siz K	W 4			
14	Accoun	ts nav	rable	at the larger and the		468,579.	1115 3 2 2 2 2 2 2 3 2 4	•	525,119.
			gifts, or grants payable		·······			•	)
16			otes payable				10.00	•	)
17			ayable			3,733.		•	)
18			es. Attach schedule			41,287.	PERMIT	(e.s. liv	32,089.
19			or principle fund			692,532.		•	921,439.
20			pital surplus. Attach reconciliation			0,2,0,2,2.	100000000000000000000000000000000000000		)
21			nings or income fund				and the desired	•	)
22			es and net worth			1,206,131.		100	1,478,647.
				er hooks with income ne				*****	
Scn	edule	e IVI-	<ol> <li>Reconciliation of Income po Do not complete this scheduler</li> </ol>	ule if the amount on Sch	edule L	., line 13, columi	n (d), is less than	\$50,00	0
1	Net inc	ome i	per books	• 228,907	. 7	Income recorded on	books this year not in	cluded	
2		•	me tax	•	7		ch sch . , . ,	17.	A STATE OF THE PARTY OF THE PAR
3			pital losses over capital gains	•	8	Deductions in this r			AR DESCRIPTION
4			ecorded on books this year.			against book incom	e this year.		
•			ule	•					A STATE OF THE PROPERTY OF THE
5			corded on books this year not deducted	Garage Adjance	9	Total. Add line 7 ar	nd line 8 , , , , , , , , , , ,		
	•		n. Attach schedule	•	10	Net income per			
6_	Total.	Add li	ne 1 through line 5	228,907	.	Subtract line 9	from line 6	<u> </u>	228,907.



### 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

2012

DBA: WALDEN FAMILY SERVICES   94-2358632    Organization type (check one):  Filers of:  Section:  Form 990 or 990-EZ   \$\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\	Name of the organization WALDEN ENV	TRONMENT, INC.	Emblohet Ideumication Unimer
Section:  Form 990 or 990-EZ  Section:    3501(c)( 3 ) (enter number) organization   4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   4947(a)(1) nonexempt charitable trust treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   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.)   For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.   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, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.   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 exclusively for religious, charitable, exception of cruelty to children or animals. Complete Parts I, II, and III.   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 exclusively for religious, charitable, exception of cruelty to children or animals. Complete Parts I,	DBA: WALDE	N FAMILY SERVICES	94-2358632
Form 990 or 990-EZ    \$\sqrt{947(a)(1)}\$ (a) (b) (a) (b) (c) (a) (c) (c) (a) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Organization type (check one):		
4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   527 political organization   527 political organization   527 political organization   4947(a)(1) nonexempt private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.    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   For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	Filers of:	Section:	
527 political organization	Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\underline{3}$ ) (enter number) orga	nization
Solicity		4947(a)(1) nonexempt charitable tru	ust not treated as a private foundation
Solicity		527 political organization	
4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization 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.)   For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v)) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
Check if your organization is covered by the General Rule or a Special Rule  Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  General Rule	Form 990-PF	501(c)(3) exempt private foundation	1
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509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts 1 and II.  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, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.  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 exclusively 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 exclusively 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, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF).	Special Rules		
total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.  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 exclusively 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 exclusively 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 filling 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,  Schedule B (Form 990, 990-EZ, or 990-PF)	For a section 501(c)(3) organiz 509(a)(1) and 170(b)(1)(A)(vi) (2) 2% of the amount on (i) Fo	ation filing Form 990 or 990-EZ that met the 33-1/3% and received from any one contributor, during the year rm 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1.	support test of the regulations under sections ar, a contribution of the greater of (1) \$5,000 or Complete Parts I and II.
the prevention of cruelty to children or animals. Complete Parts I, II, and III.  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 exclusively 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 exclusively 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 filling 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,  Schedule B (Form 990, 990-EZ, or 990-PF)	For a section 501(c)(7), (8), or (1 total contributions of more than	0) organization filing Form 990 or 990-EZ that received fr	rom any one contributor, during the year, scientific, literary, or educational burposes, or
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year	the prevention of cruelty to chil	dren or animals. Complete Parts I, II, and III.	
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year	For a section 501 (c)(7), (8), or (1)	0) organization filing Form 990 or 990-EZ that received fr	rom any one contributor, during the year,
purpose. Do not complete any of the parts unless the <b>General Rule</b> 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, Schedule B (Form 990, 990-EZ, or 990-PF) (2	If this box is checked, enter here	or religious, charitable, etc, purposes, but these contribut the total contributions that were received during the year	tions did not total to more than \$1,000.  for an <i>exclusivel</i> y religious, charitable, etc.
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, Schedule B (Form 990, 990-EZ, or 990-PF) (2	purpose. Do not complete any of	the parts unless the General Rule applies to this organization	ation because it received nonexclusively
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, Schedule B (Form 990, 990-EZ, or 990-PF) (2)	religious, charitable, etc, contri	butions of \$5,000 or more during the year	
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, Schedule B (Form 990, 990-EZ, or 990-PF) (2)	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
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2	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 Sci	nedule B (Form 990, 990-EZ, or 990-PF).	
		ct Notice, see the Instructions for Form 990, 990EZ,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (20

Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012)	Page	1 of	1 of Part
Name of organization	Employe	er identification	number
WALDEN ENVIRONMENT, INC.	94-2	358632	

aitt	CONTRIBUTORS (see instructions), Use duplicate copies of Part I if additional space is needed.	1	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	HERVEY FAMILY FUND		Person X Payroll
	6150 MISSION GORGE ROAD, #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
2	SAN MANUEL BAND OF INDIANS		Person X Payroll
	6150 MISSION GORGE ROAD, #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
3	LAS PATRONAS		Person X
	6150 MISSION GORGE ROAD, #210	\$ <u>14,625.</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
(a) Number	(b) Name, address, and ZIP + 4  DAY FOR CHANGE	(c) Total contributions	Type of contribution  Person X
	Name, address, and ZIP + 4	(c) Total contributions  \$12,500.	Person X Payroll
	Name, address, and ZIP + 4  DAY FOR CHANGE	contributions	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
	Name, address, and ZIP + 4  DAY FOR CHANGE  6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120	contributions	Person X Payroll  Noncash  (Complete Part II if there is
4	Name, address, and ZIP + 4  DAY FOR CHANGE  6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120	\$ 12,500.	Type of contribution  Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X
4 (a) Number	Name, address, and ZIP + 4  DAY FOR CHANGE  6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120  (b)  Name, address, and ZIP + 4	\$ 12,500.	Type of contribution  Person X  Payroll   Noncash   (Complete Part II if there is a noncash contribution.)  (d)  Type of contribution
4 (a) Number	Name, address, and ZIP + 4  DAY FOR CHANGE  6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120  (b)  Name, address, and ZIP + 4  PRICE FAMILY CHARITABLE FUND	\$ 12,500.	Type of contribution  Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  Type of contribution  Person X Payroll Noncash
4 (a) Number	Name, address, and ZIP + 4  DAY FOR CHANGE 6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120  Name, address, and ZIP + 4  PRICE FAMILY CHARITABLE FUND 6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120  (b)	\$ 12,500.	Type of contribution  Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  Type of contribution  Person X Payroll Noncash (Complete Part II if there is
(a) Number 5	Name, address, and ZIP + 4  DAY FOR CHANGE 6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120  Name, address, and ZIP + 4  PRICE FAMILY CHARITABLE FUND 6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120  (b)	\$ 12,500.  (c) Total contributions  \$ 20,000.	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 5	Name, address, and ZIP + 4  DAY FOR CHANGE 6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120  (b) Name, address, and ZIP + 4  PRICE FAMILY CHARITABLE FUND 6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120  (b) Name, address, and ZIP + 4	\$ 12,500.  (c) Total contributions  \$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)  Person X Payroll Noncash (d) Type of contribution  Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Nayroll Payroll
(a) Number 5	Name, address, and ZIP + 4  DAY FOR CHANGE 6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120  Name, address, and ZIP + 4  PRICE FAMILY CHARITABLE FUND 6150 MISSION GORGE ROAD, #210  SAN DIEGO, CA 92120  (b) Name, address, and ZIP + 4  WALDEN FAMILY SERVICES FOUNDATION	\$ 12,500.  (c) Total contributions  \$ 20,000.  (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)  Person X Payroll Noncash (d) Type of contribution  Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Nayroll Payroll

Page

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

1 of Part II

BAA

Employer identification number

94-2358632 WALDEN ENVIRONMENT, INC. Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (b) Description of noncash property given Part I N/A (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from (b)
Description of noncash property given Part I (c) FMV (or estimate) (see instructions) (d) Date received (b)
Description of noncash property given (a) No. from Part I (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (c) FMV (or estimate) (b)
Description of noncash property given (a) No. from (see instructions) Part I

Page

to

1 of Part III

Name of organization

Employer identification number

WALDEN ENVIRONMENT, INC. 94-2358632

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 columns (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.).... \$ N/A Use duplicate copies of Part III if additional space is needed.

(a) io. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) o. 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	Relationship of transferor to transferee
(a) o. 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	Relationship of transferor to transferee
(a) o. 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	Relationship of transferor to transferee

