2013 Exempt Org. Return prepared for:

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

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

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

For the 2013 calendar year, or tax year beginning 2013, and ending Check if applicable: D Employer Identification Number WALDEN ENVIRONMENT, INC Address change 94-2358632 DBA: WALDEN FAMILY SERVICES Name change E Telephone number 6150 MISSION GORGE ROAD #210 Initial return 619-584-5777 SAN DIEGO, CA 92120 Terminated Amended return G Gross receipts \$ 404,189. F Name and address of principal officer: Application pending TERESA STIVERS H(a) is this a group return for subordinates? H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Website: ► WWW.WALDENFAMILY.ORG H(c) Group exemption number X Corporation Trust Association Other P L Year of formation: 1976 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: <u>WALDEN IS A FOSTER FAMILY AND</u> ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT, CERTIFICATION, AND TRAINING OF FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF FOSTER AND ADOPTIVE CHILDREN Governance Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a)..... 5 Total number of volunteers (estimate if necessary). 108 6 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. b Net unrelated business taxable income from Form 990-T, line 34..... Ο. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)..... 111,625 101,535. Program service revenue (Part VIII, line 2g)..... 5,769,045 7.302,291. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 3<u>6</u>3. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 5,880,735 7,404,189. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 14 Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 2,445,322 3,397,206. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 3,206,506. 3,786,560. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... <u>5,651,</u>828. 7,183,<u>7</u>66. 19 Revenue less expenses. Subtract line 18 from line 12..... 228,907. 220,423. Beginning of Current Year End of Year 20 Total assets (Part X, line 16).... 1,615,146. 1,478,647. 21 Total liabilities (Part X, line 26)..... 557,208 473,284. Net assets or fund balances. Subtract line 21 from line 20..... 22 921,439 1,141,862. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. TAXPAYERS COPY Signature of officer Sign Here TERESA STIVERS EXECUTIVE DIRECTOR Type or print name and title. Print/Type preparer's name Preparer's signature Date X if JULIE A. FIRL Paid JULIE A. FIRL 8/21/14 self-employed P00085551 Preparer LEAF & COLE, Firm's name LLPUse Only 2810 CAMINO DEL RIO SOUTH, Firm's EIN ► 95-2076568 SAN DIEGO, CA 92108-3820 Phone no. 619.294.7200 May the IRS discuss this return with the preparer shown above? (see instructions).....

	990 (2013) WALDEN ENVIRONMENT, INC.	94-2358632	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		······································
	SEE SCHEDULE O		
			
2	Did the organization undertake any significant program services during the year which were not listed on the pri		
	Form 990 or 990-EZ?	Ye	s X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Ye	s X No
	If 'Yes,' describe these changes on Schedule O.	beautiful (
	Describe the organization's program service accomplishments for each of its three largest program services (Section 501(c)(3)) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported.	vices, as measured b f grants and allocation	y expenses. s to
4 a	a (Code:) (Expenses \$ 4,657,744. including grants of \$) (F	Revenue \$ 5 1	320,175.)
	SEE SCHEDULE O		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
			
			
		-	
41	CODE (Code:) (Expenses \$ 500,247. including grants of \$) (FOR CAL-LEARN: WALDEN PROVIDES THE CAL-LEARN PROGRAM IN SAN BERNARDINO COUNTY, ASSIST PREGNANT AND PARENTING TEENS RECEIVING CALWORKS TO ATTEND HIGH SCHOOL, OR ITS EQUIVALENT. COORDINATED SERVICES HELP TEENS SELF-SUFFICIENT ADULTS AND RESPONSIBLE PARENTS, OBTAINING AN EDU ACCESS TO HEALTH AND SOCIAL SERVICES.	WHICH IS DESI AND GRADUATE BECOME CATION AND HA	FROM
		-	
			-
			
4.0	C(Code:) (Expenses \$ 459,453. including grants of \$) (F SAN BERNARDINO COUNTY VISITATION CENTER: THROUGH A CONTRACT WITH SAN BERNARDINO COUNTY, WALDEN VISITATION BERNARDINO PROVIDES A PLACE FOR BIRTH FAMILIES TO HAVE THEIR SUP ALSO PROVIDE PARENTING SKILL COACHING TO BIRTH FAMILIES INORDER TOOLS THEY NEED TO HELP DECREASE THEIR CHILD'S LENGTH OF STAY IN	CENTER IN SA ERVISED VISIT TO GIVE THEM	S. WE
			-
4	d Other program services. (Describe in Schedule O.) SEE SCHEDULE O		
	(Expenses \$ 1,003,947. including grants of \$) (Revenue \$	1,006,609))
4	Total program service expenses ► 6,621,391	1,000,00	· · /

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Form **990** (2013)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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.			
ŧ	Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ŀ	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>	11 c		Х
C	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	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
	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	12b	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
ł	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 other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
k	s If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II...... 21 Х Did the organization report more than \$5,000 of grants or 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 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. . . Х 23 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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a. Х 24a 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.... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* Schedule L, Part I... Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.... 28a Χ **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV.* Х 28b **c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*...... Х 280 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II..... 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.... 33 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..... Х 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a **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 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. Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI...... Х 37 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 38 BAA Form 990 (2013)

WALDEN ENVIRONMENT 94-2358632 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable...... 24 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable....... 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . 10 X 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.... 108 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... X 2 h 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?.... 3 a Х **b** If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O.*..... 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4 a b If 'Yes,' enter the name of the foreign country: > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... X 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... X 5h c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5с 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 h 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.... X 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.... Χ 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year..... e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 e X X 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 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?..... 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?..... 9 a **b** Did the organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... 10 a **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter: 11 a **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?..... 12 a 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.....

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

14 a

14 h

94-2358632 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for Page 6 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 or note to any line in this Part VI..... Section A. Governing Body and Management 1 a Enter the number of voting members of the governing body at the end of the tax year.....
If there are material differences in voting rights among members Yes No 1a 7 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision 2 X of officers, directors or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents 3 Х since the prior Form 990 was filed?.... 4 Х 6 Did the organization have members or stockholders?.... 5 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?.... Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?.... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a The governing body?.... **b** Each committee with authority to act on behalf of the governing body?.... 8 a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X ۸h 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 Revenue Code.) 10 a Did the organization have local chapters, branches, or affiliates?.... Yes Nο b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10a Χ operations are consistent with the organization's exempt purposes?.... 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?.... 10b b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 11 a X 12 a 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 12 a Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 b X Schedule O how this was done....SEE. SCHEDULE. O. 13 Did the organization have a written whistleblower policy?.... 12 c X 14 Did the organization have a written document retention and destruction policy?..... 13 Χ Did the process for determining compensation of the following persons include a review and approval by independent 14 x persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE . O 15 a X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 15 b Х 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?.... 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?... Section C. Disclosure 16 b 17 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 19 SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TERESA A. STIVERS 6150 MISSION GORGE ROAD #210 SAN DIEGO CA 92120 619-584-5777

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Check if Schedule O contains a response or note to any line in this Part VII.

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

- 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
- 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

Check this box if neither the organization		Ţ <u> </u>	5-11	(C)	oniper	isatet	any current officer, d	rector, or trustee.	
(A) Name and Title	(B) Average hours per week (list	Positione b	ion (cox, u	lo not nless nd a d	che pers direc	ck more son is bo tor/truste	than th an ee)	(D) Reportable compensation from	(E) Reportable	(F) Estimated
SEE SCHEDULE O	for related organiza- tions below dotted line)	1 🛪 🗅	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BOARD MEMBER	1 1	 					7			
(2) LESLIE LEVINSON	1	X					_	0.	0.	
VICE CHAIR (3) ADAM RAJAH GAINEY	0	Х	_	_				0.	0.	
BOARD MEMBER	7-5-	X			-	ļ				
(4) LEE WILLS-IRVINE BOARD MEMBER	<u>1</u>				7		+	0.	0.	
(5) SUSAN EVANS	<u>0</u> <u>40</u>	X	-	1	\dashv		_	0.	0.	
DIRECTOR OF OPS (6) MARYANNE CARLIN, CPA	0 1		-	X	\dashv		_	98,375.	0.	(
TREASURER 7) JENNIFER CHAVEZ	0 1	4	-	x	4		_	0.	0.	(
SECRETARY B) MICHELLE WALSH-OZANNE	0 1		-	x	4		_	0.	0.	0
CHAIR	0	ĺ		χ		1		_ [
EXECUTIVE DIR.	-19-				7	$\neg +$	\dashv	0.	0.	0
)	21	\dashv	+	4	+		-	49,625.	58,292.	<u>15,377</u>
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Form	990 (2013) WALDEN ENVIRONMENT, INC.									94-235863	2 Page 8
	Section A. Officers, Directors, Trus	(B)	Key	En	ıpl	оує	es,	and	d Highest Con	pensated Emp	loyees (continued)
	(A)	Average	(do	not o	Po Pocheck	رت sition mor	ı e than	one	(D)	(E)	
	Name and title	hours per	box offi	cer a	nd a	erson direc	i is bot tor/trus	th an stee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
		(list any hours for related organiza - tions below dotted line)	ridual trustee	nstitutional trustee	cer	Key employee	Highest compensated employee	ner		·	organization and related organizations
(15)				æ			ated.				
(16)					_			! _ !			
(17)											
<u>(18)</u>				_							
(19)				-	_						
(20)					_						
(21)						_		-			
(22)				+		_		+			
(23)			_				_	+			
(24)				-		-	_	+			
(25)			1					_			
1 b S	Sub-total Total from continuation sheets to Part VII, Section	A			•••	<u>-</u> -	····	-	148,000.	58,292.	15,377.
d T	otal (add lines 1b and 1c). otal number of individuals (including but not limited to							ed m	0. 148,000.	58,292.	0. 15,377.
fr	rom the organization ► 0									or reportable compe	
	old the organization list any former officer, director n line 1a? <i>If 'Yes,' complete Schedule J for such i</i>	114171444									Yes No
4 F tf	or any individual listed on line 1a, is the sum of re ne organization and related organizations greater t uch individual	portable	com	pen	ısati f 'Ye	on a	and o	othei <i>lete</i>	r compensation fr Schedule J for	om	
5 D	id any person listed on line 1a receive or accrue cor services rendered to the organization? If 'Ves' or										4 X
Section	on B. Independent Contractors	_	- 001)	Cuu	10 5	101	Such	per	5011	,	5 X
	omplete this table for your five highest compensat ompensation from the organization. Report compensat	ed inder ion for th	ende e cal	ent d enda	cont ar ye	ract ar e	ors t ending	hat g wit	received more that h or within the orga	an \$100,000 of anization's tax year.	
·	Name and business address	S					·		(B) Description of	services ((C) Compensation
							_	$\frac{1}{2}$			
							_	‡			
Ψ	otal number of independent contractors (including but r 100,000 of compensation from the organization	not limite 0	d to t	hose	e list	led a	above	(_ e) wh	no received more th	nan bijas	resident forte en applications
BAA		TE	EA010	8L 1	1/11/	13					Form 900 (2013)

Form **990** (2013)

<u> </u>	Statement of Revenue			94-2358632	p
	Check if Schedule O contains a response or no	te to any line in this Part V	 /III		
N.	and the second of the second o	Total revenue	(D)		<u></u>
	re engage et en transporter en	Total révenue	(B) Related or	(C)	(D)
<u> </u>	and the second control of the second of the		exempt function	Unrelated business	Revenue excluded from
ST.	1 a Federated campaigns 1a		revenue	revenue	under section
<u> </u>	b Membership dues				512-514
<u>∞</u>	c Fundraising events		Just of Editor	A STATE OF STATE OF	96666
₩	d Related organizations 1d				
SS.	e Government grants (contributions) 1e	- In Charles and Charles	dan care access	participation in	Metalentari
<u> </u>	f All other contributions, gifts, grants, and similar amounts not included above 1f				
置	g Noncash contributions included in lines to 15	525		ne e proporties de la	Janes G. Mari
, No.	g Noncash contributions included in lines 1a-1f: \$				ush allows as
Ä	h Total. Add lines 1a-1f	101 505		all the ground of the	
3	2a FFF C CONTRACT Business Co	101,535.	and a company	and the area of	
題	b ADOPTION REVENUE 624100	6,926,681.		300000	
35	b ADOPTION REVENUE 624110	345,000.	6,926,681.		
贸	c OTHER PROGRAM REVENUE 900099	30,610.	345,000.		
¥	e	907010.	30,610.		
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	f All other program service revenue				
<u> </u>					
	3 Investment income (7,302,291.			
ĺ	other similar amounts)				
- 1	TO THE STATE OF THE CONTRACT O				
- 1	5 Royalties	S., F			363
}	6 a Gross rents (i) Real (ii) Personal	-			
- 1	b Less: rental expenses				
- 1	c Rental income or (loss)	e de la la compania de la compania del compania del compania de la compania del compania del compania de la compania del c	endergaaren en	Carrella Period	
- 1	d Net rental income			100	
- 1	7 a Gross amount from sales of (i) Securities (ii) Other			A de la companya di salah	
	assets other than inventory.				
Į	b Less: cost or other basis	Library Grand St.	ender gebruik ber	all and the second	
	ariu sales expenses				
	c Gain or (loss)			The state of the	
	d Net gain or (loss)		化物化多位的 电抗	hardy by the	
별 8	a Gross income from fundralists				
OTHER REVENUE					
띮	of contributions reported on line 1c).				
割	See Part IV, line 18		Grand Control	100	
ව	b Less: direct expensesb				
0	c Net income or (loss) from fundraising events		1000	Salar Bara	
1 3	a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expensesb				
- -	Net income or (loss) from gaming activities	a protestante anti-	SAME DE DES	hillian en et en en	
10 a				e ner operat e e	
	a Gross sales of inventory, less returns and allowances				
k	Less. Cost of goods sold		and the second	10.70	
c	Thet income or (loss) from sales of inventors				
				1744 S.	
11a					
b					
C	Allothar				
0	All other revenue				
1 6	Iotal. Add lines 11a-11d	The state of the s			
) 12. A	Total revenue. See instructions.	7 404 55			
•		7,404,189. 7,3 2109L 07/08/13	02,291.	0.	
					<u>3</u> 63.

