2012 Exempt Org. Return prepared for:

WALDEN FAMILY SERVICES FOUNDATION, INC. 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	012 calen	dar year, or tax year beg	inning	·	, 2012, a	and ending			,	<u> </u>
В	Check if app	olicable:	С					D	Employer Iden	tification Numbe	r
	Address	s change	WALDEN FAMILY S	ERVICES F	OUNDATIO	N, INC.			91-2160	214	
	Name o	change	6150 MISSION GC	RGE ROAD		•		E	Telephone nun		-
	Initial re	eturn	SAN DIEGO, CA 9	2120					619-584	1-5777	
	Termina								013 00.	. 0777	
	\vdash	ed return						<u>ا</u>	Gross receipts	\$ 96	55,458.
	-	ation pending	F Name and address of princi	inal officer: TT	RESA STI	יס מישוז	1	l(a) Is this a gro			(es X No
		ation ponding	SAME AS C ABOVE		KEIDU DIT.	ATITIO		• •	•	'	es No
$\overline{}$	Tay-evem	npt status	X 501(c)(3) 501(c)		nsert no.)	49 47(a)(1) or	527	l(b) Are all affili If 'No,' attac	th a list. (see in	structions) '	- L
<u>;</u>	Websit		W.WALDENFAMILY.		iser (iiu.)	4347 (a)(1) UI		l(c) Group exem	Karanasan IIa	-	
_					O11 - 18-	lı v		· · · · ·	· .		
K		organization:		Association	Other.	L Ye	ear of Formatio	n: ZUUI	IVI State of	legal domicile:	<u>CA</u>
	IT I	Summar	y he the experimetion's rej		-11611						
	l Bug	eny descri	be the organization's mis	ssion or most s	significant act	ivities: <u>TH</u>	E SOLIC	ITATION	<u>, RECEI</u>	PT, AND	
9	AL		RATION OF CONTR								
Governance	<u>W</u> E		'AMILY SERVICES.							KIROLION	5
핗	2 Che	eck this bo	D FROM BUSINESSE DIFFERENCE If the organizat								
Ö	3 Nui		oting members of the gov							55ets. I	12
∞.	1		dependent voting memb								12
Activities &			r of individuals employed								0
ž			r of volunteers (estimate								50
닿			ed business revenue fror								0.
•			d business taxable incom								0.
					•				Year	Curren	
4.	8 Cor	ntributions	and grants (Part Vill, lir	ne 1h)				6	05,839.	!	16,379.
Revenue	9 Pro	gram serv	vice revenue (Part VIII, li	ne 2g)			, . , , ,		,		
š	10 Inv	estment ir	ncome (Part VIII, column	(A), lines 3, 4	l, and 7d)				519.		193.
ď	11 Oth	ner revenu	ie (Part VIII, column (A),	lines 5, 6d, 8d	c, 9c, 10c, and	d 11e)		1	10,433.	1	82,489.
	12 Tot	tal revenue	e – add lines 8 through 1	l1 (must equal	l Part VIII, col	lumn (A), lin	ne 12)		16,791.		99,061.
	13 Gra	ants and s	imilar amounts paid (Par	t IX, column (A), lines 1-3).						
	14 Ber	nefits paid	l to or for members (Parl	IX, column (A	A), line 4)						
	15 Sal	laries, oth	er compensation, employ	/ee benefits (F	Part IX, colum	n (A), lines	5-10)	3	08,915.	32	24,383.
ses	16a Pro		fundraising fees (Part IX	· ·			-		,		
Expenses	h Tot		sing expenses (Part IX,		•						
ሏ	17 04						7,356.		04 000		
	1	•	ses (Part IX, column (A),						91,957.		87,953.
	1		es. Add lines 13-17 (mus	•		-			00,872.		12,336.
- 5 (19 Re	venue less	s expenses, Subtract line	18 from line	12			1	15,919.		86,725.
ata c			4D 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Current Year		
Ass. Baj	20 Tot		(Part X, line 16)						<u>20,563.</u>		<u>57,545.</u>
Net Assets or Fund Balances	21 Tot		es (Part X, line 26)						81,473.	1	55,333.
a/co/corects	LL 110		r fund balances. Subtrac	t line 21 from l	line 20			4	39,090.	61	02,212.
Pa	rt II S	<u>Signatuı</u>	re Block								···
Und	er penalties o	of perjury, de	eclare that I have examined this i	return, including acc	companying sched	lules and statem	ents, and to th	e best of my kn	owledge and be	lief, it is true, co	rrect, and
6011	picto: Decial	I.	arer (other than officer) is based	WEDC I	MODV	ias any knowieu	ge.	1			
		Signati	ITANT /	<u>tilito i</u>	<u>UUI I</u>						
Się	gn	1.						Date			
He	ere		ESA STIVERS					EXECUT.	IVE DIRE	CTOR	
_			r print name and title.				II:			T-23.	
		''''	preparer's name	Preparer's sign	nature		Date	Che	ck X if	PTIN	
Pa		JULIE	A. FIRL	JULIE A	A. FIRL		8/14/3	13 self	-employed	P000855	51
Preparer Firm's name LEAF & COLE, LLP						. —	-				
Us	e Only	Firm's addr	ess <u>2810 CAMINO</u>	DEL RIO	SOUTH, S	UITE 200)	Fire	n's EIN ► 95	5-2076568	3
			SAN DIEGO,	CA 92108-	3820			Pho	ne no. 619	.294.720	00
Ma	y the IRS	discuss th	nis return with the prepar	er shown abov	ve? (see instr	uctions)					No

Form	990 (2012)	WALDEN FAMILY SERVICE	ES FOUNDATION, INC.	91-2160214	Page 2
Par	SELECTIVE SERVICE	lement of Program Service A	•		
			e to any question in this Part III		X
1	=	ribe the organization's mission:			
	SEE_SCHE	FDOTE O			
2	Did the organ	nization undertake any significant prod	ram services during the year which were no	ot listed on the prior	
	Form 990 oi	r 990-EZ?	• • • • • • • • • • • • • • • • • • • •	Yes	s X No
		scribe these new services on Sched			التقا
3	Did the orga	anization cease conducting, or make	e significant changes in how it conducts,	, any program services? Ye	s X No
	If 'Yes,' des	scribe these changes on Schedule C).		_
4	Section 5010	(c)(3) and 501(c)(4) organizations and	complishments for each of its three larg section 4947(a)(1) trusts are required to re , for each program service reported.	est program services, as measured by port the amount of grants and allocation.	y expenses. s to
4 a	(Code:) (Expenses \$ 434	, 980 including grants of \$) (Revenue \$	
			TION PURPOSE IS THE SOLIC	• •	
			NS FOR THE BENEFIT OF WAI		BA
			N ENVIRONMENT DBA WALDEN) WAS
			ORGANIZATION TO PROVIDE		
			ICES FOR CHILDREN UNABLE	TO REMAIN IN THEIR OWN	HOMES
	DUE TO	ABANDONMENT, ABUSE, OR	NEGLECT.		
					
4 h	(Code:) (Expenses \$	including grants of \$) (Revenue Š	
					
4 0	: (Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 0	Other progr	am services. (Describe in Schedule	O.)		
	(Expenses		ing grants of \$) (Revenue \$)
4 6	Total progr	am service expenses 🕨	434,980.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		<u>X</u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? 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		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	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	Х	
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part V Checklist of Required Schedules (continued)

	THE STATE OF THE S		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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	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? <i>If 'Yes,' complete Schedule J.</i>	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a	•	Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ļ	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
i	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Χ.
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA

Form **990** (2012)

Form 990 (2012) WALDEN FAMILY SERVICES FOUNDATION, 91-2160214 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable...... **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable....... 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1с (gambling) winnings to prize winners?.... 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..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... Х 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q...... 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes.' enter the name of the foreion country: **b** See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... X 5 a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?...... 5 b 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?...... 7 b X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х Form 8282?.... 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h 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 **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13 a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand.....

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.....

14a Did the organization receive any payments for indoor tanning services during the tax year?......

14 b

Form 990 (2012) WALDEN FAMILY SERVICES FOUNDATION, INC. Page 6 91-2160214 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI..... Section A. Governing Body and Management Yes No 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 12 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent.... 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 Did the organization have members or stockholders?.... X 6 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?.... 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8h Х 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes **10 a** Did the organization have local chapters, branches, or affiliates?..... Х 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 X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?...... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.................... 12 a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... Χ 12 b 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. Χ 12 c Did the organization have a written whistleblower policy?.... X 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE.Q....... 15 a Χ **b** Other officers of key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Х 16 a 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 > CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 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

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

TERESA_STIVERS 6150 MISSION GORGE ROAD SAN DIEGO CA 92120 619-584-5777

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 rela	ted or	ganiz	zatio	n cc	mpen	sate	d any current officer, di	rector, or trustee.	
		(C)								
(A) Name and Title	(B) Average hours per week (list	one bo	ıx. iun	less r	erso	k more t n is bot or/truste	h an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
SEE SCHEDULE O	any hours for related organiza- tions befow dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) LISA BETYAR	11	1								
BOARD MEMBER	0	X						0.	0.	0.
(2) WARD OZEATA	1	1								
BOARD MEMBER	0	X						0.	0.	0.
(3) ARTHUR CANDLAND	11	1					İ			
BOARD MEMBER	0	X						0.	0.	0.
(4) DALE GANZOW	11	1								
BOARD MEMBER	0	X						0.	0.	0.
(5) KARINA R. LION	11	ļ								
BOARD MEMBER	0	X						0.	0.	0.
	1	ļ								
BOARD MEMBER	0	X					<u> </u>	0.	0.	<u> </u>
_(7) SABRINA GREEN	11	ļ						_	_	_
BOARD MEMBER	0	X						0.	0.	0.
_(8) JOE BERNSTEIN		ļ	. 1							
BOARD MEMBER	0	X		-			_	0.	0.	0.
_(9)_RITA_SZCZOTKA	1	+		١,,						
VICE CHAIR (10) MARYANN CARLIN	1			X				0.	0.	0.
CHAIR		ł		\.					0	0
(11) PAUL GOODING	1 1			Х			_	0.	0.	0.
TREASURER				х				0.	0.	0.
(12) VINCE HEALD	1								,	
SECRETARY	0	Ī		X				0.	0.	0.
(13) TERESA STIVERS	21									
EXECUTIVE DIREC	19	<u></u>		Х				47,601.	43,727.	15,216.
(14)										

Page 8

(A) Name and title	(B) Average hours per	(do box	not be an institutiona	Pos heck ss pe	ition more erson directo	than d is both or/trust	one n an iee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)	dotted line)	99	trustee			nsated				
	1	-								
(16)									1	
(17)										
(18)										
(19)										
(20)										
(21)	 								•	
(22)										er, also les qu
(23)										
(24)										
(25)										
1 b Sub-total							.	47,601.	43,727.	15,216.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	47,601.	43,727.	0. 15,216.
2 Total number of individuals (including but not limited from the organization ► 0							ved			
 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual. 	<i>individu</i> reportab r than \$1	<i>ial</i> le co l50,0	mpe 00?	ensa If "	ation Yes'	and	oth	ner compensation te Schedule J for		Yes No
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	comper	nsatio	on fr ched	om lule	any J fo	unre	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	den	t co	ntra	ctors	tha	at received more	han \$100,000 of	
compensation from the organization. Report compens (A) Name and business addr		the c	<u>alen</u>	dar	year	endi	ng v	with or within the or (B) Description)	(C) Compensation
- Ivaine and pusiness adds								Description	UT SCI VICCS	Compensation
2 Total number of independent contractors (including b \$100,000 in compensation from the organization		ited t	o the	ose	liste	d albo	ve)	who received more	e than	Form 990 (2012)

	Check if Schedule O contains a response t	o any questi	on in this Part VIII.			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANT 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	150,070.				
CONTRIBUTION AND OTHER S	f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in Ins 1a-1f: \$	566,309. 2,400.				
PROGRAM SERVICE REVENUE	h Total. Add lines 1a-1f	iness Code	716,379.		The second secon	
PROGRAM (f All other program service revenue g Total. Add lines 2a-2f					
	other similar amounts)	proceeds.►	193.			193.
	b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of	(ii) Other				
	assets other than inventory. b Less: cost or other basis and sales expenses	.,,,,,,,,				
OTHER REVENUE	b Less: direct expenses b	148,886. 66,397.				
)	c Net income or (loss) from fundraising events 9 a Gross income from gaming activities, See Part IV, line 19		82,489.			82,489.
	10 a Gross sales of inventory, less returns and allowances					
	Miscellaneous Revenue 11 a b c d All other revenue	iness Code				
	e Total. Add lines 11a-11d		ļ		0	82 - 682

Part X Statement of Functional Expenses

	Check if Schedule O contains a re	esponse to any question	n in this Part IX ,		
Do r 7b, d	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				article black role of an Particle was traditionally
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			servajas di prik 1265.	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members			A CARL TORSE	
5	Compensation of current officers, directors, trustees, and key employees	51,773.	0.	0.	51,773.
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	206,689.	134,609.	0.	72,080.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).	200,000.	134,007.		72,000.
9	Other employee benefits	48,577.	23,296.		25,281.
10	Payroll taxes	17,344.	8,080.		9,264.
11	Fees for services (non-employees):	17,544.	0,000.		5,204.
	Management	·			•
	Legal	566.			566.
	: Accounting.	500.			
	Lobbying.				NET-T
	Professional fundraising services. See Part IV, line 17				<u> </u>
	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)	55,747.	54,791.		956.
	Advertising and promotion	13,479.	8,700.		4,779.
13	Office expenses	5,504.	3,366.		2,138.
14	Information technology				
15	Royalties				
16	Occupancy	17,298.	17,298.		
17	Travel	13,121.	12,234.		887.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,740.	3,702.		2,038.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	10,508.	5,091.		5,417.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses				Edition (Editor
	in line 24e. If line 24e amount exceeds 10%				
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
:	MISC EXPENSE	83,871.	50,219.		33,652.
	SPECIAL PROJECTS	62,946.	11,914.		51,032.
	EMANCIPATED YOUTH	47,146.	47,146.		02,0041
	REGIONAL CENTER RESPITE CARE	42,769.	42,769.		
	All other expenses.	29,258.	11,765.		17,493.
25	Total functional expenses. Add lines 1 through 24e	712,336.	434,980.	0.	277,356.
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)				
RA/					Form 990 (2012)

BAA

Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X..... Beginning of year End of year 1 Cash — non-interest-bearing...... 454,806 265,969. Savings and temporary cash investments 141,828 2 252,983. 3 Pledges and grants receivable, net 3 Accounts receivable, net 23,929 4 138,593 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 Notes and loans receivable, net 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 10 a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D...... 10 a 10 c Investments – publicly traded securities..... 11 11 Investments -- other securities. See Part IV, line 11...... 12 12 13 Investments – program-related. See Part IV, line 11..... 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11..... 15 16 Total assets. Add lines 1 through 15 (must equal line 34).... 16 657,545. 620,563 Accounts payable and accrued expenses..... 17 17 18 Grants payable.... 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities..... 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 23 23 Secured mortgages and notes payable to unrelated third parties..... 24 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 181,473 <u>55,333.</u> 25 Total liabilities. Add lines 17 through 25..... 26 181,473 26 55,333. Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 49,831 27 191,210. 28 Temporarily restricted net assets 28 389,259 411,002. 29 Permanently restricted net assets..... 29 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 33 Total net assets or fund balances..... 33 439,090 602,212. 34 Total liabilities and net assets/fund balances 620,563. 34 657,545.