# 2012 Corporation Depreciation and Amortization

3885

Secretarian parts   Secretarian Property Under IRC Section 179		h to Form 100 or Form	100W. FORM	3885 ONLY							
Part I Election to Expense Certain Property Under titre Section 179  1 Maximum accuration under titre Section 179 for California.  2 Total cost of IRC Section 178 property placed in service.  3 Threshold cost of IRC Section 178 property placed in service.  4 Reduction in limitation. Subtract line 8 from line 2, if zero or less, enter -0.  5 Dollar imhation for casable year. Subtract line 4 from line 1, if zero or less, enter -0.  5 Dollar imhation for casable year. Subtract line 4 from line 1, if zero or less, enter -0.  7 Listed property (elected IRC Section 179 property and in the following section of casable year in the section of the secti	Carpor	ation name WALDEN E	NVIRONMENT	, INC.					Californ	ia corporatio	on number
1   \$25,000									C077	5003	
2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 (a) Description of property (b) Cast (Qualiness is:s anhy)  7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. 9 Total elected cost of IRC Section 179 property. 10 Carryover of disallowed declaction for part of the smaller of luss pand line 10, loss line 12. 11 Expression 179 expenses deduction 180 and line 10, loss line 12. 12 Line 180 property of disallowed deduction 180 and line 190 loss line 180 loss line 1	Part	Election to Exper	ise Certain Prop	erty Under IRC Se	ction 17	9					
3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in finitation. Subtract line 3 from line 2, if zero or less, enter -0. 5 Dollar limitation for taxable years. Subtract line 4 from line 1, if zero or less, enter -0. 5 Dollar limitation for taxable years. Subtract line 4 from line 1, if zero or less, enter -0. 5 The subtract line 4 from line 1, if zero or less, enter -0. 5 The subtract line 4 from line 1, if zero or less, enter -0. 5 The subtract line 4 from line 1, if zero or less, enter -0. 5 The subtract line 4 from line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter -0. 5 The subtract line 1, if zero or less, enter or line 1, if zero or less, enter line 1, if zero or les	1										\$25,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5  5 Oldar limitation trainable year. Subtract line 4 from line 1. If zero or less, enter -0. 5  6 (a) Description of property (elected IRC Section 179 cost). 7  7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 9  9 Tentiative deduction. Enter the smaller of line 5 or line 8. 9  10 Carryover of disallowed deduction from prior traxable years. 10  11 Business income limitation. Enter the smaller of line 5 or line 8. 9  12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. 12  13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, lies line 10, lies line 10. [line 10]. In 12  14 (a) Description Date Cost or Observable in column (a) Depreciation and Election of Additional First Year Expense Deduction Under RETC Section 24356  14 (a) Description Date Cost or Observable in column (b) Depreciation of property acquired other basis allowed or allowable in method of property acquired other basis allowed or allowable in column (b) Depreciation of this year depreciation of the Part of the Part of this year acquired other basis allowed or allowable in column (b) Depreciation of the Part of this year depreciation of the Part of this year acquired other basis allowed or allowable in column (b) Depreciation of this year acquired other basis allowed or allowable in column (c) and column (n) The total of column (n) may not exceed \$2,000. See instructions for line 14, column (n). The total of column (n) may not exceed \$2,000. See instructions for line 14, column (n) The total of column (n) or form 1000	2										
5 Dollar limitation for zaxable year. Subtract line 4 from line 1. if zero or less, enter -0	3										\$200,000
6 (a) Description of properly (c) Eeded cast  (b) Cast (analises use only) (c) Eeded cast  (d) Cast (analises use only)  (e) Eeded cast  (f) Cast (analises use only)  (f) Eeded cast  (g) Eeded cast of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  (g) Eeded cast of IRC Section 179 property and amounts in column (c), line 6 and line 7.  (g) Eeded cast  (g											
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8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from prior taxable years. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. 12 13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12. 13  Part II Depreciation and Election of Additional First Year Expense Deduction Under RATC Section 24356  14 (a) (a) Description Date Cost or Depreciation Description of property acquired other basis and property of the basis of the basis of the process											
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from prior taxable years. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. 12 13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12. 13  Part II Depreciation and Election of Additional First Year Expense Deduction Under RATC Section 24356  14 (a) (a) Description Date Cost or Depreciation Description of property acquired other basis and property of the basis of the basis of the process										a telepara	and the series
9 Tentative deduction. Enter the smaller of line 5 or line 8.  10 Carryover of disallowed deduction from prior taxable years.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 In 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.  12 IRC Section 179 expense deduction to 2013. Add line 9 and line 10, but do not enter more than line 11.  13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, but do not enter more than line 11.  14 Carryon of control of Additional First Year Expense Deduction Under R&TC Section 24396  14 Description of Dale acquired other basis allowable in allowable in aeriler years  FURNITURE & EQUI VARIOUS 278,759, 215,407. S/L 5 22,817.  LEASEHOLD IMPROV VARIOUS 222,634. 22,155. S/L 5 300.  SOFTWARE VARIOUS 41,803. 39,206. S/L 3 1,632.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24395, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24395, add the amounts on line 15, column (g) or Form 100W, Side 1, line 5. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 5. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 5. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, or adjustment is necessary).  18 Part IV Amortization of the derial purposes from federal Form 4562, line 44.  20 Total Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 1000 or Fo	7						· · <u> </u>				Mary State of the State of
10 Carryover of disallowed deduction from prior taxable years.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	8	Total elected cost of IR	C Section 179 pr	operty. Add amou	ints in co	olumn (c), li	ne 6 and li	ne 7	<i></i> , , ,		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	9										
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.	10										
Tart II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356  14 (a) (b) (c) (c) Depreciation of Election of Additional First Year Expense Deduction Under R&TC Section 24356  15 (a) Description Date acquired other basis allowed or allowable in method and its year depreciation for fring year depreciation of property acquired other basis allowed or allowable in method and its year depreciation of this year depreciation of the year of this year depreciation of year of y											
Part II Depreciation and Election of Additional First Year Expense Deduction Under RATC Section 24356  14										12	
Cost or other basis   Cost or other basis   Cost or allowed or other basis   Cost or allowed or a	_								- 040CC :		
Description of property acquired other basis allowed or allowable in earlier years are greater.  FURNITURE & EQUI VARIOUS 278,759. 215,407. 3/L 5 22,817.  LEASEHOLD IMPROV VARIOUS 22,834. 22,155. 8/L 5 300.  SOFTWARE VARIOUS 41,803. 39,206. 8/L 3 1,632.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation of the election is made), enter the amount from line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation of the lection is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 2. (ft California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  20 Total. Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 16 if line 21 is less than line 16, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 16 if line 21 is less than line 16 enter the difference here and on Form 100 or For	-		· · · · · · · · · · · · · · · · · · ·	******	<del></del>						
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SOFTWARE			· · · · · · · · · · · · · · · · · · ·				<del></del>				V7
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  15 24,749.  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 16. If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.  18  Part IV Amortization of property  20 Total. Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 16. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 16. If line 21 is less than line 20, enter the difference here and on Form 100 or			<del> </del>								
\$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  19 (a) Description Of property  (g) Amortization allowed or allowable in earlier years  20 Total. Add the amounts in column (g).  20 Total amortization claimed for federal purposes from federal Form 4562, line 44.  21 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	201	THARL	VARIOUS	41,005.		35,200.			-	., 032.	
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Total depreciation claimed for federal purposes from federal Form 4562, line 22		Depreciation (if no elec	ction is made), e	nter the amount fr	om line	15, column	(g)		s (g) and (n)	16	
Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  Part IV Amortization  19 (a) (b) (c) (c) (d) Amortization allowed or allowable in earlier years (see instr)  Period or percentage for this year of this year of the amounts in column (g).  20 Total. Add the amounts in column (g).  21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Fo	17										
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Description of property  Date acquired  Other basis  Amortization allowed or allowable in earlier years  Total. Add the amounts in column (g).  Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	Par	t IV Amortization									
Description of property  Date acquired  Other basis  Date acquired  Other basis  Amortization allowed or allowable in earlier years  Total. Add the amounts in column (g).  Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	19	(a)	(b)	(c)		((	d)	(e)			(g)
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21 Total amortization claimed for federal purposes from federal Form 4562, line 44							. , ,	(000	<del>'</del>		
21 Total amortization claimed for federal purposes from federal Form 4562, line 44								<del> </del>		<del> </del>	
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21 Total amortization claimed for federal purposes from federal Form 4562, line 44		<u> </u>							-		
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						L		_L		120	
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Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.	21									Z1	
Form 100W, Side 1, line 12	22	Amortization adjustme	ent. If line 21 is g	reater than line 20	), enter t	he difference	ce here and	d on Form	100 or		
		Form 100W, Side 1, li	ne 12	uran nne 20,			· · · · · · · · · · · · · · · ·		,	22	

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2012

# **CALIFORNIA STATEMENTS**

PAGE 1

CLIENT 11-014 WALDEN ENVIRONMENT, INC.

DBA: WALDEN FAMILY SERVICES

94-2358632

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

PROGRAM SERVICE REVENUE	\$ 5,769,045 <u>.</u>
TOTA	5,769,045.

### STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES ADVERTISING AND PROMOTION CONFERENCES, CONVENTIONS, AND MEETINGS CONTRACT LABOR EMANCIPATED YOUTH EQUIPMENT RENTAL & EXPENSE FOSTER PARENTS INSURANCE LEGAL FEES LICENSES & PERMITS MISC EXPENSE OFFICE EXPENSES OTHER EMPLOYEE BENEFIT OTHER FEES POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS REGIONAL CENTER RESPITE CARE SUBCONTRACTOR TELECOMMUNICATION	26,750. 41,143. 18,933. 22,250. 47,324. 27,606. 2,203,730. 104,868. 250. 38,487. 65,096. 28,266. 434,029. 85,814. 8,079. 8,703. 23,790. 16,903. 61,672. 109,267.
	3,372,960.

### STATEMENT 3 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

DEPOSITS.	14,975.
DUE FROM WALDEN FAMILY SERVICES FOUNDATI	55,333.
PREPAID EXPENSES AND DEFERRED CHARGES	56,958.
TOTAL \$	127,266.

### STATEMENT 4 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

OVERPAYMENTS	 32,089 <u>.</u>
TOTAL	\$ 32,089.

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.



				I						
State Charity Registration Number 01	8997			Check if: Change of	address					
WALDEN ENVIRONMENT, INC.		- 101777	Amended report							
DBA: WALDEN FAMILY SERVI Name of Organization			Amended report							
6150 MISSION GORGE ROAD	#21N			Corporate or	Organization No. C0775003					
Address (Number and Street)	17210									
SAN DIEGO, CA 92120 City or Town		State ZIP Code		Federal Emplo	oyer ID No. 94-2358632					
ANNUAL REGISTRA	TION R		EDULE (11 Ca	l. Code Regs. : Registry of Cha	sections 301-307, 311 and 312) aritable Trusts					
Gross Annual Revenue	Fee	Gross Annual Rev	venue	Fee	Gross Annual Revenue	F	ee			
Less than \$25,000	0	Between \$100,001		•	Between \$1,000,001 and \$10 million	,	150			
Between \$25,000 and \$100,000	\$25	Between \$250,001	l and \$1 millio	on \$75	Between \$10,000,001 and \$50 mill Greater than \$50 million	,	3225 3300			
PART A ACTIVITIES		<u> </u>		· .		······································				
For your most recent full accoun	ting per	iod (beginning	1/01/12	ending	12/31/12 ) list:					
Gross annual revenue \$				\$						
PART B — STATEMENTS REG	ARDIN	G ORGANIZATI	ON DURIN	G THE PERI	OD OF THIS REPORT					
					providing an explanation and deta	ils for e	ach			
'yes' response. Please review	v RRF-1	instructions for inf	formation req	uired.		Yes	No			
During this reporting period, were organization and any officer, directo	there a	ny contracts, loans,	, leases or oth	ner financial tra	nsactions between the	les m	<del> </del>			
director or trustee had any financ	ial inter	est?	city of with air		any such officer,	$\perp \sqcup$	х			
During this reporting period, was the property or funds?	ere any tl	neft, embezzlement, (	diversion or mi	suse of the orga	nization's charitable		x			
3 During this reporting period, did r	on-prog	ıram expenditures e	exceed 50% o	f gross revenue	s?		x			
4 During this reporting period, were an Form 4720 with the Internal Reve	ny organi nue Ser	ization funds used to vice, attach a copy.	pay any penal	ty, fine or judgm	ent? If you filed a		x			
5 During this reporting period, were purposes used? If 'yes,' provide an provider.	the ser attachme	vices of a commercent listing the name,	cial fundraiser address, and b	or fundraising elephone numbe	counsel for charitable r of the service		x			
6 During this reporting period, did the the name of the agency, mailing	organiza address	ation receive any gove , contact person, ar	ernmental fund nd telephone i	ling? If so, provid number.		1 X				
7 During this reporting period, did the indicating the number of raffles a				ooses? If 'yes,' p	rovide an attachment		x			
Does the organization conduct a vel the program is operated by the c charitable purposes.	hicle don harity or	ation program? If 'ye whether the organi	s,' provide an ization contra	attachment indic cts with a comn	ating whether nercial fundraiser for		х			
Did your organization have prepa principles for this reporting period		audited financial sta	tement in acc	ordance with g	enerally accepted accounting	X				
Organization's area code and telephor	ne numb	er <u>619-584-57</u>	777							
Organization's e-mail address										
I declare under penalty of perjury that	t I have	examined this repo	ert, including	accompanying	documents, and to the best of my l	nowled	dge			
and belief, it is true, correct and com	plete.	·			·					
TAXPAYERS COPY	י ואַוייף	RESA STIVERS		EXECUTIV	E DIRECTOR					
Signature of authorized officer		ed Name		Title	Date	<del></del>				

2012

# **CALIFORNIA STATEMENTS**

PAGE 1

CLIENT 11-014

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

94-2358632

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

COUNTY OF SAN BERNARDINO HUMAN SERVICES- ADMINISTRATIVE SUPPORT DIVISION 150 S. LENA ROAD SAN BERNARDINO, CA 92145 DEWAYNE FORD 909.388.0222

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

FIRST 5 SAN BERNARDINO 330 N. D STREET 5TH FLOOR SAN BERNARDINO, CA 92415 RONNIE ROBINSON 909.387.1523

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

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

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

# Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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en ti	o Pu	blic	
nsp	etio	n	
	en ti nspe	en to Pu nspectio	en to Public nspection