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 response or note to any line in this Part IX....

Do not include amounts reported on lines	(A) Total expenses	(B)	ust complete column (A).	
1 Grants and other and the	Total expenses	Program servic expenses	e Management and	(D) Fundraising
Part IV. line 21	<u>-</u>		general expenses	expenses
the United States, See Part IV line 22				
organizations and other assistance to governments			and the state of t	120000000000000
4 Benefits paid to or for mombans				A design of history (CA) by Calebrate Stranger and Calebra
trustees, and key employees				
	<u>142,89</u> 0	52,51	7	
section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			90,373.	
Tourier salaries and wages	0 2,575,520	` 	0.	
(include section 401(k) and 403(b) employer contributions)	2,373,520	2,352,291	223,229.	
outer employee benefits.				
ayroll taxes,	476,983		6F 042	
ri rees for services (non-employees).	201,813.	177,691	. 65,043. 24,122.	
a Management			<u>∠+,⊥∠∠.</u>	
D Legal	375.	 		
• Accounting.	23,000.		375.	
d Lobbying.			23,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees 9 Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on California.				
(A) amount, list line 11g expenses on Schedule 0)	156,654.	4.7.	 	
in a restricting and promotion.	39,025.	150,007.	6,647.	
Office expenses	80,035.	35,676.	3,349.	
- morniadori (echilology,		71,401.	8,634.	
- Toyanios				
6 Occupancy. 7 Travel.	261,868.	236,749.		
	163,960.	159,388.	25,119.	
public officials		100,008.	4,572.	
Conterences, conventions and mosting	37,468.	32 004		
Interest Payments to affiliates.		33,221.	4,247.	
Depreciation, depletion, and amortization				
insurance	27,808.	13,654.	7.4 5.7	
	91,196.	89,141	14,154.	
in line 240 If line 24	e estratografia	7	2,055.	
of line 25, column (A) amount exceeds 10% expenses on Schedule O.)				
RECTED DARRESS	See Section 1			
FOSTER PARENTS	2,443,023.	2,443,023.		
C MISC EXPENSE	138,860.	138,860.		
TELECOMMUNICATION	130,753.	88,231		
All other expenses.	46,004.	42,828.	42,522.	
TOTAL INDICTIONAL ASPRACAC Add lines to the contract of the co	146,531.	124,773.	3,176.	
Joint costs Committee up to	7,183,766.	6,621,391.	21,758. 562,375.	
joint costs from a combined in column (B) campaign and fundraising solicitation.			75.5.	0.
SOP 98-2 (ASC 958-720)		j	<u> </u>	
	TEEA0110L 11/08/1			

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X			
	Jan and Lait A	(8)	······	
	1 Cash — non-interest hearing	(A) Beginning of year	1	(B) End of year
- 1	1 Cash – non-interest-bearing	456,093.	1-1-	
ŀ	2 Savings and temporary cash investments.3 Pledges and grants receivable, not	170,193.	2	157,1
ŀ	Pledges and grants receivable, net		3	166,5
ı	5 Loans and other receive black	683,216.	4	906.2
	trustees, key employees, and highest compensated employees. Complete	The state of the property of t		996,2
	 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' Notes and loans receivable, net 	object (Paper County)	5	general techniques
A S	7 Notes and loans receivable and		6	
A S E			7	
TΙ	Little 101 Cd1C Of USC		8	
,	9 Prepaid expenses and deferred charges.	56,958.	9	70.00
	0 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	307538.	_	<u>70,96</u>
1	1 Investments – publicly traded securities 277,097.	41,879.	10 c	E0 F0
1			11	52,58
1	Investments – program-related. See Part IV, line 11		12	
1.			13	
1:	Other assets. See Part IV, line 11. Total assets. Add lines 1 through 15 (mark)		14	
10	Total assets. Add lines 1 through 15 (must equal line 34). Accounts payable and accrued expenses.	70,308. 1	15	171,58
1	Accounts payable and accrued expenses. Grants payable.	1,478,647. 1	16	1,615,14
18	Grants payable	525,119. 1	7	410,76
19			8	
21	Entropy porto ucidiffica		9	
22			0	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Secured mortgages and notes payable to arrent to the compensation of the co	2	7	
23		2	2	
24	Land the state of	2	3	
25	and other liabilities not included on lines 17.20 ayables to related third parties.	24	4	
26		32,089. 2 5		62,517
		557,208. 26	5	473,284
2~	27 through 25, and lines 33 and 34.	g in other constitution and		
27	Unrestricted net assets	000		
28	Paradia result results assais	884,447. 27		1,067,132
29		36,992. 28		74,730
		29		
30	mes somplete lines so through s4.			
31	Capital stock or trust principal, or current funds			processor and the state of the
32	- varpital palpias, or faller hilling or continue - 1 c	30		
33		31		
34	The goods of Julia Dalaticas	921 420 22		
-	Total liabilities and net assets/fund balances	921,439. 33 1,478,647. 34		1,141,862.
-		1,478,647. 34		1,615,146. Form 990 (2013

Form 990 (2013) WALDEN ENVIRONMENT, INC.		
Part XI. Reconciliation of Net Assets	94-2358632	Page 12
Check if Schedule O contains a response or note to any line in this Part XI		
1 Total revenue (must equal Part VIII, column (A), line 12)		
2 Total expenses (must equal Part IX, column (A), line 25). 3 Revenue less expenses. Subtract line 2 from line 1		7,404,189.
3 Revenue less expenses. Subtract line 2 from line 1. 4 Net assets or fund balances at beginning of year (must equal Bark X. III. as	2	7,183,766.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3	<u>220,423.</u>
		<u>921,439.</u>
6 Donated services and use of facilities 7 Investment expenses	5	
7 Investment expenses	6	
Prior period adjustments. Other changes in net assets or fund belances (cyntain in 0.1).		
	9	
column (B))		0.
column (B))	10	1,141,862.
		-/12,002.
Check if Schedule O contains a response or note to any line in this Part XII	• • • • • • • • • • • • • • • • • • • •	
7 Accounting method used to proper the 5		Yes No
		103 10
If the organization changed its method of accounting from a prior year or checked 'Other,' explain		
2 a Were the organization's financial statements compiled		
If 'Yes,' check a box below to indicate whether the financial statements ()		2a X
separate basis, consolidated basis, or both:	or reviewed on a	
Separate basis Consolidated basis Both consolidated and		
b freie the organization's financial statements audited by the statements and the statements and the statements and the statements and the statements are state		
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited or basis, consolidated basis, or both:		2b X
X Separate basis Consolidated basis Tonsolidated basis Tonsolidated basis	a separate	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	Ala	
if the organization changed either it.	the audit,	2 c X
in Schedule O. The state of the	منما	20 1
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the b If 'Yes,' did the organization undergo the required on the control of the control o	E22	
b If 'Yes,' did the organization updarge the many in		3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired audit	
BAA		3 b X
		orm 990 (2013)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Open to Public Inspection

Name	of the organization WALI	DEN ENVIRONMEN	T, INC.	,				J.E			spection
Б	DISA	' MALIBOU CAMET	77 CDD577CDD6					Empi	Oyer identi	fication numbe	r
The	Reason for Pi	Julic Charity Stat	110 (All	ns mus	st com	olete ti	nis nar	+ 1 Sa	43586	32	
1	Organization is not a pr	Ivate foundation beca	us (All organization ause it is: (For lines 1 th	hrough 1	1, chec	k only o	ne box.	1.7 360	= mstrt	ictions.	
2		avit of charciles or as	SOCIATION of churches 4	4	d in sect	ion 170	(b)(1)(A)	νί).			
3											
4	A medical research	operative nospital ser	vice organization descr	ibed in :	section	170(b)(1	XAXIII).				
	name, city, and st	n organization operat	ed in conjunction with a	a hospita	al descri	bed in s	ection :	170/b)/1	ΥΑνίιιν	Enter the b	oonil-II-
5	☐ An organization one	erated for the benefit of		· 				ν-/ν-	, , , , , , , , , , , , , , , , , , ,	-inter tite ii	ospitais
_	170(b)(1)(A)(iv). ((Complete Part II.)	a college or university or	wned or	operated	by a go	vernmen	tal unit d	described	in section	
6 7	Tribucial, State, Of	[IOCAL dovernment or	G0346####====								
•	in section 170(b)(1	t normally receives a su (Complete F	governmental unit des ubstantial part of its supp Part II.)	ort from	a govern	mental :	עיאאעע, unit or fr). Om the c	ionoral m		
8	^ community trust	described in section	170/6\/1\/ 6\/ ₆ ->								
9	X An organization that	normally receives: (1)	more than 33-1/3% of its ns — subject to certain exess taxable income (les complete Part III.)	lete Par	t II.)						
	investment income	d to its exempt function	ns - subject to certain ex	support ceptions	from co	ntribution	ns, mem	bership t	fees, and	gross receip	ots
	June 30, 1975. See	section 509(a)(2).	ess taxable income (les Complete Part III)	s sectio	n 511 ta	x) from	busines	ses aco)Tits supp Juired by	oort from gro	SS
10											
11	An organization orga	nized and operated ex	clusively for the benefit o	f. to per	form the	functions	อก ธบษ(ส	1)(4).			
	describes the type	of supporting organiz	clusively to test for place of the benefit of escribed in section 509 ation and complete line of Type III — Function	(a)(1) or	section	509(a)	2), See	arry out section	the purpe 1 509(a) (.	oses of one o	or In how that
	aType I	b Type II	c Type III ~ Function	opolly in	nrough 1	1h.				on oncore	Jenn vog ei
е	By checking this bo	x, certify that the or	ganization is not contro	olially ()	regrated	1	d [Type II	I — Non-	-functionally	integrated
	section 509(a)(2).	n managers and other t	ganization is not contro han one or more publicly	support	ectly or ed organ	indirectly izations	y by one describe	or mor	e disqua	alified perso	ns
f								u III 3001	1011 505(2	a)(1) or	
	Check this box	*******	nination from the IRS that	is a Typ	e I, Type	∍ll or Ty	pe III su _l	pporting	organiza	tion,	[
g	Since August 17, 20	006, has the organiza	tion accepted any gift	or contri	ibution f	rom anv	of the t	followin	norces	· · · · · · · · · · · · · · · · · · ·	
	(i) A person who	directly or indirectly of	controla althou					Onomini	a herzou	15!	
	below, the gov	rerning body of the st	controls, either alone or apported organization?.	togethe	er with p	ersons	describe	ed in (ii)	and (iii)	77 45	Yes No
		of a betaon desci-	IDEU ID III Above?								
							• • • • • • • •		• • • • • • • •	. 11 g (ii)	_
h		g information about th	ne supported organizati	on(s).		• • • • • • •				11 g (iii)	
	(i) Name of supported organization	(ii) Ein	(iii) Type of organization		Is the	(A) Did v	OU potify	1 43			
		1	(iii) Type of organization (described on lines 1-9 above or IRC section	organi column	zation in (i) listed in	the organ	ou notify	organi:	ls the zation in	(VII) Amount Sup	of monetary
			(see instructions))	your a	overning ment?	sup	(i) of your port?	organiz	mn (i) ed in the S.?		
		 		Yes	No	Yes	No	Yes	No		
(A)				1							
			<u> </u>]		
(B)											
	<u> </u>			 	ļ						
(C)				ı			' l				
43.				 -							
(D)						- 1	,		1		
(F)							- 				
(E)						ł			1		
Total	ļ										
	r Panerwork Poducii	n A at N. C									
	Sportfork Reductio	u ACT NOTICE, see the	Instructions for Form S	990 or 9	90-EZ.		Sc	chedule	A (Form	990 or 990-E	7\ 2012
									- (- 50111	220 OI 220-E	.4) ZUIJ

Partil Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) organization fails to qualify under the tests listed below, please complete Part III.)