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orn	n 990 (2012) WALDEN FAMILY SERVICES FOUNDATION, INC. 91	-216023	⊥ 4	Pa	ge 12
Pal	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		-	99,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	12,3	<u></u>
3	Revenue less expenses. Subtract line 2 from line 1	3		86,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		39.0	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-	10,0	000.
7	Investment expenses,	7		<u></u> , ,	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O). SEE. SCHEDULE. Q	9		66,3	397.
10					
	column (B))	10	6	02,2	<u> 212.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		_		
	in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ved on a			
	Separate basis Consolidated basis Both consolidated and separate basis			**************************************	Marie de Grande de
	b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa		20	71	
	basis, consolidated basis, or both:	iate			
	X Separate basis Consolidated basis Both consolidated and separate basis				in the
,	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?	it, <i>.</i>	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	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?		. За	<u> </u>	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit	3b		

Form **990** (2012)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

WALDEN FAMILY SERVICES FOUNDATION, INC 91-2160214 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). 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 170(b)(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 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). 10 An organization organized and operated exclusively to test for public safety, See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated a X Type I Type II c | d 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? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... (i) 11 g (i) Х 11 g (ii) X A family member of a person described in (i) above?..... (iii) A 35% controlled entity of a person described in (i) or (ii) above?...... 11 g (iii) Х h Provide the following information about the supported organization(s). (vi) Is the organization in column (i) organized in the U.S.? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your support? (vii) Amount of monetary (i) Name of supported organization (ii) EIN support your governing document? Yes Yes Yes No WALDEN ENVIRONMENT, INC. (A) 94-2358632 9 843,708. X Х X (B) (C) (D) (E) 843,708. BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					Applijanjajas Linga mūrait	
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 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	Paggatan Paggata Nggatan Paggatan					
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	
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 section	on 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 lin	ne 11, column (f)).			%
15	Public support percentage from	2011 Schedule A,	Part II, line 14	•		15	%
16 a	33-1/3% support test – 2012. If and stop here. The organization	the organization qualifies as a pul	did not check the olicly supported o	box on line 13, ar	nd the line 14 is 3	33-1/3% or more,	check this box
k	33-1/3% support test — 2011. If and stop here. The organization	the organization d qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 organization	Sa, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	est – 2012. If the emeets the 'facts-as-and-circumstand	organization did r and-circumstance es' test. The orga	not check a box or s' test, check this anization qualifies	n line 13, 16a, or box and stop he r as a publicly sup	16b, and line 14 is re. 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-an	est – 2011. If the emets the 'facts-ad-circumstances'	organization did n and-circumstance: test. The organiza	not check a box or s' test, check this ation qualifies as	n line 13, 16a, 16l box and stop hei a publicly support	o, or 17a, and line r e. Explain in Part ed organization	e 15 is 10% IV how the
	Private foundation. If the organi						

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						
	lar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees		"				
	and membership fees received. (Do not include any 'unusual grants.')						
	Gross receipts from admis-						
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
9	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf						
,	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1.						
	2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						
	tion B. Total Support		1		1		
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6						
9 10 a b 11 12	Amounts from line 6	is for the organiz	ation's first, secon				
9 10 a b 11 12	Amounts from line 6	is for the organiz stop here blic Support F	ation's first, secon	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12 13 14 Sec 15	Amounts from line 6	is for the organiz stop here blic Support F	ation's first, secon	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiz stop here blic Support F 012 (line 8, colum 2011 Schedule A	ation's first, secon Percentage n (f) divided by lir, Part III, line 15.	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiz stop here blic Support F D12 (line 8, colum 2011 Schedule A restment Incol	ation's first, secon Percentage In (f) divided by lir In Part III, line 15. In Percentage	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiz stop hereblic Support F 012 (line 8, colum 2011 Schedule A restment Incor	ation's first, secon Percentage n (f) divided by lir , Part III, line 15. me Percentage , column (f) divide	nd, third, fourth, cone 13, column (f)	or fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organiz stop hereblic Support F 012 (line 8, colum 2011 Schedule A restment Incor or 2012 (line 10c, rom 2011 Schedule Schedule A restment Schedule A	ation's first, secon Percentage In (f) divided by lir In Percentage In Column (f) divided Ile A, Part III, line	nd, third, fourth, cone 13, column (f);	or fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12 13 14 Sec 17 18 19 a	Amounts from line 6	is for the organiz stop hereblic Support Foll (line 8, column 2011 Schedule A restment Incorror 2012 (line 10c, for 2011 Schedule f the organization of this box and stop stop stop stop stop stop stop stop	ation's first, second Percentage In (f) divided by lin Part III, line 15. In Percentage Column (f) divided alle A, Part III, lined did not check the phere. The organ	nd, third, fourth, cone 13, column (f); d by line 13, column 17	or fifth tax year as Jumn (f))	a section 501(c)(3 15 16 17 18 e than 33-1/3%, anorted organization	3)
9 10 a b 11 12 13 14 Sec 17 18 19 a	Amounts from line 6	is for the organiz stop here blic Support Foll2 (line 8, column 2011 Schedule A restment Incorpor 2012 (line 10c, for 2011 Schedule for the organization of the organization organization of the organization of the organization organization organization organization organization organization organizat	ation's first, seconomics first, seconomics first, seconomics for first, seconomics for first, part III, line 15. The Percentage for first, seconomics fo	nd, third, fourth, control of the second of	or fifth tax year as Jumn (f))	a section 501(c)(3 15 16 17 18 e than 33-1/3%, and a orded organization 16 is more than 33 sty supported organization 16 yes supported organization 17 yes supported organization 18 yes	3)

D

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

Department of the Treasury Internal Revenue Service

or 990-PF.

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number Name of the organization WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 Organization type (check one): Filers of: Section: Form 990 or 990-EZ \boxed{X} 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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. 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. 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 filling 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) (2012)

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

Page

1 of

4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

Part l	Contributors (see instructions). Use duplicate copies of Part 1 if additional space is needed		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARLEY SEFTON 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$120 <u>,</u> 567.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDRUS FAMILY FUND 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$30,000.	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	HERVEY FAMILY FUND 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BARNEY & BARNEY 6150 MISSION GORGE RD, STE 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
<u>5</u>	DOWLING & YAHNKE LLC 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	IN-N-OUT BURGER FOUNDATION 6150 MISSION GORGE RD, STE 210	\$6,000 <u>.</u>	Person X Payroll Noncash

SAN DIEGO, CA 92120

(Complete Part II if there is a noncash contribution.)

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2 of

4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

Part l Contributors	(see instructions)	. Use duplicate	copies of Part	l if additional	space is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DWIGHT STUART YOUTH FOUNDATION		Person X
	6150 MISSION GORGE RD. STE 210	\$15,000.	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
8	LINDA & JERRY STRICKLAND FOUNDATION		Person X Payroll
	6150 MISSION GORGE RD. STE 210	\$10,000.	' 🗀
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ARTHUR CANDLAND		Person X Payroll
	6150 MISSION GORGE RD. STE 210	\$15,000.	Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
Number 10	Name, address, and ZIP + 4 BOYS & GIRLS FOUNDATION	Total contributions	Type of contribution Person X
Number	Name, address, and ZIP + 4 BOYS & GIRLS FOUNDATION	Total contributions	Person X Payroll
Number	Name, address, and ZIP + 4 BOYS & GIRLS FOUNDATION	contributions	Person X Payroll
Number	Name, address, and ZIP + 4 BOYS & GIRLS FOUNDATION 6150 MISSION GORGE RD. STE 210	contributions	Person X Payroll Noncash (Complete Part II if there is
10	Name, address, and ZIP + 4 BOYS & GIRLS FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ 5,000.	Type of contribution Person X Payroll
10 (a) Number	Name, address, and ZIP + 4 BOYS & GIRLS FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4	\$ 5,000.	Type of contribution Person X Payroll
10 (a) Number	Name, address, and ZIP + 4 BOYS & GIRLS FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 COUNTY OF SAN DIEGO	\$ 5,000 . (c) Total contributions	Type of contribution Person X Payroll
10 (a) Number	Name, address, and ZIP + 4 BOYS & GIRLS FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 COUNTY OF SAN DIEGO 6150 MISSION GORGE RD. STE 210	\$ 5,000 . (c) Total contributions	Type of contribution Person X Payroll
10 (a) Number	Name, address, and ZIP + 4 BOYS & GIRLS FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 COUNTY OF SAN DIEGO 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b)	\$ 5,000. (c) Total contributions \$ 8,700.	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.) (Type of contribution.)
(a) Number	Name, address, and ZIP + 4 BOYS & GIRLS FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 COUNTY OF SAN DIEGO 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4	\$ 5,000. (c) Total contributions \$ 8,700.	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 noncash contribution.) (Complete Part II if there is a noncash contribution.)

3 of Employer identification number

4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

91-2160214

Part I Contribute	rs (see instructions). Use duplicate copies	s of Part I if additional	space is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DALE YAHNKE 6150 MISSION GORGE RD. STE 210	\$ 5,000.	Person X Payroll Noncash
	SAN DIEGO, CA 92120	·	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	DOUG FLUTE FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ <u>14,635.</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
<u>15</u>	JOHN E. TROMER TRUST 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$255,961.	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
<u>16</u>	MISSION FEDERAL CREDIT UNION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	RIVERSIDE COMMUNITY HEALTH FDN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$25,544.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	RON BRADY 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

Page 4 of

4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

Part I	Contributors	(see instructions). Use duplicate copies of Part I if additional space is needed.	
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	SAN DIEGO LIONS WELFARE FDN 6150 MISSION GORGE RD. STE 210	\$8,000.	Person X Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	WILLIAM SAILER 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ <u>5,000.</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
		\$	Person Payroll Complete Part II if there is a noncash contribution.
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			a nonegar continuations)

1 to

1 of Part II

Name of organization
WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number

91-2160214

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

BAA

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

1 to

of Part III

	(1 01111 330, 330-LZ, 01 330-1 1) (2012)		rage 1 to 1 orani
me of organi: IALDEN	FAMILY SERVICES FOUNDATION,	INC.	Employer Identification number 91-2160214
art III	Exclusively religious, charitable, et	tc, individual contributions \$1,000 for the vear, Complete c	to section 501(c)(7), (8) or (10)
(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) lo. 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, 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	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

WALDEN FAMILY SERVICES FOUNDARTON INC

91-2160214

	DEN FAMILY SERVICES FOUNDATIO				.60214	
Par	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Oth to Form 990, Part IV, Iir	n <mark>er Similar Fu</mark> r ne 6.	nds or Accounts.	Complete	if
		(a) Donor advised	funds	(b) Funds and	d other accou	ınts
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		1000		· · · · · · · · · · · · · · · · · · ·	
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the organization's exclusive lega	e assets held in do l control?	onor advised funds	Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writ of the donor or donor adviso	ing that grant fund r, or for any other	ds can be used only purpose conferring	☐Yes	□No
Da.	Conservation Easements. Comp					
<u>га</u> 1	Purpose(s) of conservation easements held by			10 FUIII 990, Fa	irt iv, nne	7.
'	Preservation of land for public use (e.g., re	-		of an historically impa	urtant land or	
	Protection of natural habitat	screation or education)	\square	of an historically impo		ea
	Preservation of open space		Freservation c	of a certified historic s	structure	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation cor	ntribution in the form	n of a conservation ea	sement on the	<u> </u>
	last day of the tax year.	,		Note the second of the second		
	a Total number of conservation easements				e End of the	lax Year
	Total acreage restricted by conservation easer					
	-					
	Number of conservation easements on a certif		` '	—		
•	d Number of conservation easements included in structure listed in the National Register			2d		
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished.	, or terminated by t	he organization during	the	
4	Number of states where property subject to conse	rvation easement is located 🟲				
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitorints it holds?	ng, inspection, ha	ndling of violations,	Yes	No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conse	rvation easements	during the year		
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, and enforcing conservation	on easements durin	ng the year		
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the r	equirements of se	ction 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote tonservation easements.	conservation easements in its to the organization's financial	revenue and expen statements that o	se statement, and bala lescribes the organiza	ance sheet, ar ation's accou	nd Inting for
Pai	Complete if the organization answers	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or), Part IV, line	Other Similar A s 8.	sets.	
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	SFAS 116 (ASC 958), not to eld for public exhibition, education icial statements that describe	o report in its reve on, or research in fo s these items.	nue statement and burtherance of public se	alance sheet rvice, provide,	works of
I	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to repor public exhibition, education, o	oort in its revenue or research in furthe	statement and balan erance of public service	ce sheet wor e, provide the	ks of art,
	(i) Revenues included in Form 990, Part VIII,	line 1			\$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other sim	ilar assets for finan			
i	a Revenues included in Form 990, Part VIII, line				\$	
ı	Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • • •		.,,,,,,	\$	