A	For the 2	ZUIZ Calend	dar year, or tax year beginn	ing , 2012, a	and ending		,	
В	Check if ap	plicable:	C			D Employe	er Identii	lication Number
	Addres	ss change	WALDEN ENVIRONMEN	IT, INC.		94-2	3586	532
	Name	change	DBA: WALDEN FAMIL	Y SERVICES		E Telephor		
	Initial		6150 MISSION GORG			610	. E Q / _	-5777
	H		SAN DIEGO, CA 921			013-	504	-3111
	Termin	nated	,			ĺ		
	Amen	ded return		<u>_</u>		G Gross re		
	Applic	ation pending	F Name and address of principal	officer: TERESA STIVERS	1 ''	) Is this a group return		⊢ '**
			SAME AS C ABOVE		Н(ь)	Are all affiliates incluing from the first.	ided?	Yes No
1	Tax-exer	npt status	X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) or	527	ii iyo, attacira iist.	(see iiist	ructionsy
J	Websi	<del></del>	W.WALDENFAMILY.OR			Group exemption nu	mber >	•
ĸ		organization:	7.3		ear of Formation:			egal domicile: CA
				Association Other L 1	ear or Formation;	19/0 11/3	iale ui ie	egal bolinche. CA
143	M I	Summar	У					
				n or most significant activities: <u>wд</u>				
ā				ENGAGED IN THE RECRUITM				
Ĕ	<u>O</u> ;	<u> </u>	<u> R_AND_ADOPTIVE_PA</u>	RENTS, AND THE PLACEMEN	VT_OF_FOS	STER AND AD	<u>OPTI</u>	<u>VE CHILDREN.</u>
Governance	_							
ŏ		eck this bo		discontinued its operations or dispo			net as:	sets.
9				ning body (Part VI, line 1a),,			3	8
ς) OO				of the governing body (Part VI, line			4	8
皇				calendar year 2012 (Part V, line 2a)			5	63
Activities &				necessary)			6	0
Ą	7 a To	ital unrelati	ed business revenue from F	Part VIII, column (C), line 12			7 a	0.
	b Ne	et unrelated	d business taxable income f	rom Form 990-T, line 34			7 b	0.
						Prior Year		Current Year
-	8 Cc	ontributions	and grants (Part VIII, line	1h)				111,625.
Revenue				2g)		5,956,3	68.	5,769,045.
φ		_		), lines 3, 4, and 7d)			84.	65.
æ				es 5, 6d, 8c, 9c, 10c, and 11e)			<u> </u>	
				(must equal Part VIII, column (A), lin		5,956,5	52	5,880,735.
				X, column (A), lines 1-3)		3, 550, 5	. 72.	3,000,133.
				• • •	<u> </u>			
			·	(, column (A), line 4)	<b>—</b>	<del> </del>		
ø	<b>15</b> Sa	alaries, oth	er compensation, employee	benefits (Part IX, column (A), lines	5-10) [	2,595,6	84.	2,445,322.
Se	<b>16a</b> Pr	rofessional	fundraising fees (Part IX, c	olumn (A), line 11e)				
Expenses	b To	otal fundrai	sing expenses (Part IX, colu	ımp (D) line 25) ►		100	0.0	and the second
翼	4.7					2 272 0		2 200 500
	1			nes 11a-11d, 11f-24e)	<u> </u>	3,370,2		3,206,506.
	A	•	·	equal Part IX, column (A), line 25)	<u> </u> —	5,965,9		5,651,828.
	19 Re	evenue les	s expenses. Subtract line 18	3 from line 12		-9,3	83.	228,907.
8 6						Beginning of Curren	t Year	End of Year
Assets Balan	20 To	otal assets	(Part X, line 16)			1,206,1	31.	1,478,647
4.5	21 To	otal liabilitie	es (Part X, line 26)			513,5	99.	557,208.
Net A	22 No	et assets o	r fund balances. Subtract lir	ne 21 from line 20		692,5	32	921,439
Б	a dispussion of the second				**********	0,52,5	,JL .	721, 437
com	ier penalties iplete. Decla	s of perjury, I d aration of prep	lectare that I have examined this retul arer (other than officer) is based on a	rn, including accompanying schedules and staten all information of which preparer has any knowled	nents, and to the I Ige.	best of my knowledge	and beli	et, it is true, correct, and
		- T.	•					
		Signati	ure of officer			Date		
	gn							
He	ere		RESA STIVERS		J	EXECUTIVE 1	DIRE	CTOR
		Type o	r print name and title.	A STATE OF THE STA				
		Print/Type	preparer's name	Preparer's signature	Date	Check	ΧH	PTIN
Pa	id	JULTE	A. FIRL	8/14/13			P00085551	
	uu eparer	Firm's nam		JULIE A. FIRL				
	se Only	_	<del></del>		<u> </u>	Firm's EIN	► OF	-2076568
U.S	Jiny	Firm's addi		DEL RIO SOUTH, SUITE 20	<u>U</u>			
			SAN DIEGO, CA			Phone no.		.294.7200
_	<del></del>			shown above? (see instructions)				. X Yes No
RΔ	A For P	anerwork )	Reduction Act Notice, see t	he senarate instructions	TEEAOI	113L 12/18/12		Form <b>990</b> (2012

-orm	<b>990</b> (2012)	WALDEN	ENVIRON	MENT,	INC.				94-23	358632	Page	2
	t III 👔 State	ement of	Program :	Service	Accomp	lishments						
	Checl	k if Scheduk	e O contains	s a respo	nse to any	question in th	is Part III					X
1	Briefly descr	ibe the orga	nization's n	nission:								
	SEE SCHE	DULE O										
											_ ~	
2	Did the organ	nization unde	rtake any sig	nificant pr	rogram servi	ces during the	year which were	not listed on th	ne prior			
	Form 990 or	990-EZ?								. Yes	X No	<b>)</b>
	If 'Yes,' dese	cribe these i	new service:	s on Sch	edule O.							
3	Did the orga	nization cea	ase conducti	ing, or ma	ake significa	ant changes i	n how it conduct	ts, any progra	m services?	. Ye:	s X No	)
	If 'Yes,' des									L	<del></del>	
4	Describe the	organizatio	n's program	n service	accomplish	ments for eac	h of its three la	rgest program	services, as n	neasured by	y expenses	•
	Section 5016	c)(3) and 501	l (c)(4) organi	izations a:	nd section 4'	947(a)(1) trust	s are required to vice reported.	report the arno	unt of grants an	d allocations	s to	
	others, the t	otai expens	es, and reve	enue, ii a	ny, ior eaci	i program ser	vice reported.					
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4 2	(Code:	) (E)	kpenses \$_	4,4	96,385.	including gra	ints of \$		_) (Revenue	۶ <u>5,</u> ن	84,723.	<u>.</u> ,
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					. <b></b> .							
_												
4	(Code:	) (E	xpenses \$	3	23.552	including gra	ants of \$		) (Revenue	\$ ;	325,300	. )
	ADOPTIO				20,002.				<b>'</b> '		,	_
			GEDVICES	7 7 C	OMM TOTE	TO THE	CHILD'S N	EED FOR A	PERMANEN	T HOME.	IN	
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			E FAMIL			TILL TILL	TION, POST	ADOPTIVE	SERVICES	ARE PR	OVIDED	
	AFTER T					ARE FINAL			OMMITTED			īĞ_
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	FAKLY P	DULTHOO	Ľ									
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4	<b>c</b> (Code:	) (E	xpenses \$	2	20,104.	including gr	ants of \$		_) (Revenue	\$	213,75 <u>1</u>	<u>.</u> )
			AFTER (									. — —
	WALDEN	IS CONT	RACTED I	WITH S	AN BERN	ARDINO CO	DUNTY TO P	ROVIDE AF	TERCARE S	ERVICES	IN THE	<u> </u>
	HIGH DE	ESERT FO	R 18-21	YEAR	OLDS.	WALDEN'S	AFTERCARE	PROGRAM	IS A SUPP	ORTIVE	SERVICE	3
							COMING THE					
			CARE.				STER YOUTH					
							ER FOSTER					
							EMOTIONAL					
							ASSISTANC					
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4	d Other prog						SCHEDULE (		č	00 50	c \	
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	e Total prog	ram service	expenses	<u> </u>	5,140	,417.					orm <b>990</b> (2	010
BA	Δ					TEEA0102L	08/08/12			r	UMM <b>サンリ (</b> 2)	.v (2)

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 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Χ 3 Х 4 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...... Χ 5 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III..... Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. X 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 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. X 11 a X 11 b X 11 c Х 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 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... Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII...... 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 and XII is optional...... Х 12 b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E....... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?..... X 14a X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV..... X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV..... 16 X 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)...... Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Χ 19 complete Schedule G, Part III Χ 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20 **b** If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

Rart V 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...... X 21 X 22 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 X Schedule J. 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25. X 24a 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest 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. X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28a Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV...... X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1...... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N. Part II . . . . . . . . 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.... X 35a X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?........... 35b Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.................. X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X

BAA

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable			10.4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a	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 63			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	4.30000000 <b>0</b> 4020	X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
	If 'Yes,' enter the name of the foreign country: ►	- 1976		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		45100	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	-	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	* *		
а	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?	7 a		X
ь	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			,,
	Form 8282?	7 c		X
	If Yes,' indicate the number of Forms 8282 filed during the year		T,	l Ç
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	_	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<del>                                     </del>	^
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	9 a		
Ŀ	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			100
a	Initiation fees and capital contributions included on Part VIII, line 12		10.32	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:		l di sai	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	1	De Salana sanada
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	306		
ā	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	1	
	Note, See the instructions for additional information the organization must report on Schedule O.			
ŀ	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	S. Selection		
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 8		X
	a If 'Yes' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	141		+

Form	990 (2012) WALDEN ENVIRONMENT, INC.	94-2358632	Page 6
Part	Governance, Management and Disclosure For each 'Yes' response to lines 2 through a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, prescribed of Schedule O. See instructions.	gh 7b below, and for ocesses, or changes in	
	Check if Schedule O contains a response to any question in this Part VI		X
Sect	ion A. Governing Body and Management		
1 a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	8 8	es No
	Enter the number of voting members included in line 1a, above, who are independent 1 b	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with officer, director, trustee or key employee?	any other	X
3	Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors or trustees, or key employees to a management company or other person?	supervision 3	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?	ssets? 5	X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or members of the governing body?	ne or more 7a	х
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?	7ь	х
	Did the organization contemporaneously document the meetings held or written actions undertaken during t the following:		
	The governing body?		$\frac{x}{x}$
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reache organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O.</i>		X
Sect	ion B. Policies (This Section B requests information about policies not required by the		
10-2	Did the organization have local chapters, branches, or affiliates?		es No X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and brancoperations are consistent with the organization's exempt purposes?		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13		X I
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could git to conflicts?	ve rise	x x
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' de Schedule O how this is doneSEE SCHEDULE 0		х
	Did the organization have a written whistleblower policy?		X X
15	Did the process for determining compensation of the following persons include a review and approval by in persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	dependent	
	The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE .0 $\dots$		X
b	Other officers of key employees of the organization.	15b	X
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	gement with a	l x
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	eguard the	
Sec	organization's exempt status with respect to such arrangements?tion C. Disclosure	16b	
	List the states with which a copy of this Form 990 is required to be filed CA		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 inspection. Indicate how you make these available. Check all that apply.	⊩T (501(c)(3)s only) available	for public
		lain in Schedule O)	
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, at 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 reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person who possesses the books and reconstruction of the person of		