ne	llendar year (or fiscal year ginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(1) 2212	
-	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)			(-) -011	(u) 2012	(e) 2013	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3							
4							
5							
6	Public support. Subtract line 5 from line 4	g panagang panggang Tanggang panggang	er alegatikatura Katabertana di Kabu Katabertana di Kab	en e			
Sec	ction B. Total Support			Contract Contract	September 1998	Colors Policy	
Cale	endar year (or fiscal year inning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2010		
7	Amounts from line 4			(6) 2011	(d) 2012	(e) 2013	(f) Total
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.)						
1	Total support. Add lines 7 through 10	galeriale de la company				la waga ta sana sa	
2	Gross receipts from related activiti	les, etc (see instr	uctions)		Barana an ara		
3	First five years. If the Form 990 is fo organization, check this box and sion C. Computation of Publ			d, fourth, or fifth ta:	x year as a section	501(c)(3)	
ect	ion C. Computation of Publ	ic Support De					
4	Public support percentage for 2013	Cline 6	Centage				
							9/
6 a	33-1/3% support test 2013. If th and stop here. The organization qu 33-1/3% support test 2012. If the	e organization dic	I not check the b	ox on line 13, and	the line 14 is 33	-1/3% or more, she	0/
- 11 .	33-1/3% support test — 2012. If the and stop here. The organization qu						
7 a ·	10%-facts-and-circumstances test or more, and if the organization me he organization meets the 'facts-ar	– 2013. If the org eets the 'facts-and nd-circumstances	anization did not l-circumstances' ' test. The organi	check a box on li test, check this bo zation qualifies as	ne 13, 16a, or 16 ox and stop here.	ib, and line 14 is 10 Explain in Part IV	.,
	0%-facts-and-circumstances test	- 2012. If the org	anization did not	check a box on li	ne 13, 16a, 16h	or 17a and line 10	: 100/
C	0%-facts-and-circumstances test or more, and if the organization me organization meets the 'facts-and-c	ets the 'facts-and ircumstances' tes	-circumstances' l t. The organization	test, check this bo on qualifies as a n	x and stop here.	Explain in Part IV	how the _
C	or more, and if the organization me rmore, and if the organization me granization meets the facts-and-c rivate foundation. If the organization	ets the 'facts-and ircumstances' tes ion did not check	-circumstances' f t. The organization a box on line 13.	test, check this bo on qualifies as a p . 16a, 16b, 17a o	x and stop here. ublicly supported	Explain in Part IV organization	how the ►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		case complete Par	TE (1.)		- within the organ	zauun Talis
Calendar year (or figoral we be with the	(a) 2009	41 2 2 2 2				
1 Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)	(4) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	70 =
received. (Do not include	1				(e) 2013	(f) Total
any 'unusual grants.')	715,247	600 101				
4 Gross receipts from admic	120/24/	608,101	·	111,625	. 101,535.	7 506
sions, merchandise sold or services performed, or facilities	_			7	101,333.	1,536,508
101111511E(1 (0 20)/ 50th/str 15 - 1 :	5			ł		1
TOTALEU TO THE Organizations	Ĭ			1	1	1
tax-exempt purpose	7,685.441	. 6,737,329.	F 056 + 44		1	1
that are not an unrolated to		- 0,737,329.	3,956,368	<u>. 5,769,</u> 045	. 7,302.291	33,450,474
or pushiess under section 513			1]		133,430,474
4 lax revenues loviced for the			Ĺ]
organization's benefit and either paid to or expended on	1			 		0
its benair	1		1		1	
UNG VOICE DI SERVICAE AF					1	
facilities furnished by a governmental unit to the				 	 	0
organization without charge			1			
6 Total. Add lines 1 through 5.	<u> </u>				1	
/ 4 AUTOUNTS Included on lines 1	8,400,688.	7,345,430.	5 956 260	F 220		0.
			0,300,300.	5,880,670.	7,403,826.	34,986,982.
disqualified persons	o.			1		
b Amounts included on lines 2	<u></u> .	0.	0.	L o.	0.	
and 3 received from other than disqualified persons that					 	0.
exceed the greater of the open		1			ĺ	
179 BLUE AMOUNT ON Line 10 L		1	ı		' J	
Tor the year,	0.	1				
c Add lines 7a and 7b	0.	0.	0.		0.	•
8 Public support /Sukumani	U.	0.	0.	0.	0.	0.
						0.
Section B. Total Support						34,986,982.
alendar year (or fiscal yr beginning in) 🛌	(a) 2009	(b) 2010				34, 300, 982.
9 Amounts from line 6			(c) 2011	(d) 2012	(e) 2013	(A) T
10 a Gross Income from interest F	0,400,000.	7,345,430.	5,956,368.	5,880,670.		(f) Total
dividends, payments received on securities loans, rents					1,403,020.	34,986,982.
TOVAITIES and income from	İ				ł	
Similar Sources	6,894.	050			ł	
b Unrelated business taxable income (less section 511	0,054.	952.	<u>184</u> .	65.	363.	
laxes) from husingseen 1	j					<u>8,458.</u>
acquired after June 30, 1975	J			1		
c Add lines 10a and 10b	6,894.			1		
' Net income from unrelated business —	0,034.	952.	184.	65.	262	0.
whether or not the husiness is		1			363.	8,458.
regularly carried on.		ľ	1			
2 Other income. Do not include gain or loss from the sale of capital assets (Explessale of			_ 1			
gain or loss from the sale of	ļ					0.
Part IV.)	1	1			1	
3 Total Support. (Add to 0 100 11 and 100 1	407				1	
Total Support. (Add ins 9,10s, 11 and 12.) First five years. If the Form 990 is organization, check this box and st	<u>,4U7,582.</u> 7	,346,382.5	956.552 =	890 725 -	101	0.
organization, check this box and st	for the organizati	on's first, second.	third fourth or f	,000,735.[7	<u>,404,189.</u> 34	1,995,440.
ction C. Computation of Bubli	op here		· · · · · · · · · · · · · · · · · · ·	ıııı tax year as a s	section 501(c)(3)	
Public support percentage for 2013 Public support percentage from 201	C Support Per	centage				
Public support percentage for 2013	(line 8, column (f) divided by line 1	3, column (f))			
ction D. Comment of the Property of the Proper	2 Schedule A, Pa	art III, line 15			15	99.98 %
Public support percentage for 2013 ction D. Computation of Investment income percentage	tment Income	Percentage			16	99.96 %
investment income percentage for "	0012 /1:- 10					
Investment income percentage from a 33-1/3% support tests – 2013. If the	2012 Schedula	······· () divided by Δ. Partill i:	viine 13, column	(f))	17	0 00 %
a 33-1/3% support tests - 2013. If the	Organization 4:1	⊐, ⊏arill, line 17.		***********	12	0.02 %
						0.04 %
a 33-1/3% support tests — 2013. If the is not more than 33-1/3%, check this b 33-1/3% support tests — 2012. If the line 18 is not more than 33-1/3%, check this line 18 is not more than 33-1/3%, check this line 18 is not more than 33-1/3%.	nraanization	organizati	ion qualifies as a	publicly supporte	ৰ।। ১১-।/১%, and [i d organization	ne 17
nine 18 is not more than 33-1/3%, ch	eck this box and	not check a box o	n line 14 or line	19a, and line 16 is	= = garnzallon, , Smore than 22 am	► <u>X</u>
b 33-1/3% support tests — 2012. If the line 18 is not more than 33-1/3%, check this private foundation. If the organization	on did not check	a boy on line org	ganization qualifi	es as a publicly su	unore than 33-1/3 apported organizat	5%, and ► □
	STIECK			k this box and see	instructions	WII
		TEEA0403L 06/28	3/13	Sohodi	lle A (Form 990 or	
				ouneat	ле А (Form 990 ос 0	190 EZV 2012

	Form 990 or 990-EZ) 2013	WALDEN ENVIRONMENTE TAXO	
rareiv	Supplemental Informa	WALDEN ENVIRONMENT, INC.	94-2358632 Pa
Ò	See instructions)	WALDEN ENVIRONMENT, INC. ation. Provide the explanations required by ne 12. Also complete this part for any addit	Part II, line 10; Part II, line 17a
		, addit	ional information.
_ _			
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	<b></b>		
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<del></del> -			
	- <u>-</u> .		

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

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

2013

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF ► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization WALDEN ENVIRONMENT, INC DBA: WALDEN FAMILY SERVICES Employer identification number Organization type (check one): 94-2358632 Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 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. X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules 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. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF. Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

	edule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2013) of organization	Pa	age 1 of 2 of Pa
	LDEN ENVIRONMENT, INC.		Employer identification number 94–2358632
(a Nun	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
Nun ——	ber Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	RIVERS OF HOPE		Person X
	6150 MISSION GORGE ROAD, #210	  \$	Payroll
	SAN DIEGO, CA 92120	5,0	00. Noncash (Complete Part II for
(a) Num	ber (b) Name, address, and ZIP + 4	(6)	noncash contributions.)
		(c) Total contributions	(d) Type of contribution
4-			Person X
	6150 MISSION GORGE ROAD, #210	\$10,00	Payroll Do. Noncash
(a)	SAN DIEGO, CA 92120		(Complete Part II for noncash contributions.)
Numb	er (b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution
3	ST. GERMAINE'S CHILDREN OF CHARITY	contributions	Person X
	6150 MISSION GORGE ROAD, #210	\$ 9.40	Payroll
	SAN DIEGO, CA 92120	\$ <u>8,40</u>	O. Noncash (Complete Part II for
(a) Numbe	(b) Name, address, and ZIP + 4	(6)	noncash contributions.)
4		(c) Total contributions	(d) Type of contribution
₹	SAN MANUEL BAND OF INDIANS		Person X
	6150 MISSION GORGE ROAD, #210	\$10,000	Payroli Noncash
	SAN DIEGO, CA 92120		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution
5	COX CARES FOUNDATION	contributions	<del> </del>
	6150 MISSION GORGE ROAD, #210	  s	Person X Payroll
	SAN DIEGO, CA 92120	\$ <u>5,000</u>	. Noncash (Complete Part II for
(a) lumber	Name address and Tip		noncash contributions.)
6	Name, address, and ZIP + 4 WELLS FARGO FOUNDATION	(c) Total contributions	(d) Type of contribution
		_	Person X Payroll
	6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$ <u>15,000</u> .	Noncash
AA		_	(Complete Part II for noncash contributions.)

WALD	EN ENVIRONMENT, INC.		Page 2 of 2 of P
Part	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is pooded	94-2358632
(a) Numbe	er (b) Name, address, and ZIP + 4	(c)	al (d) Type of contribution
7	MCCARTHY FAMILY FOUNDATION	contribu	Person X
	6150 MISSION GORGE ROAD#210	 	Payroll
	SAN DIEGO, CA 92120		(Complete Part II for
(a) Number	r Name, address, and ZIP + 4	(c) Total	(d)
8	IN-N-OUT BURGER FOUNDATION	contribut	.0/13
	6150 MISSION GORGE ROAD, #210	\$	Payroll
<del>- ,</del>	SAN DIEGO, CA 92120		(Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
9	DOUG FLUTIE JR. FOUNDATION	U)DGI UIICO	Person X
	6150 MISSION GORGE ROAD, #210	\$\$14	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Port II to
(a) umber	(b) Name, address, and ZIP + 4	(c) Total	noncash contributions.)
- <b></b>		contributio	
-		^{\$}	Person Payroll Noncash
(a)			(Complete Part II for noncash contributions.)
imber	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
		 ^{\$}	Person Payroli Noncash
a) nber	(b)		(Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 ^{\$}	Person Payroll Noncash
<u> </u>			(Complete Part II for noncash contributions.)

maine or organizatio		Page	1 to	1 of <b>Pa</b> rt
WALDEN EN	VIRONMENT, INC.			dentification number
Part II No	pncash Property (see instructions). Use duplicate copies of Part II if addition	onal anna i	94-23	58632
(a) No. from Part I	(b)  Description of noncash property given		(c) or estimate) astructions)	(d) Date receive
N/2	A	(see ir	structions)	Date receiv
		\$ 	- <b></b>	
(a) No. from Part I	(b)  Description of noncash property given	FMV (o	(c) r estimate) structions)	(d) Date receive
		(see in:	structions)	
(a) No.				·
(a) No. from Part I	(b) Description of noncash property given	FMV (or (see ins	(c) estimate) tructions)	(d) Date received
		s		
(a) No. from	(b)			
Part I	(b) Description of noncash property given	FMV (or (see inst	c) estimate) ructions)	(d) Date received
			-	
ļ				
		;]\$ \$		<b>7</b>
(a) No. from	(b)  Description of noncash property given			
Part I	Description of noncash property given	FMV (or e (see instr	estimate) uctions)	(d) Date received
		<b>~</b> -	1	
a) No		\$	·	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or es (see instru	stimate)	(d) Date received
		<del>-  </del>		
[				
		  \$		
4		-	<u>-</u>	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

ivalile of orga	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2013 nization			Page 1 to 1 of 1
WALDEN	ENVIRONMENT TATO			
<u>stactive illes</u>	Exclusively religious, charitab organizations that total more to For organizations completing Part III, ent contributions of \$1,000 or less for the Use duplicate copies of Part III if additional additional contributions.	er total of <i>exclusively</i> religious, charita	ions to solete columns able, etc., See instruc	94-2358632
(a) No. from	Use duplicate copies of Part III if addit  (b)  Purpose of gift			
Part I	Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	L ² /			
	Transferee's name, ad	(e) Transfer of gift Idress, and ZIP + 4		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift			
Part I	Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
	Transferee's name, add	(e) Transfer of gift Iress, and ZIP + 4		
			Re	elationship 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, addr	(e) Transfer of gift		
			Rela	ationship of transferor to transferee
(a) from	(b) Purpose of gift	(c)		
art I		(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Dala:	Handle of
				ionship of transferor to transferee
		TEEA0704L 12/27/13	Schedu	le <b>B</b> (Form 990, 990-EZ, or 990-PF) (2013)

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES Employer identification number Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 94-2358632 Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. 1 Total number at end of year..... (a) Donor advised funds (b) Funds and other accounts 2 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?..... 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?... No Conservation Easements. Yes No 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 land for public use (e.g., recreation or education) Preservation of an historically important land area 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 a Total number of conservation easements..... Held at the End of the Tax Year 2 a c Number of conservation easements on a certified historic structure included in (a)...... 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, and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year No Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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: Revenues included in Form 990, Part VIII, line 1..... 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.... BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ▶\$