Schedule D (Form 990) 2012 WALDE Part III Organizations Maintai	N FAMILY	SERVICES I	OUNDATI	ON, INC.	· Othor C	91-21602		Page 2
							· · · · · · · · · · · · · · · · · · ·	<i>5u)</i>
3 Using the organization's acquisition, items (check all that apply):	accession, and	_	-	_	re a significa	ant use of its coll	ection	
a Public exhibition		<u> </u>		hange programs				
b Scholarly research		e []	Other					
c Preservation for future generated Provide a description of the organization.		ns and explain h	ow they furthe	er the organization	's exempt ou	ırpose in		
Part XIII. 5 During the year, did the organizato be sold to raise funds rather the								7
to be sold to raise funds rather th	an to be main	tained as part o	f the organiz	ation's collection	1?		Yes	No
Part IV Escrow and Custodial Arra reported an amount or	angements. Co n Form 990,	omplete if the o Part X, line	rganization a 21.	answered 'Yes' t	o Form 990	, Part IV, line 9), or	
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian	, or other intern	ediary for co	ontributions or ot	her assets i	not included	Yes [No No
b If 'Yes,' explain the arrangement					,,,,,,,,,			
		•	3			An	nount	
c Beginning balance				*	1c			
d Additions during the year					1d			
e Distributions during the year			, ,		1e			
f Ending balance								
2 a Did the organization include an a	mount on Forr	n 990, Part X, li	ne 21?				Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. C	heck here if the	explantion h	nas been provide	d in Part XI	IL ,]
Part V Endowment Funds. C								
a Denienien staan bataan	(a) Current	(b) F	rior year	(c) Two years	(a) In	ree years	(e) Four year	S
1 a Beginning of year balance								
B Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships	. <u>-</u>							
e Other expenditures for facilities								
and programs								
f Administrative expenses								
g End of year balance							-	
Provide the estimated percentage		t year end balar	nce (line 1g,	column (a)) held	as:			
a Board designated or quasi-endowm		~ ~~~ %						
b Permanent endowment ▶	8	_						
c Temporarily restricted endowmer		%						
The percentages in lines 2a, 2b,	and 2c should	equal 100%.						
3 a Are there endowment funds not in to organization by:	he possession o	of the organizatio	n that are hel	d and administere	d for the		Yes	No
(i) unrelated organizations							Ba(i)	
(ii) related organizations						L.T.	a(ii)	
b If 'Yes' to 3a(ii), are the related o							3b	
4 Describe in Part XIII the intended								
Part VI Land, Buildings, and					T			
Description of property		(a) Cost or other (investmen		Cost or other casis (other)	(c) Acci depre	umulated eciation	(d) Book va	.lue
1 a Land	-	· . · · · · · · · · · · · · · · · · · ·						
b Buildings.	<u> </u>							
c Leasehold improvements	-							
d Equipment	-							
e Other		15		/D\ /:- *^/ `	<u> </u>			
Total. Add lines 1a through 1e. (Colum	ın (a) must eq	uai Form 990, P	art X, colum	n (B), line 10(c).,)		D /C 000	0.
BAA						Schedule	D (Form 990)	2012

TEEA3302L 06/07/12

	Form 990, Part X,	line 12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(C)		
(D)		Note that the state of the stat
<u>×</u> (E)		
(F)		**************************************
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨		
Part VIII Investments - Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		Gid-or-year market value
(2)	•	,
(3)		, <u>1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1</u>
(4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, I	ine 15. N/A	
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(5) (6)		
(5) (6) (7)		
(5) (6) (7) (8)		
(5) (6) (7) (8) (9)		
(5) (6) (7) (8) (9) (10)	3), line 15.).	A
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)		
(5) (6) (7) (8) (9) (10)		
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part >	√, ∣ine 25,	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part > (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES	√, ∣ine 25,	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part > (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3)	(, line 25, (b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4)	(, line 25, (b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part > (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5)	(, line 25, (b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6)	(, line 25, (b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7)	(, line 25, (b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7) (8)	(, line 25, (b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part > (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7) (8) (9)	(, line 25, (b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7) (8)	(, line 25, (b) Book value	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part > (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7) (8) (9) (10)	(, line 25, (b) Book value 55, 33	3.

Schedule D (Form 990) 2012 WALDEN FAMILY SERVICES FOUNDATION,		91-2160214	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen	its With Revenue pe	r Return N/A	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	1 1		
c Add lines 4a and 4b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial Stateme			
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities		a tradic	
b Prior year adjustments			
c Other losses	2 c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b			
Par XIII Supplemental Information	<u> </u>	···· 3	
American and a second s			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also cor	art III, lines Ta and 4; Pa nolete this part to provide	irt IV, lines Tb and 2b; t e any additional informa	Part V, ation.
·······, ·······, ·······-, ······-, ·······-, ·······, ······, ······- ···· ···	pant to protect	,,	
DADT V. FIN 40 FOOTNOTE			
PART X - FIN 48 FOOTNOTE			
WALDEN FAMILY SERVICES FOUNDATION IS A PUBLIC CHAR	ידיידע אאור דכ פעפג	ADT FOOM THOOME	7
WADDEN FAMILIT SERVICES FOUNDATION IS A FUBLIC CHAR	TITI AND IS EXEM	IFI PROM INCOME	
TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVE	NITE CODE AND SEC	TTON 23701 (D)	OF
TIMES OF THE INTERNAL REPORTS	NOE CODE TIME SEC	25/01(D)	
THE CALIFORNIA REVENUE AND TAXATION CODE. WALDEN	FAMILY SERVICES	FOUNDATION	
BELIEVES THAT THEY HAVE APPROPRIATE SUPPORT FOR AN	Y TAX POSITIONS	TAKEN, AND AS	
SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT	ARE MATERIAL TO	THE FINANCIAL	,
STATEMENTS. WALDEN FAMILY SERVICES IS NOT PRIVATE	FOUNDATIONS.		
	plant hand from home hand hand brook band brook brook bands hand		
ВАА		Schedule D (Form	990) 2012

Part XIII Supplemental Information (continued)	91-2160214	Page 5
PART X - FIN 48 FOOTNOTE (CONTINUED)		
THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX		ENDED
DECEMBER 31, 2012, 2011, 2010 AND 2009 ARE SUBJECT TO EXAMINATIO	N BY THE INTERN	IAL
REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THE THRE	E TO FOUR YEARS	
AFTER THE RETURNS WERE FILED.		
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		. — — — — —
		. – – – – –
	+ F-1	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

	of the organization						Employer identifica	ition number
WAL	DEN FAMILY SERVICES F						91-216021	4
Parl	7 OTHER STO EL MOIS GIOTION	equired to comp	lete this p	art.				
1	Indicate whether the organization	raised funds th	rough any	of the foll	owing activities. Check	all that	apply.	***************************************
а	Mail solicitations			e	Solicitation of non-	governn	nent grants	
b	Internet and email solicitation	s		f	Solicitation of gove	rnment	grants	
С	Phone solicitations			g	Special fundraising		3	
d	In-person solicitations			9	opolial randralolling	, 0,0110		
			1		·			
	Did the organization have a written or employees listed in Form 990, Pa If 'Yes,' list the ten highest paid indi	rt VII) or entity	in connect	tion with p	rofessional fundraising	services	\$?	
	compénsated at least \$5,000 by t Name and address of individual	he organization						
(1)	or entity (fundraiser)	(ii) Activity	I have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	or r	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	*			
1								
2				****	a ₁₀ 40 Aug 4,			
3								
4								
5								
6								
7								
8			<u> </u>					
9								
10								
Total.			1					
	List all states in which the organizat	ion is registered	or licensed	to solicit c	ontributions or has been	notified i	t is evernt from	0.
	or licensing.	·	01 110011000	10 0011011 0	oriendedone of head book	nouncai	t is exempt from	registration
					·			
					· 			
						_		

Par	till.	Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts great the more than \$15,000 of fundraising the more than \$	event contributions	nswered 'Yes' to Fo s and gross income	rm 990, Part IV, lir on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
RE			(a) Event #1 WINE D'VINE (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
KEVEZDE	1	Gross receipts	298,956.			298,956.
Ĕ	2	Less: Charitable contributions	150,070.			150,070.
	3	Gross income (line 1 minus line 2)	148,886.			148,886.
	4	Cash prizes				
_	5	Noncash prizes				
D-RECT	6	Rent/facility costs	33,917.			33,917.
	7	Food and beverages	7,876.			7,876.
E X P	8	Entertainment	2,223.			2,223.
EXPERSES	9	Other direct expenses	22,381.			22,381.
ริ	10	Direct expense summary. Add lines 4 thr				
	11	Net income summary. Combine line 3, co	olumn (d), and line 10.		.	82,489.
Par	till	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	ported more than
,			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
R E V			(a) 2 mgc	bingo/progressive bingo	(b) Canon gaming	(add column (a) through column (c))
REVERUE						
	1	Gross revenue.				
E	2	Cash prizes				
D P P P P P P P P P P P P P P P P P P P	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)	*,*,*,*,*,*,		
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7		
	a Is ti	er the state(s) in which the organization of the organization licensed to operate gaming No,' explain:	g activities in each of th			LJ L
		re any of the organization's gaming license (es,' explain:				Yes No
•						

Schedule G (Form 990 or 990-EZ) 2012 WALDEN FAMILY SERVICES FOUNDATION, INC.

91-2160214

Sche	dule G (Form 990 or 990-EZ) 2012 WALDEN FA	MILY SERVICES FOUNDATION, INC.	91-2160214	Page 3
	Does the organization operate gaming activities w			No
12	Is the organization a grantor, beneficiary or trustee of administer charitable gaming?	a trust or a member of a partnership or other entity	formed to Yes	No
13	Indicate the percentage of gaming activity operate	ed in:		
	The organization's facility		13a	%
	An outside facility			
	Enter the name and address of the person who prepa			,
	Name •			
	Address ►			
k	Does the organization have a contact with a third of Yes,' enter the amount of gaming revenue received gaming revenue retained by the third party Fig. 1f 'Yes,' enter name and address of the third party	eived by the organization► \$ \$	ning revenue? Yes and the amount	No
	Name ►			
	A.1.)			j
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee	Independent contractor		
17	Mandatory distributions			
ā	a Is the organization required under state law to make	charitable distributions from the gaming proceeds to	retain the	П.,
ŀ	state gaming license? Denter the amount of distributions required under state			No
•	organization's own exempt activities during the ta	· ·	or spone in the	
Pa	TIV Supplemental Information. Comple	ete this part to provide the explanations ines 9, 9b, 10b, 15b, 15c, 16, and 17b,	s required by Part I, line as applicable. Also com	2b, plete
				·
ВАА	(100) (100)	TEEA3703L 01/07/13	Schedule G (Form 990 or 990-	EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 91-2160214 WALDEN FAMILY SERVICES FOUNDATION, INC FORM 990, PAGE 5, PART V, LINE 1A WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT FILE 1099'S. ALL INDEPENDENT CONTRACTORS EXPENSES ARE PAID BY ITS PARENT COMPANY WALDEN ENVIRONMENT, INC. FORM 990, PAGE 5, PART V, LINE 1A WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT HAVE ANY EMPLOYEES, THEREFORE IT DOES NOT FILE W-2'S. FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE SOLICITATION, RECEIPT, AND ADMINISTRATION OF CONTRIBUTIONS FOR THE BENEFIT OF WALDEN ENVIRONMENT, INC. DBA WALDEN FAMILY SERVICES. THE FOUNDATION'S SUPPORT IS MAINLY FROM CONTRIBUTIONS RECEIVED FROM BUSINESSES AND INDIVIDUALS IN SOUTHERN CALIFORNIA. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE CONTROLLER REVIEWS THE 990 TAX RETURN FOR ACCURACY AND THEN THE CHAIRPERSON REVIEWS AND SIGNS RETURN. FORM 990, PART VI. LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY. MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFLICTS THROUGHOUT 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 PROCESS - CEO, TOP MANAGEMENT ALL PAYROLL IS PAID BY WALDEN ENVIRONMENT, INC., A RELATED ENTITY, AND ALLOCATED TO WALDEN FAMILY FOUNDATION. WALDEN ENVIRONMENT, INC. HAS A COMPENSATION SALARY RANGE GUIDE FOR ALL JOB TITLES AND NEW HIRES SIGN AN OFFER LETTER DETAILING SALARY AND BENEFITS. WALDEN ENVIRONMENT, INC. ALSO USES NON-PROFIT SALARY PROFILES AS A BENCHMARK.

THE BOARD OF DIRECTORS FOR WALDEN ENVIRONMENT, INC. MAKES HIRING AND COMPENSATION

2012 **SCHEDULE O - SUPPLEMENTAL INFORMATION** PAGE 1 **CLIENT 11-015** WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES 66,397. 66,397. SPECIAL EVENT EXPENSES TOTAL \$

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

INC.