# 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.

X

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

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

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

Check this box if neither the organization n	or any rela	ted org	ganiz	atio	n co	mpens	atec	d any current officer, dir	ector, or trustee.	
	(C)									
(A) Name and Title	(B) Average hours per week (list	one bo	er an	not less p d a d	check persoi irecto	more to n is both r/trustee	han n an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation
SEE SCHEDULE O	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ARLENE LIEBERMAN	0									
BOARD MEMBER	0	X						0.	. 0.	0.
(2) LESLIE LEVINSON	11	1	i							
BOARD MEMBER	0	X						0.	0.	<u> </u>
(3) ADAM RAJAH GAINEY	11		H							
BOARD MEMBER	0	X						0.	0.	0.
(4) LEE WILLS-IRVINE	1_1_	_								
BOARD MEMBER	0	Х						0.	0.	0.
(5) SUSAN EVANS	40					ı				
DIRECTOR OF OPS	0			Х		******		92,516.	0.	0.
(6) MARYANNE CARLIN, CPA	11	1								İ
TREASURER	0	ļ	ļ	Х				0.	0.	0.
	11	ļ								_
VICE CHAIR	0	ļ	ļ	X				0.	0.	0.
(8) JENNIFER CHAVEZ		ļ							_	•
SECRETARY	0			Х				0.	0.	0.
(9) MICHELLE WALSH-OZANNE	1	ļ		۱,,					2	0
CHAIR	0	ļ	ļ	Х				0.	0.	.0.
(10) TERESA STIVERS	$-\frac{19}{21}$	+		Х				43,727.	47,601.	15,216.
EXECUTIVE DIR.	<u> </u>	<del> </del>	-	Δ	-			43,727.	47,001.	13,210.
(11)		†				1				
(12)	1					ļ				
<u> </u>		t								
(13)		<u> </u>							······································	
(14)										
	1		1	1	1	1	r			I

Part VII Section A. Officers, Directors, Trus	tees, I	<b>∖ey</b> □	Em	oiqí O)		es,	anc	d Highest Com	pensated Emp	loyees (cont)
(A) Name and title	Average hours per	(do box,	not c unle	Pos	ition more	than is both or/trus	one 1 an tee)	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)					Highest compensated employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)							i 			
(18)										
(19)										
(20)										
(21)				i						
(22)										
(23)		-								
(24)										
(25)										
1 b Sub-total							<b>&gt;</b>	136,243.	47,601.	15,216.
<ul> <li>c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).</li> <li>2 Total number of individuals (including but not limited to from the organization  η</li> </ul>							ived	0. 136, 243. more than \$100,00	0. 47,601. 00 of reportable com	15,216. pensation
	· · · · · · · · · · · · · · · · · · ·		****							Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	individu	ıal	• • •				• • •			3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	eportab than \$1	le co 150,0	mpe 00?	ensa <i>If</i> '	atior Yes	and com	l oth iple	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	comper comple	nsatio	on fi chec	rom dule	any <i>J f</i> o	unre or su	elate ch p	ed organization or person	individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compens.	ated ind	eper	nden	nt co	ntra	ctors	s tha	at received more	than \$100,000 of	
compensation from the organization. Report compens.  (A)  Name and business addre		tne c	aler	ndar	yea	ena	ing	With or within the o  (B)  Description	)	(C) Compensation
		., .								
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization *		iited 1	o th	ose	ııste	a abo	ove)	wno received more	e inan	

	Check if Schedule O contains a response to an	y question in this Part VIII			
		(A) Total revenue	<b>(B)</b> Related or exempt function revenue	revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, CIFTS, 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	,625. 111,625.			
PROGRAM SERVICE REVENUE	Business   2a FEES & CONTRACTS GOV AGENCIES   624100		5,397,070. 325,300. 46,675.		
PROGRA	f All other program service revenue g Total. Add lines 2a-2f	······································			
	other similar amounts)	ceeds. • 65.			65.
	(i) Real (ii) Pe  6 a Gross rents	ersonal			
·	7 a Gross amount from sales of assets other than inventory.  b Less: cost or other basis and sales expenses	Other			
OTHER REVENUE	d Net gain or (loss)				
	b Less: direct expenses b  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold				
	b c d All other revenue				
	e Total. Add lines 11a-11d	b 5 880 735	5 769 045		65

Part X Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX...... (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Fundráising Program service general expenses expenses. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21...... Grants and other assistance to individuals in the United States. See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 47,394 85,039 0. 132,433 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 Other salaries and wages..... 1,742,379 1,563,149 179,230 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)..... 366,856. 67,173. Other employee benefits..... 434,029 19,537. Payroll taxes..... 136,481 116,944. Fees for services (non-employees): a Management...... 250. 250. **b** Legal..... 26,750 26,750 d Lobbying. e Professional fundraising services, See Part IV, line 17. . . f Investment management fees..... g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0)....... 85,814 78,075. 7.739 Advertising and promotion ..... 38,576. 41,143 2,567 Office expenses..... 28,266 22.345. 5,921 Information technology..... 14 15 Royalties..... Occupancy..... 24,630 16 242,826 218,196. 17 109,267 105,844 3,423 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 14,087. 4,846 18,933 20 Interest....... Payments to affiliates.... 21 Depreciation, depletion, and amortization... 24,749 11,309 13,440 95,463 9,405 23 Insurance 104,868 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... a FOSTER PARENTS 2,203,730 2,203,730 65,096 36,742 28,354 b MISC EXPENSE 52,915 8,757 61,672 c TELECOMMUNICATION 47,324 47,324 d EMANCIPATED YOUTH e All other expenses..... 121,218 24,600 145,818 25 Total functional expenses. Add lines 1 through 24e . . . 5,651,828 5,140,417 511.411 0. 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).....

Part X Balance Sheet

(A) Beginning of year (B) End of year 456,093. 222,124 1 Cash — non-interest-bearing..... 2 Savings and temporary cash investments ..... 170,193. 64,732 3 Pledges and grants receivable, net ..... 4 Accounts receivable, net ..... 637,286 683,216 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 Loans and other 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). Complete Part II of Schedule L . . . . . 6 7 Notes and loans receivable, net ..... 8 Inventories for sale or use..... Prepaid expenses and deferred charges..... 26,428 9 56.958 Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D..... 343,396. 10 c 41,879 301,517. 41,758 Investments — publicly traded securities..... 11 Investments - other securities. See Part IV, line 11..... 12 12 13 Investments – program-related. See Part IV, line 11..... 13 Intangible assets ..... 14 14 Other assets. See Part IV, line 11..... 15 15 213,803 70,308. Total assets. Add lines 1 through 15 (must equal line 34).... 1,206,131 16 1,478,647. 16 Accounts payable and accrued expenses..... 468,579 17 525,119. 17 Grants payable ...... 18 18 Deferred revenue..... 19 19 Tax-exempt bond liabilities..... 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 Loans and other payables to current and former officers, directors, trustees, 22 22 Secured mortgages and notes payable to unrelated third parties..... 3,733 23 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 41,287 25 32,089. 26 557,208 Total liabilities. Add lines 17 through 25..... 513.599 26 X and complete Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. 27 884,447. Unrestricted net assets..... 692,532. 28 Temporarily restricted net assets ..... 36,992. 29 Permanently restricted net assets..... 29 Q R Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. FUND Capital stock or trust principal, or current funds..... 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund..... 31 BALANCES Retained earnings, endowment, accumulated income, or other funds..... 32 32 692,532. 33 921,439. 33 Total net assets or fund balances..... 34 1,206,131 1,478,647. 34 Total liabilities and net assets/fund balances ..... Form 990 (2012) BAA

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

RAA

3 b X Form 990 (2012)

### 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name (	of the or	ganization	WALDE	N ENVIRONMENT	r, INC.				- 1	, ,	identificati			
			DBA: Y	WALDEN FAMILY	Y SERVICES						<u> 58632</u>			
Par	II F	<u>Reason</u>	for Pub	lic Charity Statu	<b>ıs (</b> All organizations	must c	<u>omple</u>	te this	part.)	See ir	<u>nstructi</u>	ons.		
The o			•		use it is: (For lines 1 thro									
1					ociation of churches des		section	170(b)(	(1)(A)(i).			-		
2	1. J			, , , , ,	<b>A)(ii).</b> (Attach Schedule l									
3				•	vice organization describ									
4	1 1				ed in conjunction with a l	nospital d	lescribe	d in sec	tion 170	l(b)(1)(A	<b>ı)(iii)</b> . En	ter the hos	pital's	i
			, and state											
5	□1	70(b)(1)(/	<b>\)(</b> iv). (Co	mplete Part II.)	a college or university own					unit des	cribed in	section		
6					governmental unit descr									
7	∐A	n organiza L section	ation that n 170/hW1W	normally receives a su ( <b>A)(vi).</b> (Complete P	ubstantial part of its suppo Part II )	rt from a	governm	entai uni	t or from	the gen	ierai publi	ic described	1	
8	A	commur	nity trust d	escribed in section	170(b)(1)(A)(vi). (Comple									
9	re u	elated to i nrelated bu Complete	ts exempt f siness taxal Part III.)	functions — subject to ple income (less section	nore than 33-1/3% of its su certain exceptions, and (7 511 tax) from businesses acc	2) no morquired by th	e than 30 ie organiz	3-1/3% o ation afte	if its sup ir June 30	port from , 1975. S	n aross in	vestment in	m activ icome	<i>i</i> ities and
10					l exclusively to test for p							_		
11	∐ s s	n organiza upported upporting	ation organi organizatio <sub>I</sub> organizat	ized and operated exc ns described in section tion and complete lii	lusively for the benefit of, to on 509(a)(1) or section 509 nes 11e through 11h.	o perform ∂(a)(2). Se	the functive section	ions of, on <b>509(a)</b>	or carry o (3). Cheo	out the p ok the bo	urposes o x that de:	of one or mo scribes the	re pub type of	licly f
	а	ı Птуре	el i l	Type II	c Type III - Function	nally inte	grated	•	d [ ] 1	ype III	Non-fu	ınctionally	integr	ated
, е	o	By checking the than ection 50	foundation	x, I certify that the o managers and other	rganization is not contro than one or more publicly	lled direct supported	tly or in Lorganiz	directly ations de	by one escribed	or more in sectio	disquali on 509(a)	fied persor (1) or	ıs	
f	li	f the organ	nization red	ceived a written deter	mination from the IRS that	is a Type	I, Type	II or Typ	e III sup	porting c	organizati	on,		
Ç	, 5	Since Aug	ust 17, 20	006, has the organiza	ation accepted any gift	or contrit	ution fr	om any	of the fo	llowing	persons	?		
											1 7775		Yes	No
	(	belo	w, the gov	erning body of the s	controls, either alone or controls, either alone or supported organization?.			• • • • • • •	• • • • • •		• • • • • • • •	11 g (i)		
			-	,	cribed in (i) above?							. 11 g (ii)		
					on described in (i) or (ii)					· • • • • • •	,	11 g (iii)	}	
ł	ı F	rovide th	e followin	g information about	the supported organizat	ion(s).							1	
	!	(i) Name of a organiz	supported ation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	s the ation in i) listed in overning ment?	(v) Did yo the organ column ( supp	ou notify lization in i) of your port?	organiz colui organiz	Is the zation in mn (i) ed in the S.?	(vii) Amoun sur	t of mor oport	etary
						Yes	No	Yes	No	Yes	No			
						Ė								
<u>(A)</u>		······································	· · · · · · · · · · · · · · · · · · ·	-				<u> </u>	<del> </del>					
<u>(B)</u>			· · · · · · · · · · · · · · · · · · ·					ļ						
<u>(C)</u>														
(D)														
(E)														
Tota	ıl									1				
BAA	For	Paperwo	rk Reduct	ion Act Notice, see	the Instructions for Forr	n 990 or	990-EZ.			Schedul	e A (Forn	n 990 or 990	0-EZ) 2	2012

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						
begit	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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						
<b>4</b> 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
7	Amounts from line 4						<del></del>
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	e grand per de ten Grand - Justinian		in the principle of the second	Propagation in the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Comments of the St. Com		
12	Gross receipts from related acti	vities, etc (see ins	structions)		, , , ,	12	
13	First five years. If the Form 990 is organization, check this box and	for the organizatio	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	ıblic Support F	Percentage				
14	Public support percentage for 2	012 (line 6, colum	ın <b>(f) divided by li</b> ı	ne 11, column (f)	)	14	%
15	Public support percentage from	2011 Schedule A	, Part II, line 14			15	%_
16 a	16a 33-1/3% support test — 2012. 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						
ŀ	b 33-1/3% support test — 2011. 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.						
17 a	17 a 10%-facts-and-circumstances test — 2012. 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						
I	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-al	test — 2011. If the n meets the 'facts- nd-circumstances'	organization did r and-circumstance test. The organiz	not check a box o s' test, check this ation qualifies as	in line 13, 16a, 16 s box and <b>stop he</b> a publicly suppor	b, or 17a, and line re. Explain in Part ted organization	e 15 is 10% t IV how the
18	Private foundation. If the organ	nization did not ch	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	nis box and see ins	structions 🟲 📗

e

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.)