TEEA3301L 10/02/13

Schedule **D** (Form 990) 2013

Schedule D (Form 990) 2013 WALDEN EN Part III Organizations Maintaining	VIRONMENT, INC			9/1-2350622	_
Part III Organizations Maintaining  3 Using the organization's acquisition, accessitems (check all that	sion and all	Historical Treasur	es, or Other Si	milar Assets <i>(cor</i>	Pag ( <i>ntinued</i>
<ul> <li>Using the organization's acquisition, accessitems (check all that apply):</li> <li>Public exhibition</li> </ul>	sion, and other records, o	check any of the following	that are a significar	nt use of its collection	
b Scholarly research	d	Loan or exchange prog	Irama	av no dollection	
	e 🗖	Other	ırams		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>				
Provide a description of the organization's or Part XIII.  During the year did the organization's organization.	collections and explain he	Ow they further the argonic		- <del></del>	
5 During the year, did the organization of		on they runtile the organiz	zation's exempt purp	ose in	
5 During the year, did the organization soli to be sold to raise funds rather than to b	icit or receive donation:	s of art, historical treasu	ires, or other similar	or const.	
Partive Escrow and Custodial Arrar line 9, or reported an amoun	ngements. Completed on Form 990. Do	te if the organization's collected if the organization	n answered 'Ye	Yes	No
Falls the organization					art IV,
on Form 990, Part X?	itodian, or other interm	ediary for contributions	Or other accets		
on Form 990, Part X?b If 'Yes,' explain the arrangement in Part.	XIII and complete the s		or other assets 1101	Included Yes	[ ] a.
		3 101010.		[ 163	No
c Beginning balanced Additions during the year				Amount	
d Additions during the year.  e Distributions during the year.			1c	Amount	
e Distributions during the year			1.0		
f Ending balance	***********		10		
2 a Did the organization include on amount	<u>-</u>		16		
2 a Did the organization include an amount or b if 'Yes,' explain the arrangement in Part X	Trorm 990, Part X, line	e 21?	<u> </u>		<del></del>
·	_	Throughout yidd beett htol	/ided in Part XIII	<del>-</del>	∐ No
Part V Endowment Funds Complete	26.12	<u> </u>	The state of the s	***************	
Part V Endowment Funds. Complete (a) Cu	<u>if the organization</u>	n answered 'Yes' to	Form 990 Day	4 1) / 1: 10	
1 a Beginning of year balance	rrent year (b) Prio	or year (c) Two years	back (d) Three y	CTV, JINE TU.	
<b>b</b> Contributions			(u) Three y	ears back (e) Four ye	ears back
			<del></del>		
c Net investment earnings, gains, and losses			<del></del>		
d Grants or scholarships				ĺ	
e Other expenditures for facilities			<del></del>		
and programs					
f Administrative expenses			1		
g End of year balance.				<del></del>	
2 Provide the estimated percentage of the cu a Board designated or quasi-endowment ►			<del></del>	<del></del>	
a Board designated or quasi-endowment ►	rrent year end balance	(line 1g, column (a)) he	eld as:		
b Permanent endowment ►		• • • • • • • • • • • • • • • • • • • •			
c Temporarily restricted endowment ►	&				
The percentages in lines 2a, 2b, and 2c sho	[%]				
3 a Amatha	uld equal 100%.				
3 a Are there endowment funds not in the possession organization by:      (i) unrelated organization	on of the organization the	at ara bald I			
(i) Unrelated organizations	and a second to the	at are neid and administer	ed for the	<del></del>	
(i) unrelated organizations (ii) related organizations.		******		Yes	No
(ii) related organizations.  b If 'Yes' to 3a(ii), are the related organization		*******		3a(i)	
b If 'Yes' to 3a(ii), are the related organization  Describe in Part XIII the intended uses of the	s listed as required on	Schedule R?		3a(ii)	
4 Describe in Part XIII the intended uses of the	e organization's endow	ment funds.		<u>3b</u>	
Part VI Land, Buildings, and Equipmer	nt.				
Complete it the organization and	swered 'Yes' to Fo	rm 990 Part IV tin	^ 11.   ^		
Complete if the organization and Description of property	(a) Cost or other basis	11.500, 1 dit 1V, 11/1	e TTa. See For	m 990, Part X, Iin	e 10.
		(b) Cost or other basis (other)	J (c) Accumulat	ed (d) Book vo	di la
1 a Land		odala (otilet)	depreciation	)	iiue.
b Buildings.		<del> </del>			
c Leasehold improvements.		04.00	<del> </del>		
u =quipment		24,909.	22,8	55. 2	054.
e Other		252,481.	210 =		726.
cal. Add lines 1a through 1e. (Column (d) must e					
	qual Form 990 Part V	52,287.	43,4	87. <u>21,</u>	
<b>tal.</b> Add lines 1a through 1e. <i>(Column (d) must e</i> A	 qual Form 990, Part X,	52,287. column (B), line 10(c).)	43,4	87. 8,	800. 580.

Schedule D (Form 990) 2013 WALDEN ENVIRONMENT, INC.	
TOCOHOLIBUION OF RAVANIA DAY A. J. J. P.	94-2358632 Page
Complete if the organization answered 'Yes' to Form 990, Par  1 Total revenue, gains, and other support per audited financial Statements	With Revenue per Return. N/A
1 I otal revenue, gains, and other support per guilty Lo	t IV, line 12a.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a not unrealized gallis on investments	
The second of the control of the con	2 a
	2 b
<ul> <li>3 Subtract line 2e from line 1.</li> <li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.</li> </ul>	2e
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3
a investment expenses not included on Form and the contract of	
c Add lines 4a and 4b.  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Boot 1 is 10.)	10
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial States.	4c
Reconciliation of Expenses per Audited Financial Statements	NA/SAL ES
Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered 'Yes' to Form 990, Part  1 Total expenses and losses per audited financial Statements	With Expenses per Return. N/A
1 Total expenses and losses per audited financial to	IV, line 12a.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a solicities and use of facilities	
	a
	b
	<u>a</u>
<ul> <li>3 Subtract line 2e from line 1.</li> <li>4 Amounts included on Form 990, Part IX. line 25, but not on line 1.</li> </ul>	2e
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3
c Add lines 4a and 4h	
c Add lines 4a and 4b.  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990 Post Line 10)	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.	5
Provide the descriptions required for Post U. I.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete	IV, lines 1b and 2b; Part V
and 4b. Also complete	this part to provide any additional information
PARTY FIN 49 FOOTHORE	ematon.
PART X - FIN 48 FOOTNOTE	
WALDEN FAMILY SERVICES TO A Pro	
WALDEN FAMILY SERVICES IS A PUBLIC CHARITIY AND IS EXE	MPT FROM INCOME TAYES HADER
SECTION 501 (C) (3) OF THE INTERPRET	TELEGRAPH TAYES ONDER TITLE
SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND SEC	TION 23701(D) OF THE
CALIFORNIA REVENUE AND TAXATION CODE. WALDEN FAMILY S	
LANGITUM CODE. WALDEN FAMILY S	ERVICES BELIEVES THAT THEY
HAVE APPROPRIATE SUPPORT FOR ANY TAY BOOTERS	
HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN,	AND AS SUCH, DO NOT HAVE ANY
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO	
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCE	IAL STATEMENTS. WALDEN
FAMILY_SERVICES_IS_NOT_PRIVATE_FOUNDATIONS.	
BAA	
DAA	
	Schedule <b>D</b> (Form 990) 2013

Part XIII Supplemental Information (continued)  Schedule D (Form 990) 2013 WALDEN ENVIRONMENT, INC.  94-2358632 Part XIII Supplemental Information (continued)	age <b>5</b>
PART X - FIN 48 FOOTNOTE (CONTINUED)	
THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEARS ENDED	
DECEMBER 31, 2013, 2012, 2011 AND 2010 ARE SUBJECT TO EXAMINATION BY THE INTERNAL	) - <b></b>
REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THE THREE TO FOUR YEARS	
AFTER THE RETURNS WERE FILED.	
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Schedule **D** (Form 990) 2013

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

Department of the Treasury Internal Revenue Service

WALDEN ENVIRONMENT,

INC

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Employer identification number

Open to Public Inspection

WALDEN FAMILY SERVICES 94-2358632 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION WALDEN ENVIRONMENT DBA WALDEN FAMILY SERVICES (WALDEN) WAS FORMED IN 1976 AS A NONPROFIT ORGANIZATION TO PROVIDE ADVOCACY, OUT OF HOME PLACEMENT, AND TREATMENT SERVICES FOR CHILDREN UNABLE TO REMAIN IN THEIR OWN HOMES DUE TO ABANDONMENT, ABUSE, WALDEN'S GOAL IS TO HELP STABILIZE CHILDREN, YOUTH AND FAMILIES THROUGH COMMUNITY-BASED PREVENTION AND INTERVENTION SERVICES. WALDEN IS A TREATMENT-LEVEL FOSTER FAMILY AND ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT, CERTIFICATION, AND TRAINING OF FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF FOSTER AND ADOPTIVE CHILDREN. WALDEN'S FUNDING COMES PRIMARILY FROM FEDERAL, STATE, AND COUNTY WELFARE PROGRAMS. WALDEN PROVIDED SERVICES TO 473 UNIQUE FOSTER CARE CLIENTS PLUS HUNDREDS MORE CHILDREN/YOUTH/TEENS THROUGH OUR ADOPTIONS, AFTER CARE, CAL LEARN, AYA, CAL LEARN, FIRST 5 NURTURING PARENTING PROGRAMS, AND VISITATION CENTERS. FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS FOSTER CARE PLACEMENT THERAPEUTIC FOSTER CARE: THERAPEUTIC FOSTER CARE IS AN ALTERNATIVE TO INSTITUTIONALIZATION FOR CHILDREN. CHILDREN IN WALDEN'S CARE HAVE SEVERE EMOTIONAL AND BEHAVIORAL CHALLENGES AS A RESULT OF PAST ABUSE AND ARE IN NEED OF INTENSIVE SERVICES TO HELP THEM HEAL AND REMAIN IN A FAMILY ENVIRONMENT. MANY OF THE CHILDREN HAVE SUFFERED THE TRAUMA OF MULTIPLE FOSTER FAMILIES OR GROUP HOME PLACEMENTS BEFORE COMING TO WALDEN. WITH WALDEN'S SPECIALLY TRAINED FOSTER FAMILIES AND SUPPORT SERVICES, CHILDREN THAT OTHERWISE WOULD BE IN A GROUP HOME ARE ABLE TO LIVE WITH A FAMILY. WALDEN IS A COST-EFFECTIVE ALTERNATIVE TO GROUP HOME CARE THAT ALLOWS CHILDREN TO GROW INTO HEALTHY ADULT MEMBERS OF THE COMMUNITY.

Schedule O (Form 990 or 990-EZ) 2013

Schedule O (Form 990 or 990-EZ) 2013

DURING NORMAL BUSINESS HOURS AT NO CHARGE

Schedule O (Form 990 or 990-EZ) 2013	
Name of the organization WALDEN ENVIRONMENT, INC.  DBA: WALDEN FAMILY SERVICES	Employer identification number
FORM 990, PART VII - COMPENSATION EXPLANATION	94-2358632
TERESA STIVERS	
ALL PAYROLL IS PAID BY WALDEN ENVIORNMENT, INC. AND	7.7.7.6.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7
WALDEN FAMILY FOUNDATION.	ALLOCATED TO THE RELATED ENTITY,
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2013

OMB No. 1545-0047

Open to Publication

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Employer identification number 94-2358632 Part | Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. DBA: WALDEN FAMILY SERVICES INC. WALDEN ENVIRONMENT, Department of the Treasury Internal Revenue Service Name of the organization

(1) (1) (2) (2) (2) (2) (3)	entity Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	End-of-year assets	Direct controlling entity
33   24   25   25   25   25   25   25   25	rganizations Complete if the ations during the tax year.  (b) Primary activity	if the organization ar. (c)	on answered 'Yes	es' on Form 990, Par	Part IV, line 34 beca	cause it had

(6)							
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	    }
(1) WAT DEN FAMITY CEDVICES FORTHWARTON						Yec	, N
가느까다	PROVIDE SUPPORT						2
91-2160214	ENVIRONMENT, INC	CA	11	501 (C) 3	A/N	<u>-</u>	>
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		-				· · · · · · · · ·	
(3)							
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(4)						· ,	
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BAA Tow Dangement Baderies							
223 ' O' I apelwoln neunction Act Notice, see the Instructions for Form 990	ons for Form 990,		TEEA5001L 06/26/13				1,

Schedule R (Form 990) 2013

TEEA5001L 06/26/13

Schedule R (Form 990) 2013 WALDEN ENVIRONMENT, INC.

Page 2 (k) Percentage ownership (U) Sec 512(b)(13) controlled entity? % Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Partification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes (I) General or managing partner? ŝ (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form (g) Share of end-of-year assets Dispropor-tionate allocations? ž (h) Yes (f) Share of total income (g) Share of end-of-year assets (C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part IV  $\Xi_{l}^{l}$ ପ୍ର ල BAA  $\Xi_{i}^{l}$ 3 <u>@</u>

Schedule R (Form 990) 2013

TEEA5002L 06/27/13

94-2358632 Schedule R (Form 990) 2013 WALDEN ENVIRONMENT, INC.

Part V Transactions With Related Organizations Complete if the

the organization answered 'Yes'	on Form 990, Part IV	Part IV, line 34, 35b, or 36.			
Note: Complete line I if any entity is fisted in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transpositors. The			λ.	Yes No	
a Receipt of (t) interest (ti) annuities (tii) rovalties or (tv) rent from a controlled entity.	isted in Parts II-IV?				HERMINIST.
<b>b</b> Gift, grant, or capital contribution to related organization(s)			<u>1</u>	×	
c Giff, grant, or capital contribution from related organization(s)			1 <b>b</b>	×	
d Loans or loan guarantees to or for related organization(s)				×	
e Loans or loan guarantees by related organization(s).			19	×	
			1e	X	
f Dividends from related organization(s).					Incompany
g Sale of assets to related organization(s)			=	×	
h Purchase of assets from related organization(s)			1g	×	
i Exchange of assets with related organization(s).			1 h	×	
j Lease of facilities, equipment, or other assets to related organization(s).			= ;	×	
k Lease of facilities, equipment or other assets from related granning to				×	
Performance of services or membership or fundraising solicitations for related organization (s.			1k	×	
m Performance of services or membership or fundraising solicitations by related organization(s)			=	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			_ E	×	
o Sharing of paid employees with related organization(s)				_	
			X 01	7	
p reminutement paid to related organization(s) for expenses.			10	>	
4 remindusement para by related organization(s) for expenses			10 X	-	
2 If the answer to any of the change is Not 1.			. 2	<  >	
The specific and of the above is 185, se	d relationships and trar	saction thresholds.	  -  -  -	4	
Name of related organization	(b) Transaction type (a-s)	Amount involved Met	Method of determining	mining	
(1) WALDEN FAMILY SERVICES FOUNDATION, INC.	ບ	467 325 GAAP	D D D		
(2) WALDEN FAMILY SERVICES FOUNDATION, INC.	0	169	d d d		
(3) WALDEN FAMILY SERVICES FOUNDATION, INC.		2 2	d		
(4)	N.	40T.			
(5)					
(9)				1	
BAA TEEA5003L 06/27/13		Schedule R	Schedule <b>R</b> (Form 990) 2013	2013	

94-2358632

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

TEEA5005L 06/27/13

Schedule R (Form 990) 2013

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#### Form 4562

Department of the Treasury Internal Revenue Service

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

See separate instructions.