WALDEN FAMILY SERVICES FOUNDATION,

Related Organizations and Unrelated Partnerships

Open to Public Inspection 2012 Employer identification number 91-2160214 Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

OMB No. 1545-0047

SECURITY OF THE PROPERTY OF TH							
(a) Name, address, and EIN (if applicable) of disregarded entity	ity Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	olling
							:
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during		(Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had the tax year.)	answered 'Yes	s' to Form 990,	Part IV, line 34 b	ecause it h	Dg.
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	tus Direct controlling (3))		(g) Sec 512(b)(13) controlled entity? Yes No
(1) WALDEN ENVIRONMENT, INC. 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	FOSTER FAMILY AND ADOPTION AGENCY	CA	0	501(C)3	N/A		×
				,			
(<u>6)</u>							
(4)							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.		TEEA5001L 12/28/12		Sche	Schedule R (Form 990) 2012	0) 2012

Schedule R (Form 990) 2012 WALDEN FAMILY SERVICES FOUNDATION, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ļ	Share of total income e	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	Genera Manag partne	(k) al or Percentage ining ownership ar?	trage ship
(D)			}			3						
(2)												
(6)							e e e e e e e e e e e e e e e e e e e	·				
Partive Identification of Related Organization of Related Organization of Name, address, and ElN of related organization	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answelline 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)(a)(b)(c)(d	izations in ore relations on Frima	ons Taxable as related organiz (b)		n or Trust ((as as a corpor- (d) Direct controlling entity	Complete if the cation or trust dur (Copp. Scorp, or trust)	ne organization aduring the tax y	tion answetax year.)	a Corporation or Trust (Complete if the organization at steeled as a corporation or trust during the tax year.) (a) (b) (corp. Scorp. Sc	Orm 990, (h) Percentage ownership	Part IV, O Sec 512(b)(13) controlled entity?	(13) mtity?
(1)											Tes	ON ON
(5)												
(B)												
ВАА				TEEA	TEEA5002L 12/28/12				SS	thedule R (F	Schedule R (Form 990) 2012	2012

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Page 3

91-2160214

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

Schedule R (Form 990) 2012 WALDEN FAMILY SERVICES FOUNDATION,

91-2160214

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5

Schedule R (Form 990) 2012 WALDEN FAMILY SERVICES FOUNDATION, INC.

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

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

тесления 19/28/12 Schedule R (Form 990) 2012	

Raft≜VII≡	Supplemental Information Complete this part to provide additional information for responses to questions on see instructions).	Schedule R
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<u> </u>		
	·	
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TEEA5005L, 12/28/12

Page 5

Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012

(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. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part 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 | 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 Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or WALDEN ENVIRONMENT, TNC print DBA: WALDEN FAMILY SERVICES 94-2358632 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 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SAN DIEGO, CA 92120 Application Is For Return Application Return Code ls For Code Form 990 or Form 990-EZ 01 [ซ[ฑุ⊅90-T (corporation) 07 Form 990-BL orm 1041-A 08 Form 4720 (individual) 09 Form 4320 Form 990-PF 10 Form 5227 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of TERESA A. STIVERS Telephone No. ► 619-584-5777 FAX No. ► 619-584-5757 If 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 990-1) extension of time , 20 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 2 If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period 3a if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3 a |\$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3 b | \$ payments made. Include any prior year overpayment allowed as a credit...... 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions. 3 clŝ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

	(Rev 1-2013)				Page 2
If you a	re filing for an Additional (Not Automatic) 3-Mont	h Extensior	, complete only Part II and check	this box	<u>► X</u>
	complete Part II if you have already been granted			ously filed Form 8868.	
	re filing for an Automatic 3-Month Extension, con				
Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the origin	al (no copies neede	ed).
			Enter filer's	identifying number, see	instructions
	Name of exempt organization or other filer, see instructions.	*		Employer Identification num	ber (EIN) or
Type or					
print	WALDEN FAMILY SERVICES FOUNDAT	ION, INC	J	91-2160214	
File by the	Number, street, and room or suite number. If a P.O. box, see ins	tructions.		Social security number (SSI	0
File by the extended due date for	LEAF & COLE, LLP			•	
filing your return. See instructions.	2810 CAMINO DEL RIO SOUTH, SUI	TE 200			
instructions.	City, town or post office, state, and ZIP code. For a foreign addre	ess, see instruct	ions.		
	SAN DIEGO, CA 92108-3820			· · · · · · · · · · · · · · · · · · ·	
Entar tha I	Opture and for the value that this and that it is	/£!			
THE THE	Return code for the return that this application is f	or (file a se	parate application for each return;)	01
Applicatio	**	T = .	T		
Application Is For	11	Return Code	Application Is For		Return Code
Form 990 o	r Form 990-EZ	01		V.	
Form 990-		02	Form 1041-A		08
Form 4720	(individual)	03	Form 4720		09
Form 990-	PF	04	Form 5227		10
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
STOP! Do	not complete Part II if you were not already grant	and an effect	Nie de la contraction de la co	.da.val61-4 F 0000	
If the oIf thiswhole group	one No. • 619-584-5777 organization does not have an office or place of bit is for a Group Return, enter the organization's four up, check this box • If it is for part of the gother extension is for.	úsiness in th r digit Group	Exemption Number (GEN)		his is for the
4 Ireq	uest an additional 3-month extension of time until calendar year 2012, or other tax year beginning	11/15_	, 20 <u>13</u> . , 20 , and ending	, 20	
	e tax year entered in line 5 is for less than 12 mon			Final return	′ – – •
· · ·	Change in accounting period	, , , , , , , , , , , , , , , , , , ,	- Andarrotati		
	e in detail why you need the extension ADD	TTONAL	TIME IS NECESSARY TO	CATHER THE INFO	TRMATTON
<u>RE(</u>	QUIRED TO FILE A COMPLETE AND AC	CCURATE	RETURN.	2544000 "454 451	<u> </u>
nonr	s application is for Form 990-BL, 990-PF, 990-T, 4 efundable credits. See instructions			8a \$	
b If thi payr with	s application is for Form 990-PF, 990-T, 4720, or 6 nents made. Include any prior year overpayment a Form 8868.	6069, enter allowed as a	any refundable credits and estima credit and any amount paid previ	ated tax iously , 8 b \$	
	nce due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System). See				· · · · · · · · · · · · · · · · · · ·
			st be completed for Part II		
Under penalti	es of perjury, I declare that I have examined this form, including accomplete, and that I am authprized to grepare this form.	companying scl	nedules and statements, and to the best of m	y knowledge and belief, it is true	∍,
	X P	000		5/	1, /
Signature >	Title >	- (1817	- ~-	Date ➤ 🇸	5/13
BAA	()	FIFZ0502L	. 01/21/13	Form 886	3 ′(Rev 1-2013)

TAXABLE YEAR 2012

California Exempt Organization Annual Information Return FORM

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	ear 2012 or fiscal year beginning month day	year ,	, and ending month	day year
Corporation/Org	anization Name	Land Control of the C	n - Alta ob	California corporation number
WALDEN	FAMILY SERVICES FOUNDATION, INC.			2358520
Address (suite,	room, or PMB no.)	,		FEIN
6150 MI	SSION GORGE ROAD #210			91-2160214
City			State ZIP Code	CONTROL OF SHEET PROBLEMS AND SHEET FOR A SHEET
SAN DIE		<u> </u>	CA 92120	
A First Retu	rnYes 🗶		der R&TC Section 23701d, has the	
B Amended	Return Yes X		during the year: (1) participated paign, or (2) attempted to influen	
		l legislation or	anv ballot measure, or (3) made	an election
			Section 23704.5 (relating to lobby ies)?	/ing by Yes x No
D Final Retu	n • Dissolved • Surrendered (Withdrawn)		plete and attach form FTB 3509.	
	Merged/Reorganized Enter date:		•	
			zation exempt under R&TC Section	on 23701g? ● Yes 🗓 Yo
E Check acc	ounting method:	nonmember	r gross receipts from sources,	\$
1	Cash 2 x Accrual 3 Other			
F Federal re		L It organizatio	on is exempt under R&TC Section sively religious, educational, or ch	23701d aritable
1 •	990T 2 • 990 (PF) 3 • Sch H (990)	and is suppo	rted primarily (50% or more) by	public
G Is this a d		No contributions	, check box. No filing fee is requi	red . , • 🗶
If 'Yes,' a	ttach a roster. See instructions	M Is the organiz	zation a Limited Liability Compan	y?
	panization in a group exemption?	No N Did the organ	nization file Form 100 or Form 10	9 to report
11 100y 11	Tide 5 the parone 5 harries		zation under audit by the IRS or I	
	ganization have any changes in its activities,	audited in a	prior year?	Yes X No
	instrument, articles of incorporation, or bylaws not been reported to the Franchise Tax Board? • Yes x	No ∮		
	xplain, and attach copies of revised documents.	J 170		
	Complete Part I unless not required to file this form. See	e General Instruction	one R and C	· CACA1112L 10/11/12
	1 Gross sales or receipts from other sources. From S			1 149,079.
	2 Gross dues and assessments from members and a			2
Receipts	3 Gross contributions, gifts, grants, and similar amou			3 716,379.
and Revenues	4 Total gross receipts for filing requirement test. Add			710,379.
Revenues	This line must be completed. If the result is less th			4 865,458.
	5 Cost of goods sold			003,438.
	6 Cost or other basis, and sales expenses of assets s			
	7 Total costs. Add line 5 and line 6			7
	8 Total gross income. Subtract line 7 from line 4			8 865,458.
	9 Total expenses and disbursements. From Side 2, P			9 778,733.
Expenses	10 Excess of receipts over expenses and disbursemen	•		10 86,725.
	11 Filing fee \$10 or \$25. See General Instruction F			11
m:::				12
Filing Fee	13 Penalties and Interest. See General Instruction J			13
	14 Use tax. See General Instruction K			14
	15 Balance due. Add line 11, line 13, and line 14.		•	
-	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result			15
C:	Under penalties of perjury, I declare that I have examined this return, includ correct, and complete. Declaration of preparer (other than taxpayer) is base	ing accompanying schedu d on all information of wh	iles and statements, and to the bes iich preparer has any knowledge.	st of my knowledge and belief, it is true,
Sign Here			Date	Telephone
	Signature of officer	CUTIVE DIRE	CTOP	619-584-5777
		Date		● PTIN
Paid	Preparer's Signature JULIE A. FIRL	8,	/14/13 self employed	P00085551
Preparer's Use Only	Firm's name LEAF & COLE, LLP			● FEIN
USE Office	(or yours, if self-employed) 2810 CAMINO DEL RIO SOUT	H, SUITE 20	0	95-2076568
	and address SAN DIEGO, CA 92108-3820			Telephone
				619.294.7200
	May the FTB discuss this return with the preparer show	n above? See instr	uctions	• X Yes No



For Privacy Notice, get form FTB 1131.



91-2160214 Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. 1 2 Interest 193. 3 3 Dividends Receipts 4 Gross rents from 5 5 Other Sources 6 Gross amount received from sale of assets (See instructions) 6 7 7 148,886. 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.... 149,079. Contributions, gifts, grants, and similar amounts paid. Attach schedule 9 Expenses and Disbursements to or for members. 10 Disburse-11 Compensation of officers, directors, and trustees, Attach schedule..... 11 ments 51,773. 12 Other salaries and wages 12 206,689. 13 13 Interest 14 14 17,344. 15 Rents 15 17,298. 16 Depreciation and depletion (See instructions). 16 Other Expenses and Disbursements. Attach schedule......SEE .STATEMENT . 2 • 17 17 485,629. 18 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9...... 778,733. Schedule L **Balance Sheets** Beginning of taxable year End of taxable year Assets (a) (b) (c) (d) 1 596,634. 518,952. Net accounts receivable. de announce de la composition de la co 23,929. 138,593. A STATE OF THE SECOND 4 5 Federal and state government obligations..... 6 7 Investments in stock..... Я Mortgage loans.,.... 9 Other investments Attach schedule..... **b** Less accumulated depreciation. Other assets, Attach schedule 620,563. 657,545. Liabilities and net worth 14 Accounts payable 15 16 Bonds and notes payable..... 17 18 181,473. <u>55,333.</u> Capital stock or principle fund....... 439,090. 602,212. Paid-in or capital surplus. Attach reconciliation Retained earnings or income fund 22 620,563. 657,545. Reconciliation of income per books with income per return Schedule M-1 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000 163,122. Income recorded on books this year not included in this return. Attach sch SEE . ST. . 4 76,397 3 Excess of capital losses over capital gains Deductions in this return not charged against book income this year. Income not recorded on books this year. Attach schedule....... Attach schedule....... Total. Add line 7 and line 8..... Expenses recorded on books this year not deducted 76,397.

in this return. Attach schedule......

163,122

86,725.

Net income per return.

Subtract line 9 from line 6......

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

Name of the organization		Employer Identification number
WALDEN FAMILY SERVICE	S FOUNDATION, INC.	91~2160214
Organization type (check one):		· · · · · · · · · · · · · · · · · · ·
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) org	ganization
	4947(a)(1) nonexempt charitable to	trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	on
	4947(a)(1) nonexempt charitable t	trust treated as a private foundation
	501(c)(3) taxable private foundation	on
Check if your organization is cover	red 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 X For an organization filing Form 9 contributor. (Complete Parts	90, 990-EZ, or 990-PF that received, during the year, \$5 and II.)	5,000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi)	ration filing Form 990 or 990-EZ that met the 33-1/3 and received from any one contributor, during the y orm 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	vear, a contribution of the greater of (1) \$5,000 or
total contributions of more than	0) organization filing Form 990 or 990-EZ that received n \$1,000 for use <i>exclusively</i> for religious, charitable, ldren or animals. Complete Parts I, II, and III.	from any one contributor, during the year, , scientific, literary, or educational purposes, or
purpose. Do not complete any of	0) organization filing Form 990 or 990-EZ that received for religious, charitable, etc, purposes, but these contribute total contributions that were received during the year the parts unless the General Rule applies to this organitations of \$5,000 purposes.	ization because it received nonexclusively
religious, charitable, etc., contr	ibutions of \$5,000 or more during the year	
answer 'No' on Part IV. line 2, of its Form	by the General Rule and/or the Special Rules does not file Schedul 1990; or check the box on line H of its Form 990-EZ or on Part hedule B (Form 990, 990-EZ, or 990-PF).	le B (Form 990, 990-EZ, or 990-PF) but it must II, line 2, of its Form 990-PF, to certify that it does not
BAA For Paperwork Reduction A or 990-PF.	ct Notice, see the Instructions for Form 990, 990EZ	Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

1 of

4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

	· · · · · · · · · · · · · · · · · · ·		
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	HARLEY SEFTON 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$120 <u>,</u> 567.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDRUS FAMILY FUND 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$30,000.	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	HERVEY FAMILY FUND 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BARNEY & BARNEY 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	DOWLING & YAHNKE LLC 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	IN-N-OUT BURGER FOUNDATION 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