<u> </u>	uon A. Public Support						
	dar year (or fiscal yr beginning in) > Gifts, grants, contributions	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
	and membership fees received. (Do not include any 'unusual grants.')	01 207	715 047	COO 101		111 605	1 506 270
2	Gross receipts from admis-	91,297.	715,247.	608,101.		111,625.	1,526,270.
-	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0 742 120	7 605 441	<i>E</i> 727 220	E 0E6 360	E 760 04E	24 001 222
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	8, 143, 139.	7,005,441.	6, 737, 329.	3,956,368.	5,769,045.	34,891,322.
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						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	8,834,436. 0.	8,400,688.	7,345,430.	5,956,368. 0.	5,880,670. 0.	36,417,592.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13					·	
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)	f to the second					36,417,592.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	8,834,436.	8,400,688.	7,345,430.	5,956,368.	5,880,670.	36,417,592.
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	F 706	5 004	0.50	104		
t	similar sources.  Description of the business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	5,726.	6,894.	952.	184.	65.	13,821.
C	Add lines 10a and 10b	5,726.	6,894.	952.	184.	65.	13,821.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12.)	8.840.162	8.407.582	7.346.382	5,956,552	5.880.735	
14		is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax vear as	a section 501(c)	(3)
Sec	tion C. Computation of Pu						
	Public support percentage for 2			ne 13. column (f)	)	15	99.96 %
16	Public support percentage from	•					99.93 %
	tion D. Computation of Inv						1 22.23
17	Investment income percentage		·····		ımn (fl)		0.04 %
18	Investment income percentage	·		•		<del></del>	0.04 8
	33-1/3% support tests — 2012.						
	is not more than 33-1/3%, check 33-1/3% support tests — 2011. I	k this box and <b>sto</b>	<b>p here.</b> The organ	nization qualifies	as a publicly supp	orted organizatio	n ► X
	line 18 is not more than 33-1/39	%, check this box	and stop here. Th	ne organization qu	ualifies as a public	cly supported orga	anization 🏲 📋
20	Private foundation. If the organ	ization did not che	eck a box on line	14, 19a, or 19b, o		d see instructions	
DAA							

	(Form 990 or 990-EZ		LDEN ENVI	RONMENT,	INC.	94-2358632	Page 4
EPlaje BLV =	(See instruction	Information. a or 17b; and ns).	Complete t Part III, line	his part to ∍ 12. Also	provide the explan- complete this part t	ations required by Part II, line for any additional information.	
	•					·	
				· • • • • • • •			
Book Brids Arrest burds burds A						- <b> </b>	<del></del>
	e per en e						
para muse para masa para para	<b></b>			· · · · · · · · · · · · · · · · · · ·	·		
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TEEA0404L 08/10/12

BAA

Schedule A (Form 990 or 990-EZ) 2012

#### 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

2012

MALDEN ENV	TRONMENT, INC.	Embloket Identification timings
DBA: WALDE	N FAMILY SERVICES	94-2358632
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X = 501(c)(3) (enter number) orga	inization
	4947(a)(1) nonexempt charitable tru	ust <b>not</b> treated as a private foundation
	☐ 527 political organization	
	L. Joz. Political organization	
Form 990-PF	501(c)(3) exempt private foundation	1
	4947(a)(1) nonexempt charitable tru	ust treated as a private foundation
	501(c)(3) taxable private foundation	1
	[*] (*/\*-\*-\*-\*-\*-\*-\*-\*-\*-\*-\*-\*-\*-\	•
Check if your organization is covere	ed by the General Rule or a Special Rule	A CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONT
, ,	,	Panarat Dula and a Charial Dula Cas instructions
	or (10) organization can check boxes for both the G	eneral Rule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form 99	0, 990-EZ, or 990-PF that received, during the year, \$5,0	000 or more (in money or property) from any one
contributor. (Complete Parts I a	nd II.)	
Special Rules		
For a section 501(c)(3) organize	ation filing Form 990 or 990-EZ that met the 33-1/3%	support test of the regulations under sections
(2) 2% of the amount on (i) For	and received from any one contributor, during the yearn 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1.	Complete Parts I and II.
$\Box$ For a section 501(c)(7), (8), or (10)	0) organization filing Form 990 or 990-EZ that received fr	rom any one contributor, during the year,
total contributions of more than	\$1,000 for use <i>exclusively</i> for religious, charitable, some or animals, Complete Parts I, II, and III.	scientific, literary, or educational purposes, or
		vene and an emphilipped of vine the year
contributions for use exclusively f	0) organization filing Form 990 or 990-EZ that received fror religious, charitable, etc, purposes, but these contribute	rom any one contributor, during the year, itions 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.
	the parts unless the <b>General Rule</b> applies to this organiza	
religious, charitable, etc, contri	butions 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! nedule B (Form 990, 990-EZ, or 990-PF).	, line 2, of its Form 990-PF, to certify that it does not
BAA For Paperwork Reduction Ac	t Notice, see the Instructions for Form 990, 990EZ,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012

Page

1 of

1 of Part 1

Name of organization
WALDEN ENVIRONMENT, INC.

Employer identification number 94-2358632

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HERVEY FAMILY FUND 6150 MISSION GORGE ROAD, #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
2	SAN MANUEL BAND OF INDIANS 6150 MISSION GORGE ROAD, #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
3	LAS PATRONAS 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$ 14,625.	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	DAY FOR CHANGE 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$ 12,500.	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
5	PRICE FAMILY CHARITABLE FUND 6150 MISSION GORGE ROAD, #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
6	WALDEN FAMILY SERVICES FOUNDATION 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$843,708.	Person X Payroll Noncash (Complete Part II if there is

Page

1 of Part II

WALDEN ENVIRONMENT, INC.

Employer identification number 94-2358632

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A	111-111-1111-1111-1111-1111-1111-1111-1111		
		\$\$	
(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.	(b)	(6)	(d)
from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
Z-> N-	4.5		
(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
		\$	
		Schedule <b>B</b> (Form 990, 990	

1 to

of Part III

Name of organization WALDEN ENVIRONMENT, INC.

1 Employer identification number 94-2358632

		J1 200002
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 columns (a) through (e) an	
	For organizations completing Part III, enter total of exclusively religious, charitable, etc.	-

N/A

(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
laiti	N/A		
		(e)	
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) . from art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		,	
	Transferee's name, address,	Relationship of transferor to transferee	
		**************************************	
(a) . from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
	Transferee's flame, audiess,	netationship of transferor to transferee	
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Tunnel	(e) Transfer of gift	Political tracking for the second
	Transferee's name, address,	and 217 + 4	Relationship of transferor to transferee

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **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

2012

Open to Public Inspection

ኬፖ <b>አ</b> ፐ	DEN ENVIRONMENT, INC.						
	A: WALDEN FAMILY SERVICES			94-2358632			
Par	Organizations Maintaining Dono	r Advised Funds or Other	Similar Funds or Acc	counts. Complete if			
20002280	the organization answered 'Yes' to Form 990, Part IV, line 6.						
		(a) Donor advised fu	nds (b) F	unds and other accounts			
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year),						
4	Aggregate value at end of year						
5	Did the organization inform all donors and dor are the organization's property, subject to the						
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor, o	that grant funds can be us or for any other purpose co	ed only  nferring  Yes No			
	Conservation Easements. Comp						
	Purpose(s) of conservation easements held by			990, Part IV, Inte 7.			
•	Preservation of land for public use (e.g., r	<del>-</del>	Preservation of an historic	ally important land area			
	Protection of natural habitat	- Corection or education	Preservation of a certified	- •			
	Preservation of open space	· ·	] , , , , , , , , , , , , , , , , , , ,	The state of a state of			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contri	bution in the form of a conser	vation easement on the			
				Held at the End of the Tax Year			
	Total number of conservation easements						
Ł	Total acreage restricted by conservation ease	ments	2b				
(	: Number of conservation easements on a certi	fied historic structure included in	ı (a) 2 c				
C	Number of conservation easements included i structure listed in the National Register	,	2d				
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or	terminated by the organization	on during the			
4	Number of states where property subject to conse	ervation easement is located 🟲					
5	Does the organization have a written policy re and enforcement of the conservation easeme	garding the periodic monitoring,	inspection, handling of vio	lations, Yes No			
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conserva	ition easements during the ye	ar			
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, and enforcing conservation	easements during the year				
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section 170(h)	(4)(B)(i) Yes No			
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote	s conservation easements in its revite to the organization's financial st	venue and expense statement atements that describes the	, and balance sheet, and e organization's accounting for			
	conservation easements.	Allena of Aut 18ataut - FT	wasanna ay Odlay Ct	uilay Asasia			
l <sub>F</sub> ai	<b>† III</b> Organizations Maintaining Colle Complete if the organization ans	wered 'Yes' to Form 990,	Part IV, line 8.	nliar Assets.			
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education,	or research in furtherance of	ent and balance sheet works of public service, provide,			
İ	b If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:	or public exhibition, education, or r	research in furtherance of pub	lic service, provide the			
	(i) Revenues included in Form 990, Part VIII						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, amounts required to be reported under SFAS	116 (ASC 958) relating to these	items:				
	a Revenues included in Form 990, Part VIII, line			***************************************			
	h Assets included in Form 990. Part X			►Ś			