OMB No. 1545-0172

2013

► Attach to your tax return. Attachment Sequence No. 179 Name(s) shown on return WALDEN ENVIRONMENT, INC. Identifying number DBA: WALDEN FAMILY SERVICES Business or activity to which this form relates 94-2358632 FORM 990/990-PF Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) ..... Total cost of section 179 property placed in service (see instructions)..... 2 Threshold cost of section 179 property before reduction in limitation (see instructions)...... 3 2 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling 5 4 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29..... Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7..... Tentative deduction. Enter the smaller of line 5 or line 8. 8 Carryover of disallowed deduction from line 13 of your 2012 Form 4562..... 9 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). 10 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 11 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 . . . . . . . . 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions). Property subject to section 168(f)(1) election..... 14 Other depreciation (including ACRS)..... 15 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 16 28,898 Section A MACRS deductions for assets placed in service in tax years beginning before 2013..... If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B — Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) (b) Month and (c) Basis for depreciation Classification of property (d) (e) Convention year placed in service (business/investment use (g) Depreciation Recovery period only - see instructions 19a 3-year property.... **b** 5-year property.... c 7-year property... d 10-year property.... e 15-year property... f 20-year property... g 25-year property.... 25 yrs S/L h Residential rental 27.5 yrs MM S/L property..... 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L MM Section C — Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System S/L 20 a Class life..... S/L 12 yrs **c** 40-year..... S/L 40 vrs Part IV Summary (See instructions.) S/L Listed property. Enter amount from line 28. Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 21 the appropriate lines of your return. Partnerships and S corporations — see instructions For assets shown above and placed in service during the current year, enter 22 28,898 the portion of the basis attributable to section 263A costs....

(Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

● If you	are filing for an Automatic 3-Month Extension,	complete o	only Part Land chook this b		
Do not co	are filing for an Automatic 3-Month Extension, are filing for an Additional (Not Automatic) 3-N mplete Part II unless you have already been gra	lonth Exten	Sion, complete only Part II (and		
Flectronic	mplete Part II unless you have already been gra	anted an au	tomatic 3-month output	of this form).	12.3
corporatio request an	mplete Part II unless you have already been gratifiling (e-file). You can electronically file Form 8 nequired to file Form 990-T), or an additional extension of time to file any of the forms listed in Film With Certain Personal Benefit Contracts, which filing of this form, visit www.irs.gov/efile and climate Automatic 3-Month Extension of Tir	3868 if you i	need a 3-month extention on a previou need a 3-month automatic extension of attention of time.	sly filed Form 8868 time to file (6 mon	ths for a
electronic	I With Certain Personal Benefit Contracts, which filing of this form, visit <a <="" href="https://www.irs.gov/efile.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.god.clip.&lt;/td&gt;&lt;td&gt;art I or Part&lt;br&gt;must be s&lt;/td&gt;&lt;td&gt;If with the exception of Form 8870, Informent to the IRS in paper format (see inst&lt;/td&gt;&lt;td&gt;n electronically file&lt;br&gt;ation Return for Tran&lt;/td&gt;&lt;td&gt;Form 8868 to&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Part I&lt;/td&gt;&lt;td&gt;Automatic 3-Month Extension&lt;/td&gt;&lt;td&gt;ck on &lt;i&gt;e-tile&lt;/i&gt;&lt;/td&gt;&lt;td&gt;for Charities &amp; Nonprofits.&lt;/td&gt;&lt;td&gt;ructions). For more&lt;/td&gt;&lt;td&gt;details on the&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;A corporat&lt;/td&gt;&lt;td&gt;Automatic 3-Month Extension of Tir&lt;/td&gt;&lt;td&gt;ne. Only s&lt;/td&gt;&lt;td&gt;submit original (no copies neede&lt;/td&gt;&lt;td&gt;·d)&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;All other co&lt;/td&gt;&lt;td&gt;ion required to file Form 990-T and requesting a proporations (including 1120-C filers), partnership returns.&lt;/td&gt;&lt;td&gt;an automati&lt;/td&gt;&lt;td&gt;c 6-month extension - check this box a&lt;/td&gt;&lt;td&gt;nd com-1-t- D&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;income tax&lt;/td&gt;&lt;td&gt;orporations (including 1120-C filers), partnership returns.&lt;/td&gt;&lt;td&gt;s, REMICs,&lt;/td&gt;&lt;td&gt;and trusts must use Form 7004 to requ&lt;/td&gt;&lt;td&gt;nd complete Part I&lt;br&gt;Iest an extension o&lt;/td&gt;&lt;td&gt;only►&lt;br&gt;f time to file&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Name of exempt organization or other filer, see instructions.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Enter filer's ide&lt;/td&gt;&lt;td&gt;ntifying number, s&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Type or&lt;br&gt;print&lt;/td&gt;&lt;td&gt;WALDEN ENVIRONMENT THE&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Employer identification&lt;/td&gt;&lt;td&gt;ee Instructions&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;File by the&lt;/td&gt;&lt;td colspan=6&gt;DBA: WALDEN FAMILY SERVICES  Number, street, and room or suite number. If a P.O. box, see instructions.  94 - 2358632&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;due date for&lt;br&gt;filing your&lt;br&gt;return, See&lt;/td&gt;&lt;td&gt;6150 MISSION GORGE ROAD #210 City, town or post office, state, and ZIP code. For a foreign a&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;94-2358632&lt;br&gt;Social security numi&lt;/td&gt;&lt;td&gt;2&lt;br&gt;ber (SSN)&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;instructions.&lt;/td&gt;&lt;td&gt;SAN DIEGO, CA 92120&lt;/td&gt;&lt;td&gt;ddress, see ins&lt;/td&gt;&lt;td&gt;ructions.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;_&lt;/td&gt;&lt;td&gt;&lt;del&gt;&lt;/del&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Enter the Re&lt;/td&gt;&lt;td&gt;eturn code for the return that this application is&lt;/td&gt;&lt;td&gt;for (file a se&lt;/td&gt;&lt;td&gt;anarata analizati&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Application&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;pearate application for each return)&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;01&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Application&lt;br&gt;Is For&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Return&lt;/td&gt;&lt;td&gt;Application&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Form 990 or F&lt;/td&gt;&lt;td&gt;orm 990-E7&lt;/td&gt;&lt;td&gt;Code&lt;/td&gt;&lt;td&gt;For&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Return&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;orm 990-BL&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;m 990-T (corporation)&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Code&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;orm 4720 (in&lt;/td&gt;&lt;td&gt;dividual)&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;F m 1041-A&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;07&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;orm 990-PF&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Form 4720 (other than individual)&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;08&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;orm 990-⊤ (&lt;/td&gt;&lt;td&gt;section 401(a) or 408(a) trust)&lt;/td&gt;&lt;td&gt;04&lt;/td&gt;&lt;td&gt;Form 5227&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;09&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;orm 990-T (&lt;/td&gt;&lt;td&gt;trust other than above)&lt;/td&gt;&lt;td&gt;05&lt;/td&gt;&lt;td&gt;Form 6069&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;10&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;06&lt;/td&gt;&lt;td&gt;Form 8870&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;11 12&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;The books&lt;/td&gt;&lt;td&gt;are in the care of ► &lt;u&gt;TERESA A. STIVER&lt;/u&gt;&lt;/td&gt;&lt;td&gt;S&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;12&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Telephone&lt;/td&gt;&lt;td&gt;No. ► &lt;u&gt;619-584-5777&lt;/u&gt;&lt;/td&gt;&lt;td&gt;Eav Na&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;ul&gt;     &lt;li&gt;II trie orga&lt;/li&gt; &lt;/ul&gt;&lt;/td&gt;&lt;td&gt;Inization door not be&lt;/td&gt;&lt;td&gt;on see in the&lt;/td&gt;&lt;td&gt;619-584-5757&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;obook #5&lt;/td&gt;&lt;td&gt;inization does not have an office or place of bus or a Group Return, enter the organization's four box&lt;/td&gt;&lt;td&gt;diait Group&lt;/td&gt;&lt;td&gt;Everyties New Least this box&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt; ▶ 🗍&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;the autona&lt;/td&gt;&lt;td&gt;box If it is for part of the group, co&lt;/td&gt;&lt;td&gt;heck this bo&lt;/td&gt;&lt;td&gt;. If&lt;/td&gt;&lt;td&gt;this is for the whole&lt;/td&gt;&lt;td&gt;le group.&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;1 Trequest&lt;/td&gt;&lt;td&gt;an automotic 2 " td=""><td></td><td></td><td>mes and EINs of al</td><td>members</td></a>			mes and EINs of al	members
until s	an automatic 3-month (6 months for a corporation $\frac{3}{15}$ , $\frac{20}{14}$ , to file the exempt organ	equired to fi	le Form 990-T) extension of time		_
The exte	3/15 , 20 $14$ , to file the exempt organision is for the organization's return for:	nization reti	urn for the organization named above		
► X c	alendar year 20 <u>13</u> or		s and named above.		
► ∏ ta	ax Vear beginning				
2 If the tax	ex year beginning, 20, 20, 20, year entered in line 1 is for less than 12 month ge in accounting period	and ending	, 20		
Chang	ge in accounting period	o, check rea	Fina	al return	
3 a If this app nonrefund	lication is for Forms 990-BL, 990-PF, 990-T, 47 lable credits. See instructions	20, or 6069	enter the tentative tax less any		
Diffile ann	ligation is the			3 a \$	0.
c Balance d EFTPS (E	ue. Subtract line 3b from line 3a. Include your p	ayment wit	h this form if required by	3 b \$	0.
ı <b>tion.</b> If you ment instruc	are going to make an electronic funds withdraw.  Act and Panerwork Poduction Additional	structions al (direct de	bit) with this Form 8000	3 c \$	0.
A For Privacy	Act and Panerwork Reduction & L.M.		see Form 8453	3-EO and Form 887	9-EO for

Form 8868	3 (Rev 1-2014)		· 		Page 2
Vote Only	are filing for an Additional (Not Automatic) 3-Mon	th Extension	n, complete only Part Hand check thi	s box	· · X
	complete Part II if you have already been grante are filing for an Automatic 3-Month Extension, co			ısly filed Form 8868.	
Part II	Additional (Not Automatic) 3-Month Ex	tension of	Time Only file the original (	10. 70%	
			Enter files	io copies needed).	
	Name of exempt organization or other filer, see instructions.		Litter mers	identifying number, see ins Employer identification number (EIN	tructions
Type or	WALDEN ENVIRONMENT, INC.			Employer Identification number (EIIV	) or
print	DBA: WALDEN FAMILY SERVICES			94-2358632	
File by the	Number, street, and room or suite number. If a P.O. box, see in	structions.		Social security number (SSN)	
extended due date for	LEAF & COLE, LLP				
filing your return, See	2810 CAMINO DEL RIO SOUTH, SUI City, town or post office, state, and ZIP code. For a foreign addr	TE 200			
instructions.		ess, see instructi	ons.		
··	SAN DIEGO, CA 92108-3820				
Enter the F	Return code for the return that this application is t	or (file a sep	parate application for each return).		017
Application		T _			01
Is For		Return Code	Application Is For		Return
	r Form 990-EZ	01		C. Company Co. 1 p. Company of the control of the c	Code
Form 990-E		02	Form 1041-A		
	(individual)	03	Form 4720 (other than individual)		08 09
Form 990-F		04	Form 5227		10
Form 990-1	(section 401(a) or 408(a) trust)	05	Form 6069		11
FOITH 990-1	(trust other than above)	06	Form 8870		12
<ul><li>If the or</li><li>If this is</li><li>whole group</li></ul>	oks are in care of TERESA A. STIVERS one No. 619-584-5777 ganization does not have an office or place of but for a Group Return, enter the organization's four one check this box If it is for part the extension is for.	siness inc	Exemption Number (GEN)	. If this is fo the names and EINs of all	. ► □ or the
4   requ 5   For ca	est an additional 3-month extension of time until lendar year 2013, or other tax year beginnin	11/15_	, 20 <u>14</u> .		
6 If the	tax year entered in line 5 is for less than 12 mont	9	, 20 , and ending	, 20	
Ch	nange in accounting period	ns, check re	ason: Initial return	Final return	•
7 State	in detail why you need the extension מתוג	יידרואו∧דייד	TMC IC NECEGGERS		
REQU	in detall why you need the extension <u>ADDI</u> JIRED TO FILE A COMPLETE AND AC	TTONAL T	TIME TO NECESSARY TO GA	ATHER THE INFORMAT	<u>LON</u>
	application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions.	A CARL CARLOS		8a \$	
tax pa previo	application is for Forms 990-PF, 990-1, 4/20, or 6 yments made. Include any prior year overpaymenusly with Form 8868	5069, enter a it allowed as	any refundable credits and estimate a credit and any amount paid	d	<del></del>
c Baland EFTPS	<b>e due.</b> Subtract line 8b from line 8a. Include your (Electronic Federal Tax Payment System). See	payment wi	th this form, if required, by using	0.00	
			be completed for Part II onl		<del></del>
Under penalties o	f gerjury, I declare that I have examined this form, including accompaniple and that I am authorized to prepare this form.				
	and unact and authorized to prepare this form.	0 -	, to bid book of my Milowreage an	u polier, it is true,	
Signature ►	11th Title ▶	<u>(</u> PA		Date > 8/4/1	4
BAA	( )	FIFZ0502L 1	2/31/13	Form 8868 (Rev 1	-2014)

12/31/13	•	2013	FDER	ALE	Š	( DFP	PECIV	I C		2013 FEDERAL BOOK DEPRECIATION SCUEDING	: : :			
CLIENT 11-014				DBA	ALDEN: WALE	ENVIRC SEN FAI	WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	INC.	E S	FUOLE				PAGE 1
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS.	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT
IMPROVEMENTS												·		
2 LEASEHOLD IMPROVEMENTS 6 SECURITY DOOR	VARIOUS 8/01/13	'	22,834	I	[					22,834	22,455	3/r 8/r	m m	110
TOTAL IMPROVEMENTS  MACHINERY AND EQUIPMENT			24,909		0	0	0		0	24,909	22,455			400
1 FURNITURE & EQUIPMENT 4 DELL COMPUTER EQUIPMENT 8 FURNITURE & EQUIPMENT	VARIOUS VARIOUS VARIOUS	12/31/13	225,441 27,040 53,316			İ				225,441 27,040 53,316	188,811	2/r 2/r 2/r	ט פיט	15,386 6,558
TOTAL MACHINERY AND EQUIPME MISCELLANEOUS			305,797		0	0	0	0		305,797	238,222		'	25,849
3 SOFTWARE 7 SOFTWARE	VARIOUS VARIOUS	J	41,803	ł						41,803 10,484	40,838	7/S 7/S	ന ന	965
TOTAL MISCELLANEOUS		]	52,287		0	0	0	0		52,287	40,838		1	2,649
TOTAL DEPRECIATION		ľ	382,993				0			382,993	301,515		<i> </i>	28,898
GRAND TOTAL DEPRECIATION		ľ	382,993			0				382,993	301,515		11	28,898
DEPRECIATION ASSETS SOLD DEPR REMAINING ASSETS		<b> </b>	53,316 329,677	II .	0 0		0 0	0 0	0	53,316	49,411		ļ	3,905