2 of

4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

Part I Contribu	tors	(see instructions). Use duplicate copies of Part I if additional space is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DWIGHT STUART YOUTH FOUNDATION 6150 MISSION GORGE RD. STE 210	\$ 15,000.	Person X Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	LINDA & JERRY STRICKLAND FOUNDATION 6150 MISSION GORGE RD. STE 210	\$10,000.	Person X Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ARTHUR CANDLAND 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	BOYS & GIRLS FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	COUNTY OF SAN DIEGO 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$8,700.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CRAIG GAINOR 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

3 of

4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

Part I Contributors	(see instructions). Use duplicate copies of Part I if additional space is needed	d.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DALE YAHNKE 6150 MISSION GORGE RD. STE 210	\$ 5,000.	Person X Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	DOUG FLUTE FOUNDATION 6150 MISSION GORGE RD. STE 210	\$ <u>14,635</u> .	Person X Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	JOHN E. TROMER TRUST 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$255,961.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MISSION FEDERAL CREDIT UNION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_	RIVERSIDE COMMUNITY HEALTH FDN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ 25,544.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	RON BRADY 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

4 of

4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

Part 📗 Contributors	(see instructions).	Use duplicate	copies of Part I if	f additional space is need	ed.
---------------------	---------------------	---------------	---------------------	----------------------------	-----

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	SAN DIEGO LIONS WELFARE FDN		Person X Payroll
	6150 MISSION GORGE RD. STE 210	\$ <u>8,000.</u>	Noncash
	SAN DIEGO, CA 92120	į	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	WILLIAM SAILER		Person X
	6150 MISSION GORGE RD. STE 210	\$ <u>5,000</u> .	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10 11 11 1		\$	Person 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
		\$	Person
		-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
		•	(Complete Part II if there is a noncash contribution.)
DAA		Cabadula D. (Farma Of	00 000 EZ ~ 000 DE\ /0010

BAA

Page

1 to

1 of Part II

tuine of organization

Employer identification number

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

WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from (c) FMV (or estimate) (d) Date received (b) Description of noncash property given Part I (see instructions) N/A (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (c) FMV (or estimate) (d) Date received (a) No. (b) from Description of noncash property given Part I (see instructions) (d) Date received (a) No. from (c) FMV (or estimate) (see instructions) Description of noncash property given 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 (a) No. (c) FMV (or estimate) (b) from Description of noncash property given Part I (see instructions)

TEEA0703L 11/30/12

to

of Part III

Name of organization
WALDEN FAMILY SERVICES FOUNDATION

Employer identification number

			FOUNDALTON,						17-71007		
Part II	Exclusiv	/ely religious	s, charitable, e	etc, individu	al contribut	ions to s	ection 5	01(c)(7),	(8) or (10	1)	
	•	., .,		*4 ***			4 1 11		41 6 1) 4	••	

N/A

(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A		
Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e)	
Transferee's name, address	Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· I		•
	(e) Transfer of gift	
Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address (b) Purpose of gift Transferee's name, address Purpose of gift Transferee's name, address	Transferee's name, address, and ZIP + 4 Purpose of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Use of gift Use of gift Transferee's name, address, and ZIP + 4

2012	CALIFORNIA STATEMENTS	PAGE 1
CLIENT 11-015	WALDEN FAMILY SERVICES FOUNDATION, INC.	91-2160214
STATEMENT 1 FORM 199, PART II, OTHER INCOME INCOME FROM SPEC	LINE 7 CIAL EVENTS \$ TOTAL \$	148,886. 148,886.
	PROMOTION. \$	13,479.
CONTRACT LABOR EMANCIPATED YOU' EQUIPMENT RENTAI INSURANCE LEGAL FEES LICENSES & PERMI MISC EXPENSE OFFICE EXPENSES. OTHER EMPLOYEE F OTHER FEES POSTAGE AND SHIP PRINTING AND PUP REGIONAL CENTER SPECIAL EVENT EX SPECIAL PROJECTS TELECOMMUNICATIO	TYPING BENEFIT PPING BLICATIONS RESPITE CARE KPENSES SOON	5,740. 8,041. 47,146. 599. 10,508. 566. 3,974. 83,871. 5,504. 48,577. 55,747. 2,006. 9,163. 42,769. 66,397. 62,946. 5,475. 13,121. 485,629.
STATEMENT 3 FORM 199, SCHEDU OTHER LIABILITIES DUE TO WALDEN FA	JLE L, LINE 18 AMILY SERVICES TOTAL \$	55,333. 55,333.
DONATED SERVICES	JLE M-1, LINE 7 D ON BOOKS NOT ON RETURN \$ XPENSE. TOTAL	10,000. 66,397. 76,397.

•

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.



		Check if:			
State Charity Registration Number 11878	6	Change of	address		
MATERIA DAMETTE GENERAL MOVE	DARTON THE	Amended	report		
WALDEN FAMILY SERVICES FOUN Name of Organization	DATION, INC.				
6150 MISSION GORGE ROAD #21	0	Corporate or 0	Organization No. 2358520		
Address (Number and Street)		Federal Emple	oyer ID No. 91-2160214		
SAN DIEGO, CA 92120 City or Town	State ZIP Code				
	RENEWAL FEE SCHEDULE (11 C eck Payable to Attorney General's				
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	F	ee
Less than \$25,000 Between \$25,000 and \$100,000 \$2	0 Between \$100,001 and \$250,00 5 Between \$250,001 and \$1 milli		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	on \$	150 225 300
PART A ACTIVITIES					
For your most recent full accounting p	period (beginning 1/01/1	2 ending	12/31/12) list:		
Gross annual revenue \$	799,061. Total assets	\$	657,545.		
PART B - STATEMENTS REGARD	ING ORGANIZATION DURIN	IG THE PERI	OD OF THIS REPORT	***	
Note: If you answer 'yes' to any of the q	uestions below, you must attach a F-1 instructions for information re	separate sheet	providing an explanation and details	for e	ach
1 During this reporting period, were there			nsactions between the	Yes	No
organization and any officer, director or tr director or trustee had any financial in	ustee thereof either directly or with an	entity in which a	ny such officer,		X
2 During this reporting period, was there an property or funds?	y theft, embezzlement, diversion or m	isuse of the orga	nization's charitable		x
3 During this reporting period, did non-p	rogram expenditures exceed 50% o	of gross revenue	s?		х
4 During this reporting period, were any org Form 4720 with the Internal Revenue S	anization funds used to pay any pena Service, attach a copy.	lty, fine or judgm	ent? If you filed a		x
5 During this reporting period, were the purposes used? If 'yes,' provide an attach provider.	services of a commercial fundraise nment listing the name, address, and	r or fundraising telephone number	counsel for charitable r of the service		x
6 During this reporting period, did the organ the name of the agency, mailing addre	nization receive any governmental funess, contact person, and telephone	ding? If so, provid number.	de an attachment listing		X
7 During this reporting period, did the organ indicating the number of raffles and the	nization hold a raffle for charitable pur le date(s) they occurred.	poses? If 'yes,' p	rovide an attachment		x
Does the organization conduct a vehicle of the program is operated by the charity charitable purposes.	donation program? If 'yes,' provide an or whether the organization contra	attachment indic acts with a comn	ating whether nercial fundraiser for		x
Did your organization have prepared a principles for this reporting period?	n audited financial statement in ac	cordance with g	enerally accepted accounting	x	
Organization's area code and telephone nu	mber <u>619-584-5777</u>				
Organization's e-mail address					
I declare under penalty of perjury that I had and belief, it is true, correct and complete. TAXPAYERS COPY				owled	lge
	'ERESA STIVERS rinted Name	Title	E DIRECTOR Date		

Form 990

For the 2012 calendar year, or tax year beginning

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.

, 2012, and ending

OMB No. 1545-0047

Open to Public Inspection

Applications change Capped	В	Check if appli	icable:	C		D Employ	er Identific	cation Number	
Tax-country status SAN DISCO, CA 92120		Address	change	WALDEN FAMILY SERVICES FOUNDATION, INC.		91-2	21602	14	
SAN DIEGO, CA 92120 G19-584-5777 G Gross receipts \$ 855, 459.		Name ch	nange	6150 MISSION GORGE ROAD #210	Ī	E Telepho	ne numbe	r	
Top-country status Same As C		\vdash	•	SAN DIEGO, CA 92120		619-	-584-	5777	
Application pending Filture and statistics of photopal effort: TERESA STIVERS 10(0) is filts a page return to efficience? 1 Tart-evering statists NEW, WALDENFAMILY, ORG 1974 (insert in.) 4947(a)(1) or 527 1970, abst an insert included? 1974 (insert in.) 1974 (in		├ ─-							
Repellection pending Filters and address of precised orthorn: TERESA STIVERS 160 is this a space return be affinished: Ves. V					I,	G Gross re	eceinis Š	865	458
SAME AS C ADOVE 1 Association 1 Associ		\vdash		F Name and address of principal officer: TEDECA CTTVEDC					T2-21"
Tace-cerept status X 501(c)(3) 301(c) 7 (inset in c) 4947(x)(1) or 1927		Applicat	ton penaing	TEMBER STATE	• ,			Щ, т	7
Website: Wild WALDENFAMILY, ORG Last decision Other Last decision CA		Т	-1 -1-1	SAME AS C ABOVE	If No, a	ittach a list.	(see instru	uctions)	
Total properties National Total Association Other Liver of Formation 2001 M State of logal controls. CA	<u> </u>								
Summary				W. HILLDER LUIC	• •				
Briefly describe the organization's mission or most significant activities: THE SOLICITATION, RECEIPT, AND ADMINISTRATION OF CONTRIBUTIONS FOR THE BENEFIT OF WALDEN ENVIRONMENT, INC. DBA WALDEN FAMILY, SERVICES. THE FOUNDATION'S SUPPORT IS MAINLY FROM CONTRIBUTIONS RECEIVED PROM BUSINESSES AND INDIVIDUALS IN SOUTHERN, CALIFORNIA. 2 Check this box ~ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of volumbers (estimate if necessary). 6 5 Total number of volumbers (estimate if necessary). 7 Total unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h). 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 4, and 110, a					on: ZUUI	INIS	tate of leg	gal domicile: LP	<u> </u>
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Form	990 (2012) WALDEN FAMILY SI	ERVICES FOUNDATION,	INC.	91-23	160214	Page 2
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	Check if Schedule O contains a response to any question in this Part III. Size SCHEDULE O Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. If Yes, describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes, describe these changes on Schedule O. Did the organizations program service accomplishments for each of its three largest program services, as meas Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) flusts are required to report the amount of grants and all others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 434,980. including grants of \$) (Revenue \$ Nature 100 organizations) (Expenses \$ 434,980. including grants of \$) (Revenue \$) ADMINISTRATION OF CONTRIBUTIONS FOR THE BENEFIT OF WALDEN ENVIRONMENT, IN WALDEN FAMILY SERVICES FOUNDATION PURPOSE IS THE SOLICITATION, RECEIPT, ADMINISTRATION OF CONTRIBUTIONS FOR THE BENEFIT OF WALDEN ENVIRONMENT, IN WALDEN FAMILY SERVICES WALDEN ENVIRONMENT DBA WALDEN FAMILY SERVICES (WE FORMED IN 1976 AS A NONPROFIT ORGANIZATION TO PROVIDE ADVOCACY, OUT OF HC PLACEMENT, AND TREATMENT SERVICES FOR CHILDREN UNABLE TO REMAIN IN THEIR DUE TO ABANDONMENT, ABUSE, OR NEGLECT. [Code:) (Expenses \$ including grants of \$) (Revenue \$] [Code:) (Expenses \$ including grants of \$) (Revenue \$]					
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4	Describe the organization's program se Section 501(c)(3) and 501(c)(4) organization	ervice accomplishments for eations and section 4947(a)(1) trus	ts are required to r	gest program services, as n eport the amount of grants an	neasured by d allocations	expenses. lo
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BA		434,980. TEEA0102L	08/08/12		For	m 990 (2012)

Part M Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 X 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?..... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I...... X 3 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III..... 5 X 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, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II....... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V............... X 10 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 Χ X 11 b c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. X 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported X in Part X, line 16? If 'Yes,' complete Schedule D, Part IX...... 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X... Χ 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII X 12a Х 12 b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E............. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a Χ 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...... 15 X 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...... Х 16 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...... Х 18 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 Χ Χ 20 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H...... b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20 b

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Fα	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.	00		v
		23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	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
28				T.
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	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 L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	!	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.............. 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . 1 c 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..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Χ 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q...... 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Χ 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 h not tax deductible?..... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... Χ 7 a X 7 b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?......... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х Form 8282?.... 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?...... 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g! h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did-the organization file a 7 h 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 8 holdings at any time during the year?..... Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?..... 9 a 10 Section 501(c)(7) organizations. Enter: **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?...... 12 a bif 'Yes,' enter the amount of tax-exempt interest received or accrued during the year..... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?..... 13 a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand...... 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q......

Pair 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 Schedule O. See instructions.	changes in
Check if Schedule O contains a response to any question in this Part VI	X
Section A. Governing Body and Management	
	Yes No
1 a Enter the number of voting members of the governing body at the end of the tax year	12
b Enter the number of voting members included in line 1a, above, who are independent 1b	12
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2 X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3 Х
4 Did the organization make any significant changes to its governing documents	
since the prior Form 990 was filed?	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	
6 Did the organization have members or stockholders?	6 X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a X
a The governing body?b Each committee with authority to act on behalf of the governing body?	
	