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection bency (check details apply):  a   Public exhibition   d   Loan or exchange programs    b   Scholarly research   Other    c   Preservation for future generations    d   Loan or exchange programs    c   Other    C   Preservation for future generations    d   Loan or exchange programs    c   Other    C   Preservation for future generations    d   Loan or exchange programs    c   Other    Dearwork   Other    Part XIII.    Part XIII.    1 A Provise a decorption of the organization collections and explain how they further the organization's exempt purpose in Part XIII.    Part XIII.    1 A Provise a decorption of the organization collection of the organization organization of property (o) Cost or other (o) Cost or other (o) Cost or other (o) Cost or other (o) Cost or other (o) Co	Schedule D (Form 990) 2012 WALDEN ENVIRO	NMENT, INC.		94-2358	3632 Page <b>2</b>
Temporary   Scholarly research	Part III Organizations Maintaining Collection	ctions of Art, Histor	rical Treasures, or	Other Similar Asse	ets (continued)
b   Scholarly research   c   Other   c   Preservation for future generations   d   Provise a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII   During they way, did the organization solicit or receive decisions of art, historical treasures, or other similar assets   Yes   No   During they way, did the organization solicit or receive decisions of art, historical treasures, or other similar assets   Yes   No   Dark VI   Escrow and Custodial Arrangements, Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if 'Yes', explain the arrangement in Part XIII and complete the following table:  c Beginning belance.	3 Using the organization's acquisition, accession, an items (check all that apply):	d other records, check an	y of the following that are	a significant use of its o	ollection
c Preservation for future generations  A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in  Provide a description of the organization's solicit or receive decations of art, historical trossures, or other similar assets to be soid to raise funds rether than to be maintained as part of the organization's collection?.  It is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21.  It is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21.  It is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21.  It is the organization an agent trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21.  It is the organization an amount on Form 990, Part XI, line 21.  It is a septiment behavior at the part of the contributions of the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII. It is a line of the part XIII. Check here if the explantion has been provided in Part XIII. It is a line of the part XIII. It is a line of the organization answered Yes' to Form 990, Part IV, line 10.  It is Beginning of year balance.  It is a Beginning of year balance.  It is a Beginning of year balance.  Organizations.  It is a Beginning of year balance.  It is a Beginning of year bal		d 🔲 Loan o	r exchange programs		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical trossures, or other similar assets to be sold to arise funds rather than to be maintained as just of the organization collection?	1 1	e 🗌 Other			
Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical trosaures, or other similar assets     Yes	Ii				
Tall   Escrow and Custodial Arrangements. Complete if the organization answered Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21:    Tall   It is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Part XIII.				
Teported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  bit Yes, 'explain the arrangement in Part XIII and complete the following table:  c Beginning balance. d Additions during the year. le   It   It   It   Distributions during the year. le   Ending balance. f Ending balance. f Ending balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   It   Jean Washed Balance. le   It   Jean Washed Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balance Balanc	5 During the year, did the organization solicit or it to be sold to raise funds rather than to be main	receive donations of art ntained as part of the or	, historical treasures, or ganization's collection?.	other similar assets	
on Form 990, Part X7.  b If Yes,' explain the arrangement in Part XIII and complete the following table:  c Beginning balance	Part IV Escrow and Custodial Arrangements. C reported an amount on Form 990	omplete if the organiza , Part X, line 21.	tion answered 'Yes' to	Form 990, Part IV, line	e 9, or
c Beginning balance. d Additiors during the year. e Distributions during the year. 1	on Form 990, Part X?		. , ,	er assets not included	Yes No
c Beginning belance. d Additions during the year. f Ending belance. 1 te f Ending belance. 1 te f Ending belance. 1 te f Ending belance. 1 te f Ending belance. 1 te f Ending belance. 1 te f Ending belance. 2 a Did the organization include an amount on Form 990, Part X, line 21? bit "Yes," explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII.  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current (b) Prior year (c) Two years (d) Three years (c) Four years  1 a Beginning of year balance. b Contributions.  c Net investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs.  1 Administrative expenses. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment *	<b>b</b> If 'Yes,' explain the arrangement in Part XIII ar	nd complete the following	ng table:		
d Addititions during the year.  e Distributions during the year.  1 Ending balance.  2a Did the organization include an amount on Form 990, Part X, line 21?.  b If Yes, explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII.  Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.  (a) Current (b) Prior year (c) Two years (d) Three years (e) Four years  1 a Beginning of year balance.  b Contributions.  c Net investment earnings, gains, and losses.  d Grants or scholarships.  e Other expenditures for facilities and programs.  1 Administrative expenses.  g End of year balance.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment \rightarrow \frac{8}{3}  The percentages in lines 2a, 2b, and 2c should equal 100%.  3 a Are these endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations.  (ii) related organizations.  b if Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VII Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other department basis (other)  1 a Land.  b Buildings.  c Leasehold Improvements.  2 2, 834. 22, 455. 379.  d Equipment.  c Other.  c Other.  d Describe in Part XIII the intended uses of the organization's endowment funds.  Part VIII Land, Buildings, and Equipment. See Form 990, Part X, line 10.  C Description of property  (a) Cost or other basis (b) Cost or other department of the part of the intended uses of the organization's endowment funds.  Part VIII Land, Buildings, and Equipment. See Form 990, Part X, line 10.  C Description of property  (b) Cost or other basis (b) Cost or other department of the part of the part of the part of the part of the part of th					Amount
e Distributions during the year.  f Ending balance.  f Ending balance.  f Ending balance.  b If 'Yes,' explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII.  Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.    Earl X   Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.    A Beginning of year balance.   (a) Current   (b) Prior year   (c) Two years   (d) Three years   (e) Four years					
1 Ending balance. 19					
2a Did the organization include an amount on Form 990, Part X, line 21?  b If Yes, explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII.  Part XIII. Check here if the explantion has been provided in Part XIII.    Part XIII. Check here if the explantion has been provided in Part XIII.					
Pail V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	<del>_</del>			b	Voc No
Part V   Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.   (a) Current   (b) Prior year   (c) Two years   (d) Three years   (e) Four years					
1 a Beginning of year balance	bit Yes, explain the altangement in Fart Am. C	blieck fiere if the explain	tion has been provided	IIII alt XIII	
1 a Beginning of year balance	Part V Endowment Funds Complete if	the organization an	swered 'Yes' to For	m 990. Part IV. lin	e 10.
to Net investment earnings, gains, and losses.  c Net investment earnings, gains, and losses.  d Grants or scholarships					
c Net investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \( \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c}		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
c Net investment earnings, gains, and losses. d Grants or scholarships	· · · · · · · · · · · · · · · · · · ·				
e Other expenditures for facilities and programs	c Net investment earnings, gains,				
e Other expenditures for facilities and programs.  f Administrative expenses. g End of year balance.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >					<u> </u>
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment    b Permanent endowment    c Temporarily restricted endowment    c Temporarily restricted endowment    c The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if Yes' to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other 320, 562 279, 062 41, 500  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) 41, 879					
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b Permanent endowment	2 Provide the estimated percentage of the curre	nt year end balance (lin	e 1g, column (a)) held a	as:	
c Temporarily restricted endowment ► % The percentages in lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations.	a Board designated or quasi-endowment	%			
The percentages in lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations.  (ii) related organizations.  (ii) related organizations.  (iii) related organizations.  (iv) the related organizations listed as required on Schedule R?.  (iv) Describe in Part XIII the intended uses of the organization's endowment funds.  Part XIII the intended uses of the organization's endowment funds.  Part XIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIIII the intended uses of the organization's endowment funds.  Part XIIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.  Part XIIII the intended uses of the organization's endowment funds.	b Permanent endowment ► %				
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(ii) related organizations.  b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1 a Land.  b Buildings.  c Leasehold improvements.  c Leasehold improvements.  d Equipment.  e Other.  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  3a(ii)  3b  (d) Book value  (d) Book value  22, 834.  22, 455.  379.	organization by:				Yes No
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1 a Land.  b Buildings.  c Leasehold improvements.  c Leasehold improvements.  e Other.  22,834.  22,455.  379.  41,500.  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).  41,879.					
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1a Land.  b Buildings.  c Leasehold improvements.  c Leasehold improvements.  e Other.  1 Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  1 Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  1 Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1a Land.  b Buildings.  c Leasehold improvements.  c Lequipment.  e Other.  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).  (c) Accumulated depreciation  (d) Book value  22, 435.  379.  41, 500.					. 3b
Description of property  (a) Cost or other basis (investment)  1 a Land					
(investment)       basis (other)       depreciation         1 a Land.       320,562.       379.         b Buildings.       22,834.       22,455.       379.         d Equipment.       320,562.       279,062.       41,500.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)       41,879.	District Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t				
b Buildings.       22,834.       22,455.       379.         c Leasehold improvements.       22,834.       22,455.       379.         d Equipment.       320,562.       279,062.       41,500.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)       41,879.	Description of property		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
c Leasehold improvements.       22,834.       22,455.       379.         d Equipment.       320,562.       279,062.       41,500.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)       41,879.	· ·				
d Equipment       320,562.       279,062.       41,500.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)       41,879.	_			20.455	0.00
e Other	•		22,834.	22,455.	379.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			200 500	070 060	A1 FOO
	BAA	quai FUIII 330, Fält X, (	commit (5), title 10(c).).		

Part VII Investments - Other Securities. See	Form 990, Part X,	line 12. N/A	
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)  (1) Financial derivatives		end-or-year marke	et value
(2) Closely-held equity interests			
(3) Other			
(A)			
<u></u>			
(C)			
(D)			
(E)			
(F)			
(G)			
<u>`ii</u> (H)	, <del>4</del>		
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			CALLS CALL AND LONG CO.
Part VIII Investments - Program Related. See		line 13. N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuati end-of-year mark	on: Cost or et value
(1)			
(2)			
(3)			
(4)			
(5)			±=1 . 4414**
(6)	· ·		
(7)	1.00		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).		(3.55) (2.55) (3.55) (3.55) (3.55)	
Part IX Other Assets. See Form 990, Part X,	II⊓E IS. N/ F escription	1	(b) Book value
(1)	sacription		(b) Book value
(2)			
(3)			
(4)			· · · · · · · · · · · · · · · · · · ·
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)	-		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	(B), line 15.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part			
(a) Description of liability	(b) Book value		aren gerakanan
(1) Federal income taxes			
(2) OVERPAYMENTS	32,0	89.	
(3)			
(4)			
(5)			
(6)			ry oznajelovanika jed
(7)			
(8)			法正法法院的指挥的
(9)			
(10)			
(11) Total (Column (h) must equal Form 990, Part X, column (B) line 25.)	▶ 32.0	00	
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Schedule D (Form 990) 2012 WALDEN ENVIRONMENT, INC.	94-2358632 rage 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	
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. 2a b Donated services and use of facilities. 2b	
b Donated services and use of facilities	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2e
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	III.
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	
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	
b Prior year adjustments.	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
Par XIII Supplemental Information	
	Part IV lines 1h and 2h' Part V
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information.
	·
PART X - FIN 48 FOOTNOTE	
WALDEN FAMILY SERVICES IS A PUBLIC CHARITIY AND IS EXEMPT FROM I	NCOME TAXES UNDER
	4-1
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701	(D) OF THE
CALTEODMIA DEGENGE AND TAVATION CODE MAIDEN TAMILY CEDUICES DE	י דבוובי יינאיי יינבע
CALIFORNIA REVENUE AND TAXATION CODE. WALDEN FAMILY SERVICES BE	LIEVES TIME THEF
HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUC	H, DO NOT HAVE ANY
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATE	
ONCENTATIN THE LOCATIONS THAT WE MATERIAN TO THE LIMMOTAL STATE	ELLECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T
FAMILY SERVICES IS NOT PRIVATE FOUNDATIONS.	
BAA	Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 WALDEN ENVIRONMENT, INC.	94-2358632	Page 5
Part XIII Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)	· · · · · · · · · · · · · · · · · · ·	
THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TO	X FOR THE YEARS	ENDED
DECEMBER 31, 2012, 2011, 2010 AND 2009 ARE SUBJECT TO EXAMINATION	ON BY THE INTERN	AL
REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THE THE	REE TO FOUR YEARS	
AFTER THE RETURNS WERE FILED.		
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### SCHEDULE O (Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2012

OMB No. 1545-0047

Open to Public -

Department of the Treasury Internal Revenue Service

Name of the organization WALDEN ENVIRONMENT, Employer identification number INC 94-2358632 WALDEN FAMILY SERVICES FORM 990, PART III, LINE 1 - ORGANIZATION MISSION WALDEN ENVIRONMENT DBA WALDEN FAMILY SERVICES (WALDEN) NONPROFIT ORGANIZATION TO PROVIDE ADVOCACY, OUT OF HOME PLACEMENT, AND TREATMENT SERVICES FOR CHILDREN UNABLE TO REMAIN IN THEIR OWN HOMES DUE TO ABANDONMENT, ABUSE, WALDEN'S GOAL IS TO HELP STABILIZE CHILDREN, YOUTH AND FAMILIES THROUGH COMMUNITY-BASED PREVENTION AND INTERVENTION SERVICES. WALDEN IS A TREATMENT-LEVEL FOSTER FAMILY AND ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT CERTIFICATION, AND TRAINING OF FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF WALDEN'S FUNDING COMES PRIMARILY FROM FEDERAL, STATE, FOSTER AND ADOPTIVE CHILDREN. AND COUNTY WELFARE PROGRAMS. WALDEN PROVIDED SERVICES TO 430 UNIQUE FOSTER CARE CLIENTS PLUS HUNDREDS MORE CHILDREN/YOUTH/TEENS THROUGH OUR ADOPTIONS, AFTER CARE, CAL LEARN AND FIRST 5 NURTURING PARENTING PROGRAMS. FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS FOSTER CARE PLACEMENT THERAPEUTIC FOSTER CARE: THERAPEUTIC FOSTER CARE IS AN ALTERNATIVE TO INSTITUTIONALIZATION FOR CHILDREN. CHILDREN IN WALDEN'S CARE HAVE SEVERE EMOTIONAL AND BEHAVIORAL CHALLENGES AS A RESULT OF PAST ABUSE AND ARE IN NEED OF INTENSIVE SERVICES TO HELP THEM HEAL AND REMAIN IN A MANY OF THE CHILDREN HAVE SUFFERED THE TRAUMA OF MULTIPLE FOSTER FAMILY ENVIRONMENT. FAMILIES OR GROUP HOME PLACEMENTS BEFORE COMING TO WALDEN. WITH WALDEN'S SPECIALLY TRAINED FOSTER FAMILIES AND SUPPORT SERVICES, CHILDREN THAT OTHERWISE WOULD BE IN A GROUP HOME ARE ABLE TO LIVE WITH A FAMILY. WALDEN IS A COST-EFFECTIVE ALTERNATIVE TO GROUP HOME CARE THAT ALLOWS CHILDREN TO GROW INTO HEALTHY ADULT MEMBERS OF THE COMMUNITY.