¢†

2013 California Exempt Organization
Annual Information Return

FORM

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyyy)	
Corporation/Organization Name WALDEN ENVIRONMENT, INC.	3,7,7,7	California corporation number
DBA: WALDEN FAMILY SERVICES Address (suite, room, or PMB no.)		0775003
		FEIN
6150 MISSION GORGE ROAD #210		94-2358632
SAN DIEGO	State ZIP Code	
	CA 92120	
A First Return	J If exempt under R&TC Section 23701d, has the	· · · · · · · · · · · · · · · · · · ·
B Amended Information Return Yes X No	organization during the year: (1) participated in political campaign, or (2) attempted to influence	` .
C IRC Section 4947(a)(1) trust	legislation or any ballot measure, or (3) made a under R&TC Section 23704.5 (relating to lobbyin	n clastian
D Final Information Return? • Dissolved • Surrendered (Withdrawn)	public charities)?	ıy by • ☐ Yes 🕱 No
Merged/Reorganized	If 'Yes,' complete and attach form FTB 3509.	
Enter date (mm/dd/yyyy): ●	K Is the organization exempt under R&TC Section.	23701c2 • Voc - No
E Check accounting method:	If 'Yes,' enter gross receipts from	
1 Cash 2 X Accrual 3 Other	nonmember sources	. \$
F Federal return filed?	L If organization is exempt under R&TC Section 23	3701d
1 ● 9907 2 ● 990 PF 3 ● Sch H (990)	and is exclusively religious, educational, or chari and is supported primarily (50% or more) by pu	iblic `
G Is this a group filing for the subordinates/affiliates? ◆ Yes x No	contributions, check box. No filing fee is required	i •  x
If 'Yes,' attach a roster. See instructions	M Is the organization a Limited Liability Company?.	
H Is this organization in a group exemption? Yes x No		
If 'Yes,' What's the parent's name?	N Did the organization file Form 100 or Form 109 to taxable income?	o report Yes X No
I Did the organization have any changes in its activities,	O is the organization under audit by the IRS or has	the IDC
governing instrument, articles of incorporation, or bylaws	audited in a prior year?	Yes   No
that have not been reported to the Franchise Tax Board?		<del></del>
If 'Yes,' explain, and attach copies of revised documents.  Part I Complete Part I unless not required to file this form Sec Care		CACA1112L 11/20/13
	neral Instructions B and C.	OAOATHZL   11/20/13
1 Gross sales or receipts from other sources. From Side 2 2 Gross dues and assessments from members and affiliate	2, Part II, line 8	1 7,302,654.
Description of the description of the libers and all liag	es	2
and and amounts fe	eceived SEE SCH. B	3 101,535.
Revenues 4 Total gross receipts for filing requirement test. Add line This line must be completed. If the result is less than \$5	1 through line 3.	
5 Cost of goods sold.	30,000, see General Instruction B	4 7,404,189.
6 Cost or other basis, and sales expenses of assets sold.		etropia action o Carelari
7 Total costs. Add line 5 and line 6		7
6 Total gross income. Subtract line / from line 4		8 7,404,189.
Expenses   5 Total expenses and dispursements, From Side 2, Part II.	. line 18	9 7,183,766.
IU Excess of receipts over expenses and disbursements. Su	ubtract line 9 from line 8	0 220,423.
11 Filing fee \$10 or \$25. See General Instruction F		1
I IIIII I	,,, 1	2
The foliation of the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true to the first true true to the first true true true to the first true true true true true true true tru		
	•••••••••••••••••••••••••••••••••••••••	4
15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.  Under penalties of periury. I declare that I have examined this return including		5
Under penalties of perjury, I declare that I have examined this return, including according and complete. Declaration of preparer (other than taxpayer) is based on all	ompanying schedules and statements, and to the best of information of which preparer has any knowledge	my knowledge and belief, it is true,
TICKE 1 I THUS	Date	Telephone
Signature ► TAXPAYERS COPY EXECUT:	IVE DIRECTOR	619-584-5777
Preparer's ▶	Date Check if	• PTIN
Preparer's	8/21/14 employed ► X	P00085551
See Only Firm's name (or yours, if self-employed) and address and address SAN DIEGO. CA 20100 SOUTH, S	CHITTE CO.	• FEIN
and address SAN DIEGO, CA 92108-3820	20TIR 500	95-2076568 • Telephone
		<b>-</b>
May the FTB discuss this return with the preparer shown above	/e? See instructions	619.294.7200 • X Yes   No
		• X Yes No

WALDEN	ENVIRONMENT,	INC.

94-2358632

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	Gross sales or receipts from a	Il business activities So	o inchustis			
		2	Gross sales or receipts from a Interest		e instructions	• • • • • • • • • • • • • • • • • • •	1 1	
_	11	3	Dividends	*******************			2	363
fı	eceipts om	4						
0	ther	5						
S	ources							
		6						
		7						
		8						7,302,291.
		9	Contributions, gifts, grants, and similar Disbursements to or for members	amounts paid. Attach schedule	ing verifier tiers stirt out 2106	1, Part I, line 1	8	7,302,654.
		10						
		71	Compensation of officers, direct Other salaries and wages	tore and trustees Att	• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • •	10	
		12	Other salaries and wages	nors, and trustees. Attac	ch schedule		11	142 000
E) ar	penses	13	inagos				12	142,890.
Di	sburse-	14					13	2,575,520.
	ents	15					14	
								201,813.
		16		e msimemons)			15	261,868.
		17					16	27,808.
_		18	Total expenses and disbursements. Add Balance Sheets	line 9 through line 17. Enter h	ere and on Cide 1. Deals it	*************************	17	3,973,867.
	hedule	L	Balance Sheets	Reginning a	f taxable year	9	18	7,183,766.
As	sets			(3)		End	of taxal	ole year
•	l Cash		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(b)	(c)		(d)
2	: Net acco	unts	receivable	A Charle Contract of the	626,286.		•	323,746.
3	Net note	s rece	eivable	To the second second	683,216.		•	996,264.
4	Inventor	es	********				•	
5	rederal a	and si	late government obligations				•	
6	Investme	nts ir	other bonds				•	
7	Investme	nts ir	i stock			State of the State of F	•	
8	Mortgage	loan	S	100000000000000000000000000000000000000			•	
9	Other Hill	estri	ents. Attach schedule				•	
10	a Deprecial	ole as	sets ,			A STATE OF STREET	•	
	<b>b</b> Less acci	ımula	ted depreciation			329,67	7.	
11	Land		***************************************	301,515.	41,879.	277,09	7.	52,580.
12	Other ass	ets. A	Attach schedule				•	<u> </u>
13	Total ass	ets			127,266.		•	242 FFC
.iał	ilities an	d ne	t worth		1,478,647.			242,556.
			ole			and the second		1,615,146.
15	Contributi	one e	siffe as much		525,119.	Mark Committee	•	
16	Ponda am	UIIS, Ę	gifts, or grants payable			100		410,767.
17	Dorius and	note						
	wortgages	paya	ble			The first barrier of the	•	
18	Other Hab	lities.	. Attach schedule		32,089.		<u> </u>	
19	Capital sto	ck or	principle fund,		921,439.			62,517.
20	Paid-in or	capit	al surplus. Attach reconciliation		<u> </u>		•	1,141,862.
21 22	Retained e	arnını	gs or income fund			and the second second	•	
_		ities	and net worth		1,478,647.		-	
cn	edule N	1-1	Reconciliation of income per Do not complete this schedule if	books with income per	roturn			1,615,146.
_	11.1.		Do not complete this schedule if	the amount on Schedule I	-, line 13, column (d) is	less than \$50 000		
1	Net Income	per.		220,423.	7 Income recorded on bo	1033 triair \$50,000.	***************************************	University of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Con
2	regeral inc	ome i	ax		in this return Attack	ooks this year not include	d	
3	Excess of o	apital	losses over capital gains		8 Deductions in this return.	sch	•	
4	Income not	recor	ded on books this year.		against book income t	urn not charged	100	
_	Attach sche	dule.			Attach schodula	ins year.		
5	Expenses re	ecorde	ed on books this year not deducted		9 Total, Add line 7 and 1	, , , , , , , , , , , , , , , , , , ,	•	
	in this retu	'n. At	tach schedule		10 Net income per re	ine 8,		
<u>6</u>	rotal. Add l	ine 1	through line 5	220,423.	Subtract line 0 for	eturn. om line 6		
					Sapadot iiile 3 lit	ли лие 6	<u> </u>	220,423.

#### 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
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at an experience in a few sections.

OMB No. 1545-0047

2013

Name of the organization WALDEN ENVIRON	MENT TNG	
	MILY SERVICES	Employer identification number
organization type (check one):	OHIVICES	94-2358632
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organizatio 4947(a)(1) nonexempt charitable trust <b>not</b> 527 political organization	n treated as a private foundation
Check if your organization is	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treat 501(c)(3) taxable private foundation	ted as a private foundation
Check if your organization is covered by the	e General Rule or a Special Rule	
X For an organization filing Form 990, 990-E. contributor. (Complete Parts I and II.)	organization can check boxes for both the General F  Z, or 990-PF that received, during the year, \$5,000 or m	ore (in money or property) from any one
For a section 501(c)(7), (8), or (10) organiz total contributions of more than \$1,000 f the prevention of cruelty to children or all For a section 501(c)(7), (8), or (10) organiz contributions for use <i>exclusively</i> for religious if this box is checked, enter here the total contributions. Do not complete any of the parts ureligious, charitable, etc, contributions of	g Form 990 or 990-EZ that met the 33-1/3% support yed from any one contributor, during the year, a contributor, during the year, a contributor, during the year, a contributor, during the year, a contribution or use exclusively for religious, charitable, scientific, nimals. Complete Parts I, II, and III.  ation filing Form 990 or 990-EZ that received from any of the contributions did not not not not not not not not not not	te Parts I and II.  one contributor, during the year, literary, or educational purposes, or  one contributor, during the year, not total to more than \$1,000.  clusively religious, charitable, etc, ause it received nonexclusively
AA For Paperwork Reduction Act Notice, sr 990-PF.	by the General Rule and/or the Special Rules does ine 2, of its Form 990; or check the box on line H of the filing requirements of Schedule B (Form 990, 99	its Form 990-EZ or on its Form 990-PF, i0-EZ, or 990-PF,
r 990-PF.	School de Mistructions for Form 990, 990EZ,	nedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2013)

warne of	lle <b>B</b> (Form 990, 990-EZ, or 990-PF) (2013) organization	Pag	e <u>1</u> of 2 of <b>Pa</b> r
	EN ENVIRONMENT, INC.	ره ا	ployer identification number
Part I	(see instructions). Use duplicate copies of Part I if add	litional space is needed.	2330032
(a) Numbe	r (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RIVERS OF HOPE		Person X
	6150 MISSION GORGE ROAD, #210	 \$	Payroll
	SAN DIEGO, CA 92120	^{\$} <u>-</u> 5,00	O. Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAY FOR CHANGE	enopudaninos	Person X
	6150 MISSION GORGE ROAD, #210		Payroll
	SAN DIEGO, CA 92120	^{\$} <u>10,000</u>	-
(a)	42		(Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ST. GERMAINE'S CHILDREN OF CHARITY		Person X
	6150 MISSION GORGE ROAD, #210	\$ <u>8,400</u>	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(6)	noncash contributions.)
	nume, address, and AIP + 4	(c) Total contributions	(d) Type of contribution
4	SAN MANUEL BAND OF INDIANS		Person X
}	6150 MISSION GORGE ROAD, #210	\$ <u>10,</u> 000	Payroll Noncash
}-	SAN DIEGO, CA 92120		(Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(6)	noncash contributions.)
		(c) Total contributions	(d) Type of contribution
1	COX CARES FOUNDATION		Person X
Le	5150 MISSION GORGE ROAD, #210	\$5,000.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II for
(a) umber	(b) Name, address, and ZIP + 4	(c)	noncash contributions.)
_		(c) Total contributions	(d) Type of contribution
Ī	ELLS_FARGO_FOUNDATION		Person X
6	150 MISSION GORGE ROAD, #210	\$ <u>15,000.</u>	Payroll Noncash
_	AN DIEGO, CA 92120		(Complete Part II for
AA	TEEA0702L 12/27/13	Cohadula D. C	noncash contributions.) 990-EZ, or 990-PF) (2013)

Maille 01 0	le <b>B</b> (Form 990, 990-EZ, or 990-PF) (2013) rganization	Page	
	EN ENVIRONMENT, INC.	1	Noyer identification number
Part	Contributors (see instructions). Use duplicate copies of Part I if additi-	onal space is needed.	4330032
(a) Numbe	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MCCARTHY FAMILY FOUNDATION		Person X
	6150 MISSION GORGE ROAD#210	\$15,00	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	noncash contributions.)  (d) Type of contribution
8	IN-N-OUT BURGER FOUNDATION	contributions	Person X
	6150 MISSION GORGE ROAD, #210	 ^{\$} 6,000	Payroll
	SAN DIEGO, CA 92120		(Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.)  (d) Type of contribution
9	DOUG FLUTIE JR. FOUNDATION	contributions	Person X
	6150 MISSION GORGE ROAD, #210	\$ <u>14,635</u>	Payroll
	SAN DIEGO, CA 92120		(Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	noncash contributions.)
		contributions	(d) Type of contribution
	~	 ^{\$}	Person Payroll Noncash
-			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		·\$	Person Payroll Noncash
(a)		· <b>-</b>	(Complete Part II for noncash contributions.)
lumber	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		  \$	Person Payroll Noncash
 	TEEA0702L 12/27/13		(Complete Part II for noncash contributions.)