9 Is there any officer, director or trustee, or key employee fisted 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.	
Section B. Policies (This Section B requests information about policies not required by the Internal Reve	
10 a Did the organization have local chapters, branches, or affiliates?	
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?	
operations are consistent with the organization's exempt purposes?	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDUL 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise	
to conflicts?	12b X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSEE .SCHEDULE . 0.	
13 Did the organization have a written whistleblower policy?	
14 Did the organization have a written document retention and destruction policy?	14 X
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE.Q	
b Other officers of key employees of the organization	15b X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ing the court
taxable entity during the year?	16a X
participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed CA	
 17 List the states with which a copy of this Form 990 is required to be filed CA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s inspection. Indicate how you make these available. Check all that apply. 	only) available for public
Inspection, Indicate how you make these available, Check all that apply. Own website Another's website Upon request Other (explain in Schedule	
19 Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements are public during the towards.	ents 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 organ	ization:
TERESA STIVERS 6150 MISSION GORGE ROAD SAN DIEGO CA 92120 619-584-5777	
TERESA 511VERS 6130 MISSION GORGE ROAD SAN DIEGO CA 92120 613 364 3717	Form 990 (2012)

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フエ		. UU	12.1	. '±

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

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

Y

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

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

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

Check this box if neither the organization n	or any rela	ted org	ganiz	zatio	n co	mpens	ated	d any current officer, di	rector, or trustee.	
(C)										
(A) Name and Title	(B) Average hours per week (list	Position (do not check mor one box, unless person is t officer and a director/trus				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
OPE COMPANIE 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)	(W-2/1099-MISC)	from the organization and related organizations
SEE SCHEDULE O			æ			ated				
(1) LISA BETYAR	1_1_	ļ ·								
BOARD MEMBER	0	X						0.	0.	0.
(2) WARD OZEATA	1_1_]	İ							
BOARD MEMBER	0	X						0.	0.	0.
(3) ARTHUR CANDLAND	11									
BOARD MEMBER	0	X	<u></u>					0.	0.	0.
(4) DALE GANZOW	11									
BOARD MEMBER	0	X	l					0.	0.	0.
(5) KARINA R. LION	1	ì								
BOARD MEMBER	0	X						0.	0.	<u>0.</u>
(6) HILARY VERM	1	1								
BOARD MEMBER	0	X	<u> </u>		<u> </u>			0.	0.	0.
(7) SABRINA GREEN	1	l				ĺ				
BOARD MEMBER	0	X	<u></u>					0.	0.	0.
(8) JOE BERNSTEIN	1]								
BOARD MEMBER	0	Х	L.	<u> </u>		i		0.	0.	0.
(9) RITA SZCZOTKA	1				İ					
VICE CHAIR	0			X				0.	0.	0.
(10) MARYANN CARLIN	11									
CHAIR	0	ļ	ļ	X	ļ. <u>.</u>			0.	0.	0.
(11) PAUL GOODING	1_1_	1							!	
TREASURER	0			X	L		<u> </u>	0.	0.	0.
(12) VINCE HEALD	11	1							}	
SECRETARY	0	<u> </u>		Х				0.	0.	0.
(13) TERESA STIVERS	21	1								
EXECUTIVE DIREC	19		_	X	L		<u> </u>	47,601.	43,727.	15,216.
(14)		1								
			1	İ		1	1	1 .		

Part VII Section A. Officers, Directors, Tru		Key	Em			es, a	and	l Highest Com	pensated Empl	oyees (cont)
(A) Name and title	Average hours per week	rerage (do not o lours box, unle per officer a			erson direct	is both or/trust	an lee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
76)										
77)								:		
718)										
19)										1 10 2 2 2
(20)		1								***
[21)										
(22)										
(23)		-								· · · · · · · · · · · · · · · · · · ·
(24)										
(25)										
1 b Sub-total							>	47,601.	43,727.	15,216
c Total from continuation sheets to Part VII, Sect							≻	0.	0.	15 216
d Total (add lines 1b and 1c)	d to those	listed	abo	ve)	who	recei	ved	47,601. more than \$100,00	43,727. 0 of reportable comp	15,216 pensation
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ctor or tru	stee,	key	em	ploy	ee, o	or h	ighest compensat	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	ter than \$	150,0	100?	f	Yes'	com	plei	ner compensation te Schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or according for services rendered to the organization? If 'Ye	ue compei es, ' comple	nsati e <i>te</i> S	on fi che	rom dule	any J fo	unre or suc	elate ch p	ed organization or person	individual	
Section B. Independent Contractors 1. Complete this table for your five highest compe	nsated inc	leper	nder	nt co	ontra	ctors	tha	at received more	han \$100,000 of	
compensation from the organization. Report compe	nsation for	the o	caler	ndar	yeaı	endi	ing v	with or within the o	rganization's tax year	(C)
Name and business ad	aress							Description	oi services	Compensation
	-									
2 Total number of independent contractors (including \$100,000 in compensation from the organization		nited	to th	ose	liste	d abo	ve)	who received more	e than	
\$100,000 in compensation from the organization	u	TEFA	0100	. 01	194113					Form 990 (201

Par	art VIII Statement of Revenue							
,		Check if Schedule O	contains a resp	onse to any questi	on in this Part VIII.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi	1 b 1 c 1 d 1 d 1 ons) 1 e	150,070.				
CONTRIBUT AND OTHE	g	All other contributions, gifts, g similar amounts not included Noncash contributions include Total Add lines 16, 16	above	566,309. 2,400.	GENERAL DESCRIPTION OF THE SECOND SEC			u je produktaju se slikaju na supurpuspago slika na produktaj prospira na produktaj produktaj
PROGRAM SERVICE REVENUE	2a b c	Total. Add lines 1a-1f.		Business Code	716,379.			
PROGRA		All other program service Total. Add lines 2a-2f.		,., <u>p</u>	A. A. A. A. A. A. A. A. A. A. A. A. A. A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	police one regardant
	3 4 5	Investment income (incother similar amounts) Income from investment Royalties.	t of tax-exempt	bond proceeds.	193.			193.
	b b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal			The Paris Trades of the Control of t	
	7 a	Net rental income or (lo Gross amount from sales of assets other than inventory. Less: cost or other basis	(i) Securities	(ii) Other				
	c d	and sales expenses Gain or (loss) Net gain or (loss)						
OTHER REVENUE		Gross income from fun- (not including. \$	150,070. d on line 1c).					
ΔŢ	c	Less: direct expenses. Net income or (loss) from gare	om fundraising e		82,489.			82,489.
	b	See Part IV, line 19 Less: direct expenses. Net income or (loss) fro		b				
	10 a	Gross sales of inventor and allowances Less: cost of goods sol	y, less returns	a b				
	c	Net income or (loss) from Miscellaneous Reven		ntory Business Code				
	11 a	·		ризнись СОО			Programme and the second second second	(100 Marin 100 M
	e	All other revenue Total. Add lines 11a-11	d					
	12	Total revenue. See ins	tructions	<u>*</u>	799,061.	0.	0.	82,682.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	esponse to any questio	n in this Part IX		
Do n	oot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		1	Maria (1015) 110 (1015) 120 (1015) Video de 1002 (1015) 120 (1015)	CALLER COLORES Abelia Militar en meron esta el 1980 Militar en Maria de Santo
2	Grants and other assistance to individuals in the United States. See Part IV, line 22		200,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.			Para Propinsi Mara Propinsi Propinsi Propinsi Propinsi	
4	Benefits paid to or for members			ye a final periodical	
5	Compensation of current officers, directors, trustees, and key employees	51,773.	0.	0.	51,773.
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	206,689.	134,609.		72,080.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
. 9	Other employee benefits	48,577.	23,296.		25,281.
10	Payroll taxes	17,344.	8,080.		9,264.
11					
	n Management				F.C.C.
	Legal	566.			566.
	: Accounting				
	I Lobbying				
	Investment management fees		aliani sa manang ng 12 pina sebuahan alian		
	Other. (If line 11g amt exceeds 10% of line 25, col-				······································
	umn (A) amt, list line 11g expenses on Sch 0)	55,747.	54,791.		956.
	Advertising and promotion	13,479.	8,700.		4,779.
13 14	Office expenses	5,504.	3,366.		2,138.
15	Royalties	·			
16	Occupancy	17,298.	17,298.		
17	Travel	13,121.	12,234.		887.
18	 		12,254.		007.
19	Conferences, conventions, and meetings	5,740.	3,702.		2,038.
20	Interest				
21	Payments to affiliates,				
22	Depreciation, depletion, and amortization				⊢ • • • • •
23 24	InsuranceOther expenses. Itemize expenses not	10,508.	5,091.		5,417.
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		The Spirit Circle Charles with the Spirit Circle Charles		
	a MISC EXPENSE	83,871.	50,219.		33,652.
	b SPECIAL PROJECTS	62,946.	11,914.		51,032.
	EMANCIPATED YOUTH	47,146.	47,146.		
	d REGIONAL CENTER RESPITE CARE	42,769.	42,769.		
	e All other expenses	29,258.	11,765.		17,493.
25	Total functional expenses. Add lines 1 through 24e	712,336.	434,980.	0.	277,356.
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)				
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Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	454,806.	1	265,969.
l	2	Savings and temporary cash investments	141,828.	2	252,983.
	3	Pledges and grants receivable, net	·	3	
	4	Accounts receivable, net	23,929.	4	138,593.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part It 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 I	7	Notes and loans receivable, net	•	7	
ASSETS	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	is dina probabili se bijeb Popilijanski doga se se		
İ	b	Less: accumulated depreciation. 10 b		10 c	
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	620,563.	16	657,545.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	****	19	
+	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D	n The half of the state of the	21	
一十十二日の	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part il of Schedule L	Arte and the second	22	pasity in it separation cam.
i E	23	Secured mortgages and notes payable to unrelated third parties		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.	181,473.	25	55,333.
	26	Total liabilities. Add lines 17 through 25.	181,473.	26	55,333.
ZEF -		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	g istoria producto productivi.		all the particles of the last terms of the last
∢いらば よっぴん	27	Unrestricted net assets	49,831.	27	191,210.
Ě	28	Temporarily restricted net assets	389,259.	28	411,002.
	29	Permanently restricted net assets.		29	
סבכין אס		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
D	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ľ A	32	Retained earnings, endowment, accumulated income, or other funds		32	
B女」女文といる	33	Total net assets or fund balances	439,090.	33	602,212.
	34	Total liabilities and net assets/fund balances	620,563.	34	657,545.
ВА	Α				Form 990 (2012)

		-2160214	Pa-	ge 12			
Pai	t XIII Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI			X			
1	Total revenue (must equal Part VIII, column (A), line 12)		799,0	61.			
2	Total expenses (must equal Part IX, column (A), line 25)		712,3	36.			
3	Revenue less expenses. Subtract line 2 from line 1		86,7	<u> 25.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	439,0	90.			
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments,						
9	Other changes in net assets or fund balances (explain in Schedule O) . SEE, SCHEDULE, O	9	66,3	<u> 397.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		c (
Total Control	column (B))	10	602,2	<u> </u>			
Pa	t XII Financial Statements and Reporting			_			
	Check if Schedule O contains a response to any question in this Part XII			<u></u>			
			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	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X			
-	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ved on a					
	Separate basis Consolidated basis Both consolidated and separate basis			S STORY SHEET SEE			
!	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:	rate					
	X Separate basis Consolidated basis Both consolidated and separate basis			2.5			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	it,	2c X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3	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?	. , , , , , , , , , , , , , , ,	3 a	X			
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit					
BAA	,		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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

Employer identification number

WAL	DEN	I FAMIL	Y SE	RVIC	ES FOUND	ATION	N, INC.						91-21	60214			
Part	I	Reason	for F	ublic	Charity St	atus	(All organiza	ations	must c	omple	te this	part.)	See ir	ıstructi	ons.		
The o	rgar	nization is	not a p	orivate	foundation b	ecause	it is: (For line	s 1 thro	ugh 11, d	check o	nly one l	box.)					
1		A church,	conve	ntion o	of churches or	associ	iation of church	nes des	cribed in	section	170(b)(1)(A)(i).					
2	П	A school o	lescrib	ed in	section 170(b)	<u> </u>	ii). (Attach Sch	nedule E	E.)								
3	П	A hospital	or a c	ooper	ative hospital	service	organization	describe	ed in sec	tion 170	(b)(1)(A)(iii).					
4	П	A medical	resea	rch or	ganization ope	erated i	in conjunction	with a h	nospital d	lescribe	d in sect	tion 170	(b)(1)(A)(iii) . En	ter the hos	pital's	ı
	_	name, city	, and	state:	-												
5		An organiz	ation o A)(iv).	perate (Com	d for the benef plete Part II.)	it of a c	ollege or univer	sity own	ed or ope	erated by	a gover	nmental	unit des	cribed in	section		
6		A federal,	state,	or loc	al governmen		vernmental un										
7	屵	in section	1 70(b)(1)(A))(vi). (Comple	te Part					ental unit	t or from	the gen	eral publ	ic described	i	÷
8	\sqcup		-				0(b)(1)(A)(vi). (•				•			
9		An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)															
10	11	_		-	•		xclusively to te	-		-							
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h.																
		a X Typ	e l	b	Type II	С	Type III —	Functio	nally inte	egrated	c	1 [_] 7	Type III -	– Non-fu	ınctionally	integr	ated
. e		By checki other than section 50	founda	ition m	I certify that to anagers and o	he orga ther tha	anization is not in one or more p	t control publicty :	lled direct supported	tly or in I organiz	directly ations de	by one escribed	or more in sectio	disquali n 509(a)	fied persor (1) or	ns	
f		If the orga	nizatio	recei			ation from the I		is a Type	І, Туре	II or Type	e III sup	porting o	rganizati	on,		
g		Since Aug	gust 17	, 2006	5, has the orga	anizatio	on accepted ar	ny gift d	or contrib	ution fr	om any o	of the fo	ollowing	persons	?		
-																Yes	No
		belo	w, the	gover	rhing body of	the sup	ontrols, either a oported organiz	zation?.						• • • • • • •	11 g (i)		X
		(ii) A fa	mily n	nembe	r of a person	describ	ed in (i) above	e?		• • • • • • •			, ,		11 g (ii)		Х
		(iii) A 3	5% cor	ntrolle	d entity of a p	erson (described in (i)	or (ii) a	above?						11 g (iii)		X
h							e supported or										
		(i) Name of organia	supporte ation	d	(ii) EIN		(iii) Type of orga (described on li above or IRC (see instruct	ines 1-9 section	organiz column (i your go	s the ation in i) listed in overning ment?	(v) Did yo the organi column (i supp	i) of your	organiz colur organizi	s the lation in mn (i) ed in the S.?	(vii) Amoun sup	t of mor port	netary
						1			Yes	No	Yes	No	Yes	No			
M	WA	LDEN E	NVIR	оимь	NT, INC.										<u> </u>	.,,	
(A)					94-235	8632	9		Х		X		Х		8	43,7	708.
(B)										1				}			
	· · · · · ·																
(C)]													
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i Uld	•				471800000000000	10000		7.144, 318		1975	1 25 25	155.75				143,	,00.