Name of the organization WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	Employer Identification number 94–2358632
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
SPECIAL HEALTH CARE NEEDS:	
WALDEN'S SPECIAL HEALTH CARE NEEDS (SHCN) PROGRAM IS DESIGNED I	O MOVE MEDICALLY
FRAGILE CHILDREN OUT OF SKILLED NURSING FACILITIES AND HOSPITAL	S INTO HIGHLY SKILLED
AND SPECIFICALLY TRAINED CERTIFIED FOSTER FAMILIES. THIS PROGR	RAM ALSO CARES FOR
CHILDREN WITH TECHNOLOGY-DEPENDENT CONDITIONS SUCH AS APNEA MON	NITORS, NEBULIZERS,
OXYGEN, FEEDING TUBES AND OTHER ADAPTIVE EQUIPMENT. OTHER CHII	DREN IN THE PROGRAM
MAY INCLUDE DRUG-EXPOSED INFANTS, JUVENILE DIABETICS, FAILURE I	TO THRIVE INFANTS,
PREMATURE INFANTS, OR CHILDREN WITH OTHER LIFE THREATENING MEDI	CAL CONDITIONS. THIS
UNIQUE PROGRAM INCLUDES INTENSIVE TRAINING AND SUPPORT FOR FOST	TER PARENTS WILLING TO
CARE FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS.	·
DEVELOPMENTAL DISABILITIES PROGRAM:	
WALDEN FAMILY SERVICES SERVES THE NEEDS OF FOSTER CHILDREN AND	TEENS WITH
DEVELOPMENTAL DISABILITIES AND BEHAVIORAL CHALLENGES. DEVELOPMENTAL DISABILITIES AND DEVELOPMENTAL DISABILITIES AND DEVELOPMENTAL DISABILITIES AND DEVELOPMENTAL CHALLENGES.	MENTAL DISABILITIES
INCLUDE MENTAL RETARDATION, CEREBRAL PALSY, EPILEPSY, AUTISM AN	ND OTHER SIMILAR
CHALLENGES. THE GOAL OF THIS PROGRAM IS TO PREVENT INSTITUTION	NALIZATION, PREPARE
CHILDREN AND TEENS FOR MAXIMUM INDEPENDENCE AND ENRICH LIVES BY	Y PARTICIPATION IN A
FULL RANGE OF NORMAL LIFE EXPERIENCES IN FAMILY AND COMMUNITY	SETTINGS.
LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING (LGBTQ) FO	OSTER CARE NETWORK:
THIS PROGRAM IS DESIGNED TO MEET THE SPECIAL NEEDS OF LGBTO FOR	STER_YOUTH IN SOUTHERN_
CALIFORNIA. THE FOCUS OF THIS PROGRAM IS EDUCATION AND ADVOCACY	Y SERVICES FOR LGBTQ
FOSTER YOUTH, AND TRAINING AND SUPPORT FOR CHILD WELFARE PROVI	DERS, FOSTER PARENTS
AND_BIRTH_FAMILIES. WALDEN FAMILY SERVICES HAS ACTIVELY RECRUI	red and educated
MEMBERS OF THE LGBT COMMUNITY TO BECOME CERTIFIED FOSTER AND A	DOPTIVE PARENTS.
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Name of the organization WALDEN ENVIRONMENT, INC.  DBA: WALDEN FAMILY SERVICES	94-2358632
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
FOSTER CARE FOR PREGNANT AND PARENTING TEENS:	
WALDEN PROVIDES SUPPORT AND TRAINING TO PRE AND POST EMANCIPAT	ED PREGNANT AND
PARENTING TEENS THROUGH THIS PROGRAM. SERVICES INCLUDE SUPPOR	T WITH THE COURT
PROCESS, PARENTING TRAINING, BUDGETING ASSISTANCE AND REFERRAL	S TO COMMUNITY
RESOURCES. THE PROGRAM OFFERS SERVICES AND SUPPORT TO BOTH TE	ENS THAT HAVE CUSTODY
OF THEIR CHILDREN AND TEENS WORKING TOWARD REUNIFICATION WITH	THEIR DEPENDENT
CHILDREN. ADDITIONALLY, UNDER THIS PROGRAM, WALDEN SUPPORTS C	CALIFORNIA STATUTE SB500
(WHOLE FAMILY FOSTER HOME - WFFH) PLACEMENTS AND PROVIDES THE	SERVICES LISTED IN THE
ABOVE PARAGRAPH TO WFFH PLACEMENTS.	
	<u>.</u>
INDEPENDENT FUTURES PROGRAM:	
WALDEN CREATED THE INDEPENDENT FUTURES PROGRAM IN 2001 TO ASSI	ST PRE AND POST
EMANCIPATED WALDEN FOSTER YOUTH WHEN THEY EXIT FROM FOSTER CAL	RE. IT IS A GRANT AND
PHILANTHROPY FUNDED PROGRAM WHICH SERVES OVER 150 PRE- AND POS	ST-EMANCIPATED FOSTER
YOUTH. FUNDING HAS MADE IT POSSIBLE FOR WALDEN TO FOCUS ON THE	HE CORE AREAS OF ITS
PROGRAM: EDUCATION (SUPPORTING YOUTH THROUGH HIGH SCHOOL AND C	COLLEGE WITH EXPOSURE,
TUTORING, RESOURCE MANAGEMENT, APPLICATIONS); EMPLOYMENT (RESU	ME BUILDING, INTERVIEW
SKILLS, JOB EXPECTATIONS, ETHICAL BEHAVIOR, PRODUCTIVITY AND A	ATTITUDE); HEALTH
(COPING WITH CHRONIC HEALTH ISSUES THAT ARE OFTEN THE CONSEQUI	ENCE OF EARLY ABUSE AND
NEGLECT); CONNECTIONS (ADULT MENTORS THAT WILL SERVE AS A CONS	STANT SOURCE OF SUPPORT
FOR THESE YOUTH WHO OFTEN HAVE NO OTHER LASTING RELATIONSHIPS	; FINANCIAL LITERACY
(SHOPPING, BILLS, HOUSING DEPOSITS); HOUSING (DEVELOPING A HOUSING)	USING_BUDGET, PAPERWORK,
ACQUIRING UTILITIES AND OBTAINING NECESSARY FURNISHINGS).	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
FIRST 5 NURTURING PARENTING PROGRAM:	
THROUGH A CONTRACT WITH FIRST 5 OF SAN BERNARDINO, WALDEN IS	PROVIDING THE WALDEN

Name of the organization WALDEN ENVIRONMENT, INC.  DBA: WALDEN FAMILY SERVICES	Employer identification number 94–2358632
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
TEEN NURTURING PARENTING CLASSES FOR TEEN PARENTS (UP TO AGE	18) WITH CHILDREN 0-5
YEARS OLD THROUGHOUT SAN BERNARDING COUNTY. NURTURING PARENT	ING CURRICULUM IS AN
EVIDENCED-BASED PHILOSOPHY THAT HELPS PARENTS ENHANCE THEIR	PARENTING SKILLS, AND
THE CLASSES ARE OFFERED FREE OF CHARGE IN LOCATIONS ACROSS I	HE COUNTY.
CAL-LEARN:	
WALDEN PROVIDES THE CAL-LEARN PROGRAM, DESIGNED TO ASSIST PR	REGNANT AND PARENTING
TEENS RECEIVING CALWORKS TO ATTEND AND GRADUATE FROM HIGH SO	CHOOL, OR ITS EQUIVALENT.
COORDINATED SERVICES HELP TEENS BECOME SELF-SUFFICIENT ADULT	S AND RESPONSIBLE
PARENTS, OBTAINING AN EDUCATION AND HAVING ACCESS TO HEALTH	AND SOCIAL SERVICES.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE ACCOUNTING MANAGER REVIEWS THE 990 TAX RETURN FOR ACCURA	ACY AND THEN THE CEO
REVIEWS AND SIGNS RETURN.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE	EMENT OF CONFLICTS
ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF	INTEREST POLICY. BOARD
MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFLICTS THRO	DUGHOUT THE YEAR AND
REFRAIN FROM VOTING ON ANY TRANSACTION OR MATTER BEFORE THE	BOARD IN WHICH A
CONFLICT OR POSSIBLE CONFLICT EXISTS.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROC	ESS - CEO, TOP MANAGEMENT
WE HAVE A COMPENSATION SALARY RANGE GUIDE FOR ALL JOB TITLES	S AND NEW HIRES SIGN AN
OFFER LETTER DETAILING SALARY AND BENEFITS. WE BENCHMARK AC	GAINST THE NON-PROFIT
SALARY PROFILES. FOR THE EXECUTIVE DIRECTOR, THE BOARD OF I	DIRECTORS MAKES HIRING
AND COMPENSATION DECISIONS.	

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization WALDEN ENVIRONMENT, INC.  DBA: WALDEN FAMILY SERVICES	Employer identification number 94-2358632
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	AVAILABLE
THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990, FRO	OM THE PREVIOUS THREE
YEARS, WILL BE AVAILABLE FOR INSPECTION OR COPYING AT THE ORGA	ANIZATION'S MAIN OFFICE
DURING NORMAL BUSINESS HOURS AT NO CHARGE	
FORM 990, PART VII - COMPENSATION EXPLANATION	
TERESA STIVERS	
ALL PAYROLL IS PAID BY WALDEN ENVIORNMENT, INC. AND ALLOCATED	TO THE RELATED ENTITY,
WALDEN FAMILY FOUNDATION.	·

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

INC.

WALDEN ENVIRONMENT,

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047

4

Open to Public

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

Employer identification number 94-2358632

(g) Sec 512(b)(13) controlled entity? Ñ × (f) Direct controlling **Partitional Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes entity (f) Direct controlling entity N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Part 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 11 (c) Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) CA(b) Primary activity INC PROVIDE SUPPORT TO WALDEN DBA: WALDEN FAMILY SERVICES (b) Primary activity ENVIRONMENT, (a) Name, address, and EIN (if applicable) of disregarded entity (1) WALDEN FAMILY SERVICES FOUNDATION.

6150 MISSION GORGE ROAD, STE 210

SAN DIEGO, CA 92120

91-2160214 (a) Name, address, and EIN of related organization 1111111 1 ı 1 ତ୍ର |®¦ છ ୍ର

Schedule R (Form 990) 2012

TEEA5001L 12/28/12

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

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Schedule R (Form 990) 2012 WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

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.)