Schedule E	(Form 990, 990-EZ, or 990-PF) (2013)			
warrie of organ	nzation	Page	1 to	1_ of <b>Part I</b>
WALDEN	ENVIRONMENT, INC.			entification number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional	al space is poods		0032
(a) No. from Part I	(b)  Description of noncash property given	FMV (or e		(d) Date received
	N/A	(See Inst)	uctions)	
(a) No. from Part I	(b)  Description of noncash property given	\$(c)	·	(d)
		(c) FMV (or e (see instru	stimate) uctions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or es (see instru	timate)	(d) Date received
(a) No.	(b)  Description of noncash property given	\$		
Part I		(c) FMV (or est (see instruc	imate) ctions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	FMV (or esti	mate) tions)	(d) Date received
(a) No.	(b)  Description of noncash property given	\$ (c) FMV (or estin		(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

ВАА

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2013)		Dog				
Name of orga WALDEN	enization ENVTRONMENT TNC		Pag	Employer i	1 lentification	of Part III number	
Part	Exclusively religious, charitable, organizations that total more that For organizations completing Part III, enter to contributions of \$1,000 or less for the year Use duplicate copies of Part III if addition	otal of exclusively religious, charita	ons to section 50 lete columns (a) through ble, etc., See instructions.)	94-23 1(c)(7), (8) or (e) and the follo	58632 (10) ving line er	ntry	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	[	(d) Description of how gift is held			
<u> </u>	N/A						
	Transferee's name, addre	(e) Transfer of gift ess, and ZIP + 4	Relationship	of transferor t	o transfer	ee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	D	(d) escription of h	ow aift is	 	
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d)			
					w gift is h	eld 	
  -    - 	Transferee's name, addres	Relationship	of transferor to	transfere	)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			eld	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship o	of transferor to t	ransferee		
ВАА			Schedule <b>B</b> (Form	1 990 990 FZ a	000 DEX		

# 2013 Corporation Depreciation and Amortization

3885

Attach to	Form 100 or F	orm 100W. FO	RM 199						5885
Corporation	name WALDE	N ENVIRONME							
	DBA:	WALDEN FAMI	Y SERVICES				Califo	ornia corpo	ration number
Part I	Election to E	Expense Certain Pr	operty lindox IDC 6	ection 179				5003	
1 Max	ximum deductio	on under IRC Sectio	n 179 for California						
2 Tot	al cost of IRC s	Section 179 propert	y placed in service.		*********	• • • • • • • • • • • • •		1	\$25,0
<b>4</b> Red <b>5</b> Doll	luction in limita	ition. Subtract line :	3 from line 2. If zer	o or less, enter -0-	· · · · · · · · · · · · · · · · · · ·			3 4	\$200,0
6		Table 10 your Cup	riacr mie 4 nom mi	e 1. If zero or less,	enter -0-		**********	5	
	(;	<ul> <li>a) Description of propert</li> </ul>	<u></u>	(b) Cost (business	use only)	(c) Fle	cted cost	3	
·						(0) 110	cted cost	-	
									a declaración de la como
								101111	
7	<del></del>								thaileach an
/ LIST	ed property (ele	ected IRC Section 1	79 cost)		7				
						line 7			
								9	
11 Busi	yover or disalic	wed deduction from	n prior taxable year	s	****			10	
12 IRC	Section 170 ov	mitation. Enter the	smaller of business	income (not less t	han zero) c	or line 5.		11	
13 Carr	vover of disallo	pense deduction. A	idd line 9 and line 1	I0, but do not enter	more than	line 11		12	
art II	Depreciation	wed deduction to 2	U14. Add line 9 and	l line 10, less line 1	2	13			
14	(a)	and Election of Ad	ditional First Year	Expense Deduction	Under R&	TC Section	1 24356	100,000	
	Description	<b>(b)</b> Date acquired	(c) Cost or	(ď)	(e)	(f)	(g	1)	(h)
C	of property	(mm/dd/yyyy)	other basis	Depreciation allowed or	Depreciation	∟ Life or	Deprecia	ition for	Additional first
				allowable in	method	rate	this	/ear	l vear
'URNT'	URE & EQU	TABTOTA		earlier years			ŀ		depreciation
EASEH	OLD IMPRO	VARIOUS	225,441.	188,811.	S/L		5 15	,386.	
OFTWA			22,834.	22,455.	S/L		5	110.	
	OMPUTER E	VARIOUS	41,803.	40,838.	S/L		3	965.	
ECURT	TY DOOR		27,040.		S/L		5 6	,558.	
		8/01/2013	2,075.		s/L		3	290.	
3 Add 1	the amounts in	column (g) and col	umn (h). The total	of column (h) may	not exceed				
art III	Summary	ions for line 14, col	<u>umn (h)</u>			15	28	,898.	ł
6 Total	If the corporat	lion is also the			_			7030.	L
IPC S	Section 170 ove	اللالا المسمم	unt on line 12 and						
Addit	ional first year	dense, add the amo depreciation under fection is made), e	R&TC Section 243	line 15, column (g) 36, add the amount	Or S On line 15				
Depre Total	donus in no e	election is made), el aimed for federal n	nter the amount fro	m line 15, column	(a)	o, columns	(g) and (h)	or 16	
8 Denre	debieciation of	aimed for federal p nent. If line 17 is gr	urposes from feder	al Form 4562, line :	22			16	
Form	100W Sida 1	line C 14 line 17 '9'	outer many line 10,	enter the difference	here and	on Form 16	00	`  <del>''</del> -	<del></del>
EOHI	TOUVV SIMA T	line 12 /life California		THE THE OTHER PINCE	nere and or	n Form 106	) or		
art IV	Amortinetts or	Form 100 or Form	100W, no adjustm	ent is necessary.)		at income t	perore	. 18	
9								. 10	
,	<b>(a)</b> Description	(b) Date acquired	(c)	(d)	,	(e)	(f)		
	of property	(mm/dd/yyyy)	Cost or other basi	Amortiz	ation	<b>(e)</b> R&TC	Period o	r Í	<b>(g)</b> Amortization
				s allowed or a in earlier		section	percentag	ie	for this year
					, 55, 5	(see instr)	<del></del>		
								<del>-  </del>	
					<del></del>		<del></del> _		
<del></del>				<del>-</del>					
Total.	Add the amour	nts in column (g)					<del></del>		
Total a	amortization da	imed for federal nu	rposes from federa	d Form 4500 the s	• • • • • • • • • • • • • • • • • • • •		2		
							1	- 1	
	ization adiustm	ent. If line 21 is are	ater than line on	ıı rumı 456∠, ime 4	4		<u>. 2</u>	7	
Amorti Form	100W Side 1 II	ine 6 If line 21 is gre	ater than line 20, e	enter the difference	here and o	n Form 10	or [	1	
Amorti Form	100W Side 1 II	ent. If line 21 is greine 6. If line 21 is leine 12	ater than line 20, e	enter the difference	here and o	n Form 10	or [		

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7621134

FTB 3885 2013

# 2013 Corporation Depreciation and Amortization

3885

Attach to Form 100 or	Form 100W. FO	RM 199						2003
Corporation name WALD	EN ENVIRONME	NT. INC				16.19		
DBA:	WALDEN FAMII	Y SERVICES				ı		oration number
ait! Election to	Expense Certain Pr	Oporby Unday IDO	Section 179			077	5003	
· waxiiriuiii deduct	ion under IRC Section	on 170 for O-116		<del></del>		· ·		
3 Threshold cost of	Section 179 propert	y placed in service.	**********				1	\$25,0
4 Reduction in limit	IRC Section 179 pro tation. Subtract line	operty before reduc	tion in limitation				2	
5 Dollar limitation 6	tation. Subtract line : or taxable year. Sub	3 from line 2. If zer	o or less, enter -0-				3 4	\$200,0
			e 1. If zero or less,	enter -0			5	<del></del>
	(a) Description of propert	<u>y</u>	(b) Cost (busines:	s use only)	(c) Elec	ted cost		
						1-11-2000		NUMBER OF STREET
								an substitution
7 Listed property (e	lected IBC Section 1	70 "						
8 Total elected cost	lected IRC Section 1	/9 cost)		7				
9 Tentative deduction	of IRC Section 179 on. Enter the smaller lowed deduction fron	property. Add amor	unts in column (c),	line 6 and	ine 7		8	
Oarryover of disall	lowed deduction from					[	9	
<ol> <li>Business income in</li> </ol>	limitation Enter the	amanilar as t	3				10	
2 IRC Section 179 e	A gense deduction A	dd line O d li	s uncorne (HOLIESS)	tnan zero) (	or line 5	[	11	
3 Carryover of disall	owed deduction to 2	014. Add line 9 and	line 10 less line	nore than ו 12	line 11	<u> </u>	12	
art II Depreciation	and Election of Ad	ditional First Year	Expense Deduction	n linder Dø	TC Cookies	0.40=0		
4 (a) Description		(c)	(d)					
of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation	(e) Depreciation	(f) Life or	(g) Depreciat	ion for	(h)
•	(**************************************	other pasis	allowed or allowable in	method	rate	this ye	ear	Additional firs
FTWARE			earlier years		]	_		depreciation
JRNITURE & EQU	VARIOUS	10,484.		S/L	3	<del></del>	C 0.4	<del> </del>
TOWER & PAR	VARIOUS	53,316.	49,411.	S/L	5		,684.	
							, 305,	· <del> </del>
	<del> </del>				<del>                                     </del>	<del>                                     </del>		<del></del>
. A.J. II	<u> </u>				<del></del>			<del> </del>
Add the amounts in \$2,000. See instruc	column (g) and col	umn (h). The total	of column (h) may	not exceed			<del></del>	<del> </del>
rt III Summary	tions for line 14, col	<u>umn (h) </u>			15	•		
Totali If the								
IRC Section 179 ex	ation is electing: pense, add the amor depreciation under election is made), er	Unt on line 12 and I	lino 1E natura ( )			<del></del>	Τ-	
Depreciation (if no	depreciation under	R&TC Section 2435	56, add the amount	<b>or</b> 'S on line 19	i columna (	دام استند الأسط		
Total debreciation of	Valmed for foderal		,	(9/			) 16	
Depreciation adjusts		1	ar i onn 4002, ille i	<i>22</i>			17	<del></del>
							<u> </u>	
								!
state adjustments o	7 7 5 TH 100 OF 1 OH	100vv, no adjustme	ent is necessary.).	<u> </u>	<u> </u>		18	•
(a)	(b)	T						
Description of property	Date acquired	(c) Cost or	(d) Amortiz	)	(e) R&TC	(f)		(g)
or property	(mm/dd/yyyy)	other basis	S I allowed or a	allowable L	section	Period or percentage		Amortization
	<del></del>	<del></del>	in earlier		see instr)	percentage	'	for this year
		<del> </del>						
		<del>                                     </del>						
	<del></del>	<del> </del>						
		<del> </del>					$\top$	
Total. Add the amou	nts in column (a)	<u> </u>					+-	
Total. Add the amou Total amortization cli	aimed for federal and	rnosos frama ( )				20	<del>  -</del>	
Form 100W Side 1	ling 6 If the 21 is great	ater than line 20, e	nter the difference.	here and a	2 Farm 100		1	
Form 100W, Side 1,	line 12		о по опетелсе р	ere and on	Form 100 o	r		
				<u></u>	<u> </u>	22		

20	-1	~
ZU	1	5

## **CALIFORNIA STATEMENTS**

PAGE 1

**CLIENT 11-014** 

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

94-2358632

STATEMENT 1		
FORM 199, PART	II.	LINE 7
OTHER INCOME	•	-

PROGRAM SERVICE REVENUE......\$

TOTAL \$

...... \$ 7,302,291. TOTAL \$ 7.302.291

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

ACCOUNTING FEESADVERTISING AND PROMOTION	
ADVERTISING AND PROMOTION CONFERENCES, CONVENTIONS, AND MEETINGS	\$ 23,000.
CONFERENCES, CONVENTIONS, AND MEETINGS.	39,025.
CONTRACT LABOR	37,468.
EMANCIPATED YOUTH EQUIPMENT RENTAL & EXPENSE	17,332.
EQUIPMENT RENTAL & EXPENSE FÖSTER PARENTS	138,860.
FOSTER PARENTS	34,960.
FÖSTER PARENTS INSURANCE LEGAL FEES	2,443,023.
LEGAL FEES LICENSES & PERMITS	91,196.
LICENSES & PERMITS MISC EXPENSE	375.
MISC EXPENSE	45,141.
OFFICE EXPENSES	130,753.
OTHER EMPLOYEE BENEFIT OTHER FEES	80,035.
OTHER FEES	476,983.
POSTAGE AND SHIPPING	156,654.
PRINTING AND PUBLICATIONS	8,953.
REGIONAL CENTER RESPITE CARE TELECOMMUNICATION	11,263.
TELECOMMUNICATION. TRAVEL	28,882.
TRAVEL	46,004.
	163,960.
TOTAL	\$ 3,973,867.

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

DEPOSITS	
DEPOSITS DUE FROM WALDEN FAMILY SERVICES FOUNDATI	30,883.
DUE FROM WALDEN FAMILY SERVICES FOUNDATI PREPAID EXPENSES AND DEFERRED CHARGES	140,704.
PREPAID EXPENSES AND DEFERRED CHARGES.	
TOTAL \$	<u>24</u> 2,556.

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

OVERPAYMENTS	
	62,517.
TOTAL	\$ 62,517.

2013

## PREPARER E-FILE INSTRUCTIONS - CALIFORNIA

PAGE 1

**CLIENT 11-014** 

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

94-2358632

THE ORGANIZATION'S CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

## PRIOR TO TRANSMISSION OF THE RETURN

#### **FORM 199**

THE ORGANIZATION SHOULD REVIEW THEIR CALIFORNIA RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

#### FORM 8453-EO

THE ORGANIZATION SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO YOU E-FILING

#### **EVEN RETURN**

NO PAYMENT IS REQUIRED.

## AFTER TRANSMISSION OF THE RETURN

## RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

#### DO NOT MAIL:

FORM 8453-EO

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.