Schedule A (Form 990 or 990-EZ) 2012 WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214

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

***	apport schedule for organizations beschied	
	(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, plea	

Sect	Section A. Public Support								
begir	ndar year (or fiscal year nning in) ≻	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4	r i kara ya da anta sa Kara aga sa pinaka	and the state angle of the Light desired and desired to			ANTONE ANTONE ANTONE ANTONE br>ANTONE ANTONE br>ANTONE ANTONE A			
Sec	tion B. Total Support	T	1		Υ				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 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		Begiske Groe Verstoger ein	Paragraphic sections, Paragraphic sections,	and by Francisco.				
12	Gross receipts from related activ	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, tl	hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ □		
Sec	tion C. Computation of Pu	ıblic Support f	Percentage						
14	,, ,	•	,,,				<u>%</u>		
	Public support percentage from						%		
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	17a 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								
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar Private foundation. If the organ	meets the 'facts- nd-circumstances'	and-circumstance test. The organiz	es' test, check this zation qualifies as	box and stop he a publicly suppor	re. Explain in Part ted organization	IV how the ▶		
		ization ulu not en	con a box on line	10, 100, 100, 176					
BAA					Sc	hedule A (Form 99	U OF 990-EZ) 2012		

91-2160214

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
Calend	ar year (or fiscal yr beginning in) 🛌	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's				i		1 to 1 to 1 to 2 to 2 to 3 to 3 to 3 to 3 to 3 to 3
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	•					
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						,
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sect	tion B. Total Support						
Calend	dar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			·			
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					4.5	
	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop nere		nd, third, fourth,	or fifth tax year as	s a section 501(c)(3) ▶ □
Sec	tion C. Computation of Pu					4	
15	Public support percentage for 20	•			•	1	%
	Public support percentage from		_		.,	. , 16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage f	or 2012 (line 10c	, column (f) divid	ed by line 13, col	umn (f))	17	%
18	Investment income percentage f	from 2011 Schedi	ule A, Part III, line	e 17		, . ,	%
	33-1/3% support tests 2012. I is not more than 33-1/3%, check	k this box and st o	o p here. The orga	nization qualifies	as a publicly supp	ported organization	🟲 📙
	9 33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%	6, check this box	and stop here. T	he organization q	ualifies as a pub l i	cly supported organ	nization 🟲 📋
00	Private foundation. If the organi	ization did not ch	eck a box on line	14, 19a, or 19b,	check this box an	d see instructions.	

	(Form 990 or 99		WALDE	N FAMILY	Y SERVI	CES FOU	<u>, NOITADN</u>	INC.	91-216021	1	Page 4
Part IV	Suppleme r Part II, line (See instru	n tal Informa 17a or 17t ctions).	ation. Co o; and Pai	mplete thi rt III, line	is part to 12. Also	provide complete	the explan this part	ations i	required by Part additional inforr	II, line 1 nation.	0;
			. – – – –								
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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		Employer identification number							
WALDEN FAMILY SERVICE	S FOUNDATION, INC.	91-2160214							
Organization type (check one):									
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) orga	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable tru	rust not treated as a private foundation							
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation	n ·							
	4947(a)(1) nonexempt charitable tr	ust treated as a private foundation							
	501(c)(3) taxable private foundation	n							
Check if your organization is cove	red 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 G	General Rule and a Special Rule. See instructions.							
General Rule [X] For an organization filing Form Scontributor. (Complete Parts I	990, 990-EZ, or 990-PF that received, during the year, \$5, 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 33-1/39 and received from any one contributor, during the ye orm 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1.	ear, 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 that \$1,000 for use exclusively for religious, charitable, sildren or animals. Complete Parts I, !I, and III.	from any one contributor, during the year, scientific, literary, or educational purposes, or							
purpose. Do not complete any o	(10) organization filing Form 990 or 990-EZ that received to religious, charitable, etc., purposes, but these contributes the total contributions that were received during the year of the parts unless the General Rule applies to this organizations of \$5,000 or more during the year	zation because it received nonexclusively							
answer 'No' on Part IV, line 2, of its Fore	d by the General Rule and/or the Special Rules does not file Schedult in 990; or check the box on line H of its Form 990-EZ or on Part chedule B (Form 990, 990-EZ, or 990-PF).	le B (Form 990, 990-EZ, or 990-PF) but it must 1, 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 (Form 990, 990-EZ, or 990-PF) (2012							

1 of

4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

raiti	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
	HARLEY SEFTON 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$120 <u>,</u> 567.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDRUS FAMILY FUND 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$30,000.	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	HERVEY FAMILY FUND 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_4	BARNEY & BARNEY 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DOWLING & YAHNKE LLC 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Fotal contributions	(d) Type of contribution
6	IN-N-OUT BURGER FOUNDATION 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120	\$ 6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

2 of

4 of Part 1

Name of organization
WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer Identification number 91-2160214

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DWIGHT STUART YOUTH FOUNDATION 6150 MISSION GORGE RD. STE 210	\$15,000.	Person X Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	LINDA & JERRY STRICKLAND FOUNDATION 6150 MISSION GORGE RD. STE 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
9	ARTHUR CANDLAND 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ 15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	BOYS & GIRLS FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	COUNTY OF SAN DIEGO 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$8,700.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(h)	(c) Total	(d) Type of contribution
	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution

3 of

4 of Part 1

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

	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
13_	DALE YAHNKE	_		Person X Payroll
	6150 MISSION GORGE RD. STE 210	\$	5,000.	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
14_	DOUG FLUTE FOUNDATION			Person X
	6150 MISSION GORGE RD. STE 210	\$_	14,635.	Payroll Noncash
	SAN DIEGO, CA 92120	_		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
15_	JOHN E. TROMER TRUST			Person X
	6150 MISSION GORGE RD. STE 210	\$_	255 <u>,</u> 961.	Payroll Noncash
	SAN DIEGO, CA 92120	-	!	(Complete Part II if there is a noncash contribution.)
	4	 		
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
(a) Number			(c) Total contributions	Type of contribution Person X
Number	Name, address, and ZIP + 4	\$_	(c) Total contributions5,000.	Type of contribution
Number	Name, address, and ZIP + 4 MISSION FEDERAL CREDIT UNION	\$_	contributions	Person X Payroll
Number	Name, address, and ZIP + 4 MISSION FEDERAL CREDIT UNION 6150 MISSION GORGE RD. STE 210	\$_	contributions	Type of contribution Person X Payroll Noncash (Complete Part II if there is
16_	Name, address, and ZIP + 4 MISSION FEDERAL CREDIT UNION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b)	\$_	contributions5,000.	Type of contribution Person X Payroll
16 (a) Number	Name, address, and ZIP + 4 MISSION FEDERAL CREDIT UNION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4	\$ _	contributions5,000.	Type of contribution Person X Payroll
16 (a) Number	Name, address, and ZIP + 4 MISSION FEDERAL CREDIT UNION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 RIVERSIDE COMMUNITY HEALTH FDN	, o	(c) Total contributions	Type of contribution Person X Payroll
16 (a) Number	Name, address, and ZIP + 4 MISSION FEDERAL CREDIT UNION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 RIVERSIDE COMMUNITY HEALTH FDN 6150 MISSION GORGE RD. STE 210	\$	(c) Total contributions	Type of contribution Person X Payroll
16 (a) Number	Name, address, and ZIP + 4 MISSION FEDERAL CREDIT UNION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 RIVERSIDE COMMUNITY HEALTH FDN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	<i>\$</i>	(c) Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) Person X Payroll I I if there is a noncash contribution.)
(a) Number 17 (a) Number	Name, address, and ZIP + 4 MISSION FEDERAL CREDIT UNION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 RIVERSIDE COMMUNITY HEALTH FDN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b) Name, address, and ZIP + 4	\$ \$	(c) Total contributions	Type of contribution Person X Payroll

	•		
Schedule	B (Form 990, 990-EZ, or 990-PF) (2012)	Page	4 of 4 of Part 1
Name of org		' -	ridentification number
	FAMILY SERVICES FOUNDATION, INC.	91-2	160214
PartI	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
19	SAN DIEGO LIONS WELFARE FDN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ 8,000.	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
20	WILLIAM SAILER 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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
		\$	Person Payroll Noncash

		\$	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
		\$	Person Payroli Noncash
			(Complete Part II if there is a noncash contribution.)

(a) Number (c) Total contributions (Complete Part II if there is a noncash contribution.)

(d) Type of contribution

Person

(b) Name, address, and ZIP + 4

1 to 1 of Part II
Employer Identification number

Name of organization

WALDEN FAMILY SERVICES FOUNDATION, INC.

91-2160214

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
···	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
P			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) Na		(-)	7.1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
]\$	
		Υ	
BAA	Schei	dule B (Form 990, 990-F)	7 or 990-PF) (2011

1 of Part III 1 to

Name of organization	Employer identifica
WALDEN FAMILY SERVICES FOUNDATION, INC.	91-216021
Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10)

Employer identification number

91-2160214

	For organizations completing Part III, enter to contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional states of the second s	otal of <i>exclusively</i> religious, cha Enter this information once. Se	e columns (a) through (e) and the following line entry. ritable, etc, e instructions.)
(a) . from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
•		(e)	
	Transferee's name, address	Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I			
. •	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	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, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a)	(b)	(c)	(d)
(a) from art 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number WALDEN FAMILY SERVICES FOUNDATION, INC 91-2160214 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate contributions to (during year)..... Aggregate grants from (during year)..... Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... Part It. Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a a Total number of conservation easements. b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a)...... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►s Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X..... ►S

Schedule D (Form 990) 2012 WALDE	IN FAMILY	SERVICES	FOUNDATIO	ON, INC.	91-216	0214		Page 2
Part III Organizations Maintai	ining Colle	ctions of Ar	t, Historical	Treasures, o	r Other Similar Ass	ets (co	ntinue	:d)
3 Using the organization's acquisition items (check all that apply):	, accession, ar	nd other records,	, check any of th	ne following that a	re a significant use of its	collection		
a Public exhibition		d [Loan or exch	nange programs				
b Scholarly research		е	Other					
c Preservation for future gener								
4 Provide a description of the organiz Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or nan to be main	receive donation ntained as part	ons of art, histo of the organiz	orical treasures, ation's collection	or other similar assets	Yes		No
Part IV Escrow and Custodial Arr reported an amount of	angements. C n Form 990	complete if the , Part X, line	organization a e 21.	answered 'Yes' t	o Form 990, Part IV, III	ie 9, or		
1 a Is the organization an agent, trus on Form 990, Part X?						Yes	Γ	No
b If 'Yes,' explain the arrangement					<u> </u>			
De deciente la lace					1-1	Amount		
c Beginning balance								
d Additions during the year							***	
e Distributions during the year								
f Ending balance						Yes		No
b If 'Yes,' explain the arrangement								- 110
b it ites, explain the arrangement	in Part XIII, C	эпеск пете п п	ie explantion n	as been provide	u in Fart Ant			J
Part V Endowment Funds. C	'amplata if	the erganiza	tion answer	od 'Vos' to E	orm 000 Part IV lin	20.10		
ranty Endowment Funds. C	(a) Curren		Prior year	(c) Two years	(d) Three years		our year	5
1 a Beginning of year balance		(0)) Frior year	(c) The years	(a) Theo years	\(\(\c)\)		
b Contributions			-			-		
						 -		
c Net investment earnings, gains, and losses								
d Grants or scholarships			-			+		
e Other expenditures for facilities								
and programs		ļ						
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentag	je of the curre	nt year end bal	lance (line 1g,	column (a)) held	l as:			
a Board designated or quasi-endown	nent ►	%	i					
b Permanent endowment	8							
c Temporarily restricted endowme	nt ►	%						
The percentages in lines 2a, 2b,	and 2c should	d equal 100%.						
3 a Are there endowment funds not in organization by:	the possession	of the organizat	tion that are held	d and administere	ed for the	Г	Yes	No
(i) unrelated organizations				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 3a(i)		
(ii) related organizations								
b If 'Yes' to 3a(ii), are the related								
4 Describe in Part XIII the intende	0	•						-
Part VI Land, Buildings, and			 		,	···		
Description of property		(a) Cost or oth	ner basis (b)	Cost or other casis (other)	(c) Accumulated depreciation	(d) E	Book va	lue
1 a Land		 	and r	basis (other)	depreciation			
b Buildings,						-		
· ·						 		
c Leasehold improvements						 		
d Equipment								
e Other			David V t	- (D) H ₁ - 10()		 		
Total. Add lines 1a through 1e. (Colur	nn (a) must e	quai Form 990,	Part X, colum	n (២), Iine IV(c).				0
BAA					Schei	dule D (Fo	orm 990) 2012

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: 0	Cost or
(including name of security)		end-of-year market va	ilue
(1) Financial derivatives(2) Closely-held equity interests		3-4-9-40-40-40-40-40-40-40-40-40-40-40-40-40-	
(3) Other			
(<u>A)</u> (B)			
(C)			
(D)			
(E)			
(F)			
<u>(G)</u>			
(H)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		to the first of the second second second	
Part VIII Investments - Program Related. See	Form 990, Part X,	line 13. N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation:	Cost or
/1\		end-of-year market va	alue
(1)	•		
(2)			
(3)			
(4) (5)	<u> </u>		
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,		<u> </u>	
	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	D) line 15 \	>	
Total. (Column (b) must equal Form 990, Part X, column (
Part X Other Liabilities. See Form 990, Part (a) Description of liability	(b) Book value		
(1) Federal income taxes	(b) Dook Value		
(2) DUE TO WALDEN FAMILY SERVICES	55,3	33 Charles September 1999	
(3)			
(4)			
(5)		e grapi de appet de la laboration de la company	
(6)		Alternative transfer of the second	
(7)			
(8)			
(9)		it in the state of	Bella Liller Marse
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. ► 55,3		
FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote under FIN 48 (ASC 740). Check here if the text of the footnote has been pro-	to the organization's financia	al statements that reports the organization's liability	for uncertain tax positions