(k) (k) (k) (k) (k) (k) (k) (k) (k) (k)	Yes No			Form 990	(h) Percentage Sec 512(b)(13) ownership controlled entity?	Yes No	
Code V-UBI amount in box 20 of Schedule K-1 (Form				vered 'Yes' to	(g) Share of end-of- year assets		
of Dispropor- ear tionate s allocations?	Yes			ganization answig the tax year.	Share of total income		
(f) (g) are of total Share of end-of-year assets				mplete if the orgon on or trust during	(e) Type of entity (C corp, S corp,	or rust)	,
Sha				or Trust (Co	(d) Direct controlling		
Predominar (related, un excluded f under se	512-514)			a Corporation tions treated a	(c) Legal domicile (state or foreign	(Country)	
(d) Direct controllin entity				is Taxable as lated organiza	(b) Primary activity (s		
(c) Legal domicile (state or foreign	country			<b>nization</b> nore rel	····		
(b) Primary activity				f Related Organ it had one or n	of related organizati		
(a) Name, address, and EIN of related organization	(1)	(2)	(3)	<b>Partive</b> Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization	(D)	(E)

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Page 3

94-2358632

Page 4

94-2358632

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant	(e) Are all partners section	ers Share of total income	(g) Share of end-of-year	(h) Dispropor- tionate	Code V-UBI	General or managing	(K) Percentage ownership
		country)	(related, unre- lated, excluded from tax under	501(c)(3) organization	25		allocations ?	ZU of Schedule K-1 Form (1065)	partner	
			section 512-514)	Yes No	0		Yes No	,	Yes No	ļļ
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ВАА			TEE	TEEA5004L 12/2	12/28/12			Schedule	Schedule R (Form 990) 2012	90) 2012

Schedule R	(Form 990) 2012	Page 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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### Form **4562**

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

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

OMB No. 1545-0172

2012

Attachment Sequence No. 179

Name(s) shown on return WALDEN ENVIRONMENT, INC. ldentifvina number DBA: WALDEN FAMILY SERVICES 94-2358632 Business or activity to which this form relates DEPRECIATION SCHEDULES ONLY Part La Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions)..... 3 Threshold cost of section 179 property before reduction in limitation (see instructions)...... Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ..... 5 6 (a) Description of property Listed property. Enter the amount from line 29...... 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 9 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 ...... 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). 11 12 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 . . . . . . ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part I Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions). 14 Property subject to section 168(f)(1) election..... 15 16 Other depreciation (including ACRS)..... 24,749. Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2012..... If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B — Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) (b) Month and (d) (e) (g) Depreciation Classification of property year placed in service Convention (business/investment use Recovery period only - see instructions) 19 a 3-year property..... **b** 5-year property..... c 7-year property..... d 10-year property...... e 15-year property...... f 20-year property..... S/L g 25-year property..... 25 yrs h Residential rental 27.5 yrs S/L MM 27.5 yrs MM S/L MM i Nonresidential real 39 vrs S/L property..... MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life..... S/L **b** 12-year..... 12 yrs S/L 40 yrs S/L c 40-year..... MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28...... Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 24,749 the appropriate lines of your return. Partnerships and S corporations – see instructions. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs......

(Rev January 2013)

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

File a separate application for each return.

OMB No. 1545-1709

Departm	ent c	of the	Treasu	ı
Internal	Reve	กบe S	Service	

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	e filing for an Automatic 3-Month Extension, co	-				► 🗓
	e filing for an Additional (Not Automatic) 3-Mon					
-	<b>plete Part II unless</b> you have already been grante		•			
corporation i request an ex Associated V	iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no ktension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which m ling of this form, visit www.irs.gov/efile and click	t automatic) I or Part II w oust be sent	3-month extension of time. You can ele th the exception of Form 8870, Information to the IRS in paper format (see instruct	ectronic n Return	ally file Form 8 for Transfers	868 to
Partilis	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed)	•		
A corporatio	on required to file Form 990-T and requesting an	automatic 6	-month extension - check this box and	comple	te Part I only	► □
	rporations (including 1120-C filers), partnerships,		nd trusts must use Form 7004 to reques	t an ext	ension of time	to file
	Name of exempt organization or other filer, see instructions.		Enter filer's identi		er identification num	
Type or	Traine of exempt organization of other mer, see instructions.			Limpioy	er identification hum	Del (Ell4) Ol
print						
•	WALDEN FAMILY SERVICES FOUNDA  Number, street, and room or suite number. If a P.O. box, see i		NC.		160214	roots
File by the due date for		nstructions.		30	ocial security number	(2214)
filing your	6150 MISSION GORGE ROAD #210			ـــــــــــــــــــــــــــــــــــ	,	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	ness, see mstru	cuons.			
	SAN DIEGO, CA 92120					
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)			01
Application Is For		Return Code	Application 15-fer		:	Return Code
Form 990 or	Form 990-EZ	A	form 990 % (corporation)			07
Form 990-Bl	L	\$\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Korm 1041-A			08
Form 4720 (ii	ndividual) ((	03-/	Form 4720			09
Form 990-PI	F	04	Form 5227			10
Form 990-1	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Telephon If the org If this is check the exter I reque until The ex	tes are in the care of TERESA STIVERS  The No. • 619-584-5777  The ganization does not have an office or place of but for a Group Return, enter the organization's found is box •	isiness in the radigit Group check this but required to an ization re	Exemption Number (GEN) . Fox ► and attach a list with the natifile Form 990-T) extension of time turn for the organization named above.	f this is	for the whole g	با jroup,
	tax year beginning, 20					
	tax year entered in line 1 is for less than 12 mon nange in accounting period	ths, check r	eason: Initial return Fi	nal retui	rn	
3a If this nonref	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	720, or 6069	9, enter the tentative tax, less any	3 a	\$	0.
<b>b</b> If this payme	application is for Form 990-PF, 990-T, 4720, or earls made. Include any prior year overpayment a	069, enter a llowed as a	any refundable credits and estimated tag credit	3 b	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8858, see Form 8453-EO and Form 8879-EO for payment instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions......

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0.

3 c |\$

Form 886	8 (Rev 1-2013)			P	age 2
• If you a	are filing for an Additional (Not Automatic) 3-Monti	ı Extensior	, complete only Part II and check t		X
Note, Only	y complete Part II if you have already been granted	an automa	tic 3-month extension on a previou		<u>  ^ -</u>
• If you a	are filing for an Automatic 3-Month Extension, com	plete only	Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month Ex	xtension	of Time. Only file the origina	I (no copies needed).	
				dentifying number, see instructio	ns
	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or	
Type or	WALDEN ENVIRONMENT, INC.				
print	DBA: WALDEN FAMILY SERVICES			94-2358632	
File by the	Number, street, and room or suite number. If a P.O. box, see inst	ructions.		Social security number (SSN)	
File by the extended due date for	LEAF & COLE, LLP				
filing your return. See instructions,	2810 CAMINO DEL RIO SOUTH, SUIT	CE 200		<u></u>	
instructions,	City, town or post office, state, and ZIP code, For a foreign address	ss, see instruct	ions.		
	SAN DIEGO, CA 92108-3820				
Enter the	Return code for the return that this application is for	or (file a sep	parate application for each return)		
Application Is For	on	Return Code	Application Is For	Ret	
	or Form 990-EZ	<del> </del>	IS FOI	Co	
Form 990		01	Form 1041-A	The state of the s	
	) (individual)	03	Form 4720	0	
Form 990		03	Form 5227 <sub>3</sub>	0	
	-T (section 401(a) or 408(a) trust)	05	Form 6069	1	
	-T (trust other than above)	06 (	FOM 8870	1	
STOP! Do	not complete Part II if you were not already grant	estali autor	natic 3-month extension on a previ	ously filed Form 8868.	
• If the • If this whole gro	poks are in care of FIRESA A. STIVERS none No. F 619-584-5777  organization does not have an office or place of but is for a Group Return, enter the organization's four pup, check this box Fig. If it is for part of the graph the extension is for.	digit Group	Exemption Number (GEN)	. If this is for	► ☐ the
4 I red	quest an additional 3-month extension of time until	11/15	, 20 <u>13</u> .		
5 For	calendar year 2012, or other tax year beginnin	g	, 20 , and ending	, 20	
	ne tax year entered in line 5 is for less than 12 mont	ths, check r	eason: Initial return	Final return	
	Change in accounting period				•
7 Stat	te in detail why you need the extension ADDI	TIONAL _	TIME IS NECESSARY TO G	ATHER THE INFORMATION	<u>OM</u>
<u>KE</u>	OUIRED TO FILE A COMPLETE AND AC	CURATE	RETURN.		
non	nis application is for Form 990-BL, 990-PF, 990-T, 4 refundable credits. See instructions				
pay	nis application is for Form 990-PF, 990-T, 4720, or 6 ments made. Include any prior year overpayment al n Form 8868	llowed as a	credit and any amount hald previou	rely (製製製)	
c Bala	ance due. Subtract line 8b from line 8a, Include you IPS (Electronic Federal Tax Payment System). See	r payment	with this form if required by using		
			st be completed for Part II or		
Under penal correct, and	ties of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form.	companying sch	redules and statements, and to the best of my k	mowledge and belief, it is true, $i$ .	
Signature I	Title >	CRI	4	Date - 8/3/13	
BAA		F1FZ0502L	01/21/13	Form 8868 (Rev 1-	-2013)

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12/31/12

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## 2012 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

**CLIENT 11-014** 

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

94-2358632

DESCRIPTION DESCRIPTION DEPR. SCHEDULE ONLY	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	MEJHOI	)_, ,LIFF		CURRENT DEPR.
IMPROVEMENTS										
2 LEASEHOLD IMPROVEMENTS	VARIOUS		22,834			22	155 S	/L	5_	300
TOTAL IMPROVEMENTS  MACHINERY AND EQUIPMENT			22,834		,	0 22	155			300
1 FURNITURE & EQUIPMENT	VARIOUS		278,759			215	,407 S	/L	5	22,81
TOTAL MACHINERY AND EQUIPMI	E		278,759			0 215	<b>.407</b>			22,81
3 SOFTWARE	VARIOUS		41,803			39	,206 S	/L	3 _	1,63
TOTAL MISCELLANEOUS			41,803			0 39	,206			1,63
TOTAL DEPRECIATION			343,396			<u>0</u> <u>276</u>	<u>,768</u>		=	24,74
GRAND TOTAL DEPRECIATION			343,396			0 276	,768		=	24,74

12/31/12

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# 2012 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

**CLIENT 11-014** 

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

94-2358632

O. DESCRIPTION.  EPR. SCHEDULE ONLY	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	_METHOD_	LIFE _	CURRENT DEPR
IMPROVEMENTS									
2 LEASEHOLD IMPROVEMENTS	VARIOUS		22,834			22,155	S/L	5_	300
TOTAL IMPROVEMENTS  MACHINERY AND EQUIPMENT			22,834		0	22,155			300
1 FURNITURE & EQUIPMENT	VARIOUS		278,759			215,407	S/L	5 _	22,81
TOTAL MACHINERY AND EQUIPME			278,759			215,407			22,81
3 SOFTWARE	VARIOUS		41,803			39,206	S/L	3	1,63
TOTAL MISCELLANEOUS			41,803		0	39,206			1,63
TOTAL DEPRECIATION			343,396		0	276,768		,	24,74
GRAND TOTAL DEPRECIATION			343,396		0	276,768		,	24,7

12/31/12	20	12 CA	LIFOF	NIA	BOC	K DE	PRECI.	ATIOI	N SCF	2012 CALIFORNIA BOOK DEPRECIATION SCHEDULE	•	-		PAGE 1
CLIENT 11-014				WA DBA:	WALE	ENVIRC	WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	INC. VICES			:	:		94-2358632
NOLLAISOSEC	DATE	DATE SQLD	COST/ BASIS	BUS.	CUR 179 BONUS.	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDLICT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIEE RATE	CURRENT IFDEPR
R. SCHEDULE														
IMPROVEMENTS														
2 LEASEHOLD IMPROVEMENTS	VARIOUS	,	22,834	j						22,834	22,155	1/S	ro.	300
TOTAL IMPROVEMENTS			22,834		0	0	0	0	O	22,834	22,155			300
MACHINERY AND EQUIPMEN I  T FURNITURE & EQUIPMENT	VARIOUS		278,759							278,759	215,407	S/L	ഹ	22,817
TOTAL MACHINERY AND EQUIPME			278,759	1	0	0	0	0	0	278,759	215,407			22,817
MISCELLANEOUS														
3 SOFTWARE	VARIOUS		41,803	ļ						41,803	39,206	S/L	m	1,632
TOTAL MISCELLANEOUS			41,803		0	0	0	0	. 0	41,803	39,206			1,632
TOTAL DEPRECIATION		•	343,396	ı #i		0	0	0		343,396	276,768			24,749
GRAND TOTAL DEPRECIATION	4		343,396	II	0	٥	0	0	0	343,396	276,768			24,749

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