Schedule D (Form 990) 2012 WALDEN FAMILY SERVICES FOUNDATION,	INC.	91~2160214 Page 4
Part XIII Reconciliation of Revenue per Audited Financial Statemen		
1 Total revenue, gains, and other support per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2 a	[649)E
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	*	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	* , * , , ,	5
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses p	er Return N/A
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		No. of the state o
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 7bb Other (Describe in Part XIII.)		
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		
	and III. Disco to and 4: Day	A DV Branch and Ohr David V
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Paline 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also com	nplete this part to provide	any additional information.
		ŕ
PART X - FIN 48 FOOTNOTE		
1 ART X-1 IIV 401 OOTROIL		
WALDEN FAMILY SERVICES FOUNDATION IS A PUBLIC CHAR	TTTY AND IS EXEM	PT FROM INCOME
TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVE	NUE CODE AND SEC	TION 23701(D) OF
——————————————————————————————————————		
THE CALIFORNIA REVENUE AND TAXATION CODE. WALDEN	FAMILY SERVICES	FOUNDATION
		
BELIEVES THAT THEY HAVE APPROPRIATE SUPPORT FOR AN	Y TAX POSITIONS	TAKEN, AND AS
SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT	ARE MATERIAL TO	_THE_FINANCIAL
CONTROLOGICA TATABLE DANTER OFFICE TO VOE SERVE	DAIND BETAILS	
STATEMENTS. WALDEN FAMILY SERVICES IS NOT PRIVATE	FOUNDATIONS.	
ВАА		Cohodulo D (F 000) 0010
DAM		Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 WALDEN FAMILY SERVICES FOUNDATION, INC. Part XIII Supplemental Information (continued)	91-2160214	Page 5
PART X - FIN 48 FOOTNOTE (CONTINUED)		
THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX	FOR THE YEARS E	ENDED
DECEMBER 31, 2012, 2011, 2010 AND 2009 ARE SUBJECT TO EXAMINATION	N BY THE INTERNA	7F
REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THE THREE	E TO FOUR YEARS	
AFTER THE RETURNS WERE FILED.	from local times from times from times and times from times are	
	و ينتان بسمو همتو ينتو ينتو كنية ينتو ينتو ينتو ينتو ينتو	
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#### **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Part		Fundraising Events. Complete if t more than \$15,000 of fundraising List events with gross receipts gre	event contributions	swered 'Yes' to Fo and gross income	rm 990, Part IV, lii on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
RE		3 1 3	(a) Event #1 WINE D'VINE (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE.	1	Gross receipts	298,956.			298,956.
Ē	2	Less: Charitable contributions	150,070.			150,070.
	3	Gross income (line 1 minus line 2)	148,886.			148,886.
	4	Cash prizes				
	5	Noncash prizes				
D RECT	6	Rent/facility costs	33,917.			33,917.
- 1	7	Food and beverages	7,876.			7,876.
X	8	Entertainment	2,223.			2,223.
EXPENSES	9	Other direct expenses	22,381.			22,381.
ร	10	Direct expense summary. Add lines 4 thro Net income summary. Combine line 3, co				
Par	11 []]]	Gaming. Complete if the organiza				
REVENUE	<del> </del>	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
-	ĺ _	Cash prizes				
E X	3	Non-cash prizes				
EXPERSES	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	8	Net gaming income summary. Combine f	ines 1. column (d) and	line 7	.,	
	Ent	er the state(s) in which the organization or he organization licensed to operate gaming	perates gaming activitie	es: nese states?		Yes No
		re any of the organization's gaming license 'es,' explain:	•	or terminated during th		Yes No
ВАА			TEEA3702L (	01/07/13	Schedule <b>G</b> (For	m 990 or 990-EZ) 2012

91-2160214

Schedule G (Form 990 or 990-EZ) 2012 WALDEN FAMILY SERVICES FOUNDATION, INC.

Sche	dule G (Form 990 or 990-EZ) 2012 WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 Page 3
	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable garning?
13	Indicate the percentage of gaming activity operated in:
	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
h	Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No If 'Yes,' enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party \$
	Name ►
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided >
	Director/officer Employee Independent contractor
17	Mandatory distributions
7	state gaming license?
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year ► \$
Pai	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	·
BAA	TEEA3703L 01/07/13 Schedule <b>G</b> (Form 990 or 990-EZ) 2012

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

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

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

2012
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 91-2160214 WALDEN FAMILY SERVICES FOUNDATION, INC FORM 990, PAGE 5, PART V, LINE 1A WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT FILE 1099'S. ALL INDEPENDENT CONTRACTORS EXPENSES ARE PAID BY ITS PARENT COMPANY WALDEN ENVIRONMENT, INC. FORM 990, PAGE 5, PART V, LINE 1A WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT HAVE ANY EMPLOYEES, THEREFORE IT DOES NOT FILE W-2'S. FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE SOLICITATION, RECEIPT, AND ADMINISTRATION OF CONTRIBUTIONS FOR THE BENEFIT OF WALDEN ENVIRONMENT, INC. DBA WALDEN FAMILY SERVICES. THE FOUNDATION'S SUPPORT IS MAINLY FROM CONTRIBUTIONS RECEIVED FROM BUSINESSES AND INDIVIDUALS IN SOUTHERN CALIFORNIA. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE CONTROLLER REVIEWS THE 990 TAX RETURN FOR ACCURACY AND THEN THE CHAIRPERSON REVIEWS AND SIGNS RETURN. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFLICTS THROUGHOUT 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 PROCESS - CEO, TOP MANAGEMENT ALL PAYROLL IS PAID BY WALDEN ENVIRONMENT, INC., A RELATED ENTITY, AND ALLOCATED TO WALDEN FAMILY FOUNDATION, WALDEN ENVIRONMENT, INC. HAS A COMPENSATION SALARY RANGE GUIDE FOR ALL JOB TITLES AND NEW HIRES SIGN AN OFFER LETTER DETAILING SALARY AND WALDEN ENVIRONMENT, INC. ALSO USES NON-PROFIT SALARY PROFILES AS A BENEFITS. BENCHMARK, THE BOARD OF DIRECTORS FOR WALDEN ENVIRONMENT, INC. MAKES HIRING AND COMPENSATION

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization WALDEN FAMILY SERVICES FOUNDATION, INC.	Employer identification number 91-2160214
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	S - CEO, TOP MANAGEMENT (CONTIN
DECISIONS FOR THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990, FRO	M THE PREVIOUS THREE
YEARS, WILL BE AVAILABLE (FOR INSPECTION OF COPYING) AT THE OR	GANIZATION'S MAIN
OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE.	
FORM 990, PART VII - COMPENSATION EXPLANATION	
TERESA STIVERS	
ALL PAYROLL IS PAID BY WALDEN ENVIRONMENT, INC., A RELATED ENT	ITY, AND ALLOCATED TO
WALDEN FAMILY FOUNDATION.	
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SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 11-015

WALDEN FAMILY SERVICES FOUNDATION, INC.

91-2160214

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

SPECIAL EVENT EXPENSES TOTAL \$

66,397. 66,397.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
See separate instructions.

INC.

WALDEN FAMILY SERVICES FOUNDATION,

2012

OMB No. 1545-0047

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Open to Rubild Inspection

Employer identification number

91-2160214

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2012 Ν (f) Direct controlling entity × **Partity Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling
entity N/A(e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Partimination of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) 501 (C) 3 (d) Total income (d) Exempt Code section TEEA5001L 12/28/12 σ (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) ß (b) Primary activity FOSTER FAMILY AND ADOPTION (b) Primary activity AGENCY BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity 1111 (1) WALDEN ENVIRONMENT, INC. 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120 (a) Name, address, and EIN of related organization ල¦ €¦ 읪 <u>ଚ</u> શ ୟ¦

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

(a) Name, address, and EIN of related organization	(a) (b) (c) (d) (d) (ess., and EIN of Primary activity domicile controllic (state or entity foreign	(c) Legal domicile (state or		Predomi (related exclud	income selated, om tax fions	(e) Share of total Share income sassett assettions	(g) Share of end-of-year assets	of sear	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?		(K) Percentage ownership
		country)		512-514)	£			Yes	SN.	1065)	Yes	o _Z	
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Parting Identification of line 34 because	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.)	nore relat	Taxable as ed organiz	s a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	on or Tru	ist (Complet	e if the or trust duri	ganization ng the tax y	answer /ear.)	ed 'Yes' to Fo	orm 990,	Part	,
(a) Name, address, and EIN of related organization	of related organizat		(b) Primary activity	(c) Legal domicile (state or foreign	Direct controlling		(e) Type of entity (C corp., S corp.	(f) Share of total income		(g) Share of end-of- year assets	(h) Percentage ownership	G) Sec 512(b)(13) controlled entity?	(b)(13) Fentity?
				country)		Ţ	(ten ii					Yes	No
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ВАА				TEE	TEEA5002L 12/28/12	3/12				Sol	Schedule R (Form 990) 2012	orm 990) 2012

91-2160214

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

Schedule R (Form 990) 2012 WALDEN FAMILY SERVICES FOUNDATION, INC.

WALDEN FAMILY SERVICES FOUNDATION, INC.

91-2160214 Page 4

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

Schedule R (Form 990) 2012

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.

•	,								
(b) Name, address, and EIN of entity Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income	Are all partners section	(f) Share of total income	(g) Share of end-of-year	(h) Dispropor- tionate	Code V-UBI amount in box	General or managing	Percentage ownership
	country)	related, unre- lated, excluded from tax under	organizations?		dosels	anocarions	K-1 Form (1065)	: : ::::::::::::::::::::::::::::::::::	
		section 512-514)	Yes No			Yes No		Yes No	
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ВАА		TEE	TEEA5004L 12/28/12				Schedule R		(Form 990) 2012

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

## Form **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box..... 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. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part 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 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 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 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. 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 ls For Code ls For Code ់ថ្នាកា 990-T (corporation) Form 990 or Form 990-EZ 07 Form 990-BL Florm 1041-A 80 Form 4720 (individual) Form 4720 09 Form 990-PF Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) Form 6069 11 ሳ5 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► TERESA A. STIVERS FAX No. ► 619-584-5757_ Telephone No. ► 619-584-5777 If the organization does not have an office or place of business in the United States, check this box..... If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . . . . If it is for part of the group, check this box . . . . . | and attach a list with the names and EINs of all members the extension is for. request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 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

Initial return

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.

Change in accounting period

If the tax year entered in line 1 is for less than 12 months, check reason:

Final return

	3 (Rev 1-2013)				Page 2		
<ul> <li>If you a</li> </ul>	are filing for an Additional (Not Automatic) 3-Month	Extension	, complete only Part II and check t	his box	► X		
	v complete Part II if you have already been granted			sly filed Form 8	868.		
	are filing for an Automatic 3-Month Extension, com						
Part II	Additional (Not Automatic) 3-Month E>	ctension	of Time. Only file the origina	I (no copies	needed).		
			Enter filer's i	dentifying numb	er, see instructions		
	Name of exempt organization or other filer, see instructions,			Employer identifica	tion number (EIN) or		
Type or							
print	WAIDEN FAMILY SERVICES FOUNDATI Number, street, and room or suite number. If a P.O. box, see insti		,	91-216021 Social security num			
File by the		ructions.		Social security hun	IDE! (33N)		
extended due date for	LEAF & COLE, LLP	ממם מידי		İ			
filing your return. See instructions.	2810 CAMINO DEL RIO SOUTH, SUIT City, town or post office, state, and ZIP code. For a foreign address	ss, see instruct	ions.	L			
(I (Sir Ostion))	SAN DIEGO, CA 92108-3820						
	10111 DIEGO, CI 52100 0020		9-1904-to-7-0-c-0-0	10770 - 10770			
Enter the	Return code for the return that this application is for	or (file a sep	parate application for each return).		01		
					<u> </u>		
Application	on	Return	Application		Return		
Is For		Code	ls For		Code		
	or Form 990-EZ	01					
Form 990		02	Form 1041-A Form 4720		08		
	Form 4720 (individual)         03         Form 4720         09           Form 990-PF         04         Form 5227         10						
	-T (section 401(a) or 408(a) trust)	05	Form 6069		11		
	-T (trust other than above)	06	Form 8870		12		
	o not complete Part II if you were not already grant						
<ul><li>If the</li><li>If this</li><li>whole grown</li></ul>	organization does not have an office or place of but is for a Group Return, enter the organization's four pup, check this box	siness in th digit Group	Exemption Number (GEN)		. If this is for the		
5 For 6 If th 7 Sta	quest an additional 3-month extension of time until calendar year 2012 , or other tax year beginning the tax year entered in line 5 is for less than 12 mon Change in accounting period the in detail why you need the extension ADDICUTED TO FILE A COMPLETE AND ACCOUNTED TO FILE A COMPLETE AND ACCOUNTED.	ng ths, check i	, 20 , and ending reason: Initial return  TIME IS NECESSARY TO 0	Final retun			
пог	nis application is for Form 990-BL, 990-PF, 990-T, 4 refundable credits. See instructions						
with	nis application is for Form 990-PF, 990-T, 4720, or 6 ments made. Include any prior year overpayment a n Form 8868.			8b S			
c Bal EF	ance due. Subtract line 8b from line 8a. Include you TPS (Electronic Federal Tax Payment System). See	ur payment instruction	with this form, if required, by using s	8c \$	- vanis - Markena		
	Signature and Verific	ation mu	st be completed for Part II o	nly.			
Under pena correct, and	Ities of perjury, I declare that I have examined this form, including ac I complete, and that I am authorized to prepare this form.	companying sc	hedules and statements, and to the best of my	knowledge and belie	f, it is true,		
Signature	► My fut Title ►	_CBB	·	Date	· 8/3/13		
BAA	£ ) ·	FIFZ0502	L 01/21/13	Foi	rm 8868 (Rev 1-2013)		