		Charle's				
State Charity Registration Number 018997		Check if: Change of address				
WALDEN ENVIRONMENT, INC.		Amended report				
DBA: WALDEN FAMILY SERVICES Name of Organization		Amended	report			
6150 MISSION GORGE ROAD #210 Address (Number and Street)		Corporate or	Organization No. 0775003			
SAN DIEGO, CA 92120 City or Town		Federal Emple	oyer ID No. 94-2358632			
	State ZIP Code		94-2358632			
	ENEWAL FEE SCHEDULE (11 Ca Payable to Attorney General's F	l. Code Regs. s Registry of Cha	ections 301-307, 311 and 312) ritable Trusts			
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue		Fee	
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	On	\$150	
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 millio	n \$75	Between \$10,000,001 and \$50 mill		\$225	
PART A — ACTIVITIES			Greater than \$50 million		\$300	
For your most recent full accounting perio	od (beginning 1/01/13	ending	70/01/10			
Gross annual revenue \$7	,404,189. Total assets	<del></del>	12/31/13 ) list: 1,615,146.			
PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT						
Note:   If you answer 'ves' to any of the guest	House had an		DD OF THIS REPORT			
Note: If you answer 'yes' to any of the quest 'yes' response. Please review RRF-1 in	nstructions for information requi	eparate sheet ¡ ired.	providing an explanation and detail	s for e	ach	
1 During this reporting paried	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	Yes	No	
organization and any officer, director or trustee director or trustee had any financial interes	e thereof either directly or with an eith	ntity in which an	y such officer,			
2 During this reporting period, was there any the property or funds?	ft, embezzlement, diversion or misu	se of the organi	zation's charitable		X	
3 During this reporting period did non narrow		<del></del>		┼ <u>╎</u>	$\vdash =$	
<ul> <li>During this reporting period, did non-progra</li> <li>During this reporting period, were any organiza Form 4720 with the Internal Revenue Service</li> </ul>		ross revenues?			x	
	of attach a Copy.			П	x	
5 During this reporting period, were the service purposes used? If 'yes,' provide an attachment provider.	ces of a commercial fundraiser or listing the name, address, and tele	fundraising co phone number o	unsel for charitable f the service		X	
6 During this reporting period, did the organization the name of the agency, mailing address or	n receive any governmental funding	17 If so provide	an attachment list			
	viitavi poisvii, allu lelennane niir	nhor .		x		
indicating the number of raffles and the date					x	
8 Does the organization conduct a vehicle donation the program is operated by the charity or which charitable purposes.		achment indicatir with a commer	ng whether cial fundraiser for		x	
9 Did your organization have prepared an aud principles for this reporting period?	ited financial statement in accord	lance with gene	erally accepted accounting	x		
Organization's area code and telephone number	619-584-5777					
Organization's e-mail address						
declare under penalty of perjury that I have exaund belief, it is true, correct and complete.	mined this report, including acco	ompanying doc	cuments, and to the best of my kno	wieda	e l	
TAXPAYERS CORV			•	5		
ignature of authorized officer Printed Na	A STIVERS E	XECUTIVE I	DIRECTOR			
r Tattou No.	Tit)	е	Date			

2013

#### **CALIFORNIA STATEMENTS**

PAGE 1

**CLIENT 11-014** 

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

94-2358632

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

COUNTY OF SAN DIEGO 1600 PACIFIC HIGHWAY, ROOM 206 SAN DIEGO CA, 92101 619-515-6555

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

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

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

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

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

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

COUNTY OF SANTA BARBARA 2125 S. CENTERPOINTE PKWY SANTA MARIA, CA 93455 866-899-2649

COUNTY OF VENTURA 800 S. VICTORIA AVE VENTURA, CA 93009 888-472-4463

COUNTY OF SISKIYOU 2060 CAMPUS DRIVE. YREKA, CA 96097 530-841-4200

COUNTY OF IMPERIAL 2995 S. 4TH STREET. STE 105 EL CENTRO, CA 92243 760-336-3182

INLAND REGIONAL CENTER

2013

### **CALIFORNIA STATEMENTS**

PAGE 2

**CLIENT 11-014** 

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

94-2358632

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

PO BOX 19037 SAN BERNARDINO, CA 92423 909-890-3000

SAN DIEGO REGIONAL CENTER 4355 RUFFIN ROAD SAN DIEGO, CA 92123 858-576-2996

### Form **990**

OMB No. 1545-0047

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 private foundations)

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For th	ne 2013 calen	dar year, or tax year beginning , 2013, and endi			,		
В	Check i	if applicable:	C		Employer	dentification	1 Number	
	Ac	ddress change	WALDEN ENVIRONMENT, INC.	1	94-2	358632		
	Na	ame change	DBA: WALDEN FAMILY SERVICES	Ē	Telephone			
	Ini	itial return	6150 MISSION GORGE ROAD #210	İ			<del>,</del>	
	Te	rminated	SAN DIEGO, CA 92120		019-	584-577	· /	
	$\vdash$	nended return				_		
	$\vdash$		L New and address of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of		Gross rec		7,404,189.	
	∐AÞ	plication pending	F Name and address of principal officer: TERESA STIVERS	H(a) Is this a g				
			SAME AS C ABOVE	H(b) Are all su If 'No,' att	bordinates ir ach a list. (s	ncluded? ee instruction:	S) Yes No	
<u>_</u>		exempt status	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			oo manadanan	-,	
<u>J</u>			W.WALDENFAMILY.ORG	H(c) Group exe	emption num	ber -		
K	Form	of organization:	X Corporation Trust Association Other ► L Year of forms	tion: 1976	M Sta	te of legal dor	micile: C'A	
Pa	art l	Summar	V					
	1	Briefly descri	be the organization's mission or most significant activities: WALDEN	TC % FOC	ਹਿਲ ਹਨ	MTT 17 77	NTD.	
a)		ADOPTION	AGENCY WHICH IS ENGAGED IN THE RECRUITMENT,	ro_a_r <u>uo</u> .	TEK LY	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ND	
ĕ		OF FOSTE	R AND ADOPTIVE PARENTS, AND THE PLACEMENT OF	たしらふたり メ こむびエエピエク	VID ADO	TWD I	KAINING	
<u> </u>	1			EGSTEV V	מה שהר	\LTT\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CUTTOKEN	
Ş	2	Check this bo	if the organization discontinued its operations or disposed of m		C of its no			
တိ	3	Number of vo	ting members of the governing body (Part VI, line 1a)	iore triair 237	יים פורנים פויים 	3		
್	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)		⊢	4		
ie.	5	Total number	of individuals employed in calendar year 2013 (Part V. line 2a)		<u> </u>	5	108	
Activities & Governance	6	lotal number	of volunteers (estimate if necessary),			6		
AC		Total unrelate	ed business revenue from Part VIII, column (C), line 12		<u> </u>	7 a	3 0.	
	b	Net unrelated	business taxable income from Form 990-T, line 34		· · · · · · · · · · · · · · · · · · ·	7 b	0.	
					r Year		urrent Year	
4.	8	Contributions	and grants (Part VIII, line 1h).		111,62		101,535.	
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)		769,04		7,302,291.	
ĕ	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	`` <del> </del>		5.		
ъ.	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	'	0	J.	363.	
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		880,73	<u></u>	7 404 100	
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	·· · · · · · · · · · · · · · · · · · ·	000,73	٥.	7,404,189.	
			to or for members (Part IX, column (A), line 4)				<del></del>	
	15	Salaries othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)					
es	1.5				445,32	2.	3,397,206.	
ŝ	і іба		fundraising fees (Part IX, column (A), line 11e)					
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) ►					
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	3	206,50	6	3,786,560.	
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		651,82			
	19	Revenue less	expenses. Subtract line 18 from line 12				7,183,766.	
- 60 E	i		- species - capacity in the first time 12.1.1.1.		228,90		220,423.	
활물	20	Total assets (	Part X, line 16)	Beginning of			nd of Year	
Net Assets Fund Balan	21	Total liabilitie:	s (Part X, line 26)		478,64		1,615,146.	
ξŠ	~.			<u> </u>	557,20		473,284.	
			fund balances. Subtract line 21 from line 20.		921,43	9.	1,141,862.	
	ırt II				3.			
Unde	er penalt	ies of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to rer (other than officer) is based on all information of which preparer has any knowledge.	the best of my k	nowledge an	d belief, it is t	true, correct, and	
	piato, Do	I.	cr (other than onicer) is based on an information of which preparer has any knowledge.					
		<u> </u>						
Sig	jn 💮	r Signatur	e of officer	Date				
He	re	TERE	SSA STIVERS (( (( )))	EXECUT	IVE DI	RECTOR		
		Type or	print name and title.					
		Print/Type pr	reparer's name Preparer's signature Date	Ch	eck X	if PTIN	······································	
Pa	id	JULIE	A. FIRL JULIE A. FIRL 8/21,			1.	105551	
	epare			, 1 1 Se	lf-employed	17000	85551	
Us	e Onl	y Firm's addre						
	111	i mii s adure				95-207		
N.A	, 4h = 15	OC diagram 41.1	SAN DIEGO, CA 92108-3820	Ph	one no. 6	19.294		
wia)	y une th	าง นเรียนรีรี ได้ใ	s return with the preparer shown above? (see instructions)			7	Yes No	

Form 990 (2013) WALDEN ENVIRONMENT, INC	•	94-2358632	Page 2
Part III Statement of Program Service Acc			
Check if Schedule O contains a response or	note to any line in this Part III		X
1 Briefly describe the organization's mission:			······································
SEE SCHEDULE O			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<b>-</b>
2 Did the organization undertake any significant program	services during the year which were not listed on the	prior	
Form 990 or 990-EZ?		Yes	X No
If 'Yes,' describe these new services on Schedule (110
3 Did the organization cease conducting, or make sig	nificant changes in how it conducts, any program	services? Yes	X No
If 'Yes,' describe these changes on Schedule O.	, ,, ,		77 110
4 Describe the organization's program service accoms Section 501(c)(3) and 501(c)(4) organizations and sect	plishments for each of its three largest program se	ervices, as measured by a	evnenses
Section 501(c)(3) and 501(c)(4) organizations and sect others, the total expenses, and revenue, if any, for	on 4947(a)(1) trusts are required to report the amount	of grants and allocations t	0
the total expenses, and revenue, it any, for	each program service reported.		
4a (Code:) (Expenses \$ 4,657,74	14 including graphs of \$	/D	
A	14. including grants of \$)	(Revenue $\frac{5}{5,32}$	<u>0,175.</u>)
SEE SCHEDULE O			
			
			
4b (Code:) (Expenses \$ 500.24	17. including grants of \$	(Revenue \$ 40	1 200 \
CAL-LEARN:	//	(Neverlide p 49	<u>1,380.</u>)
WALDEN PROVIDES THE CAL-LEARN PR	OCRAM THE CAM REDNADDING COLLEGE	TRITCH TO DESTA	
ASSIST PREGNANT AND PARENTING TE	ENG DECETATING CALMODING COUNTY,	MUTCH TO DESTRI	AED TO
HIGH SCHOOL, OR ITS EQUIVALENT.	COODDINATED CEDITICES HELD MIENA	D AND GRADUATE F	ROM
SELE-SHEETCIENT ADHITE AND DECDO	COOKDINATED SEKATOES HETE TEEMS	BECOME	
SELF-SUFFICIENT ADULTS AND RESPO	TORC	·	
WCCEDS TO WENTER WAY SOCIAT SEKA			
			
4c (Code:) (Expenses \$ 459,45		(Revenue \$ 45.	3,517.)
SAN BERNARDINO COUNTY VISITATION			
THROUGH A CONTRACT WITH SAN BERN	ARDINO COUNTY, WALDEN VISITATIO	N CENTER IN SAN	
BERNARDINO PROVIDES A PLACE FOR	BIRTH FAMILIES TO HAVE THEIR SU	PERVISED VISITS	WE
ALSO PROVIDE PARENTING SKILL COA	CHING TO BIRTH FAMILIES INORDER	TO GIVE THEM TE	
TOOLS THEY NEED TO HELP DECREASE	THEIR CHILD'S LENGTH OF STAY T	N FOSTER CARE	
	— — — — — — — — — — — — — — — — — — — 		
4d Other program services. (Describe in Schedule O.)	CEE COMEDITIES		
(Expenses \$ 1,003,947. including g	SEE SCHEDULE O prants of \$ 0 (Revenue)	d , , , , , , , , , , , , , , , , , , ,	
4 e Total program service expenses ► 6 6		\$ 1,006,609.)

			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		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5		5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			hida Mari
	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.	116		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		<u> </u>
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	_
	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	12b	Х	
14	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_X
		14a		<u> </u>
	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
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	\prod	Х
SA/	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
مو بسو س	TECA01001 11/00/10	_		···

94-2358632 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. 21 Χ Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.... 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..... Χ 25a **b** is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* Schedule L, Part I.... 25h Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III.* Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... Χ 28a **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 Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.... 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 X X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.... Х 34 X 35a 35b 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 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

BAA

form 990 (2013) WALDEN ENVIRONMENT, INC.	94-2358632	P	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V		,,,,,,,	. П
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 24 🔭 6	5 44	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	100	dig di
c Did the organization comply with backup withholding rules for reportable payments to vendors and rep (gambling) winnings to prize winners?	ortable gaming 10	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 108		
b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? 21	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr	ructions)	100	33.
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	?		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3t)	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.	authority over, a ancial account)? 4a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fir	nancial Accounts.		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year? 5 a	t	Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction? 51)	Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50	:	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions?	d did the organization		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributio not tax deductible?	ns or gifts were	,	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and	1	X
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 Form 8282?			Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year.		1	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	100 Miles	ar rangerie	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene			X
g If the organization received a contribution of qualified intellectual property, did the organization file Fo		 	
as required?		9	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, airplanes,	organization file a	1	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g organizations. Did the ve excess business		America America
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9.	200.6	Spin Volume
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:	7.		2010
	10 a		
<u> </u>	10 b	100	7.
11 Section 501(c)(12) organizations. Enter:			ű.
1	11 a		1
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of		a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		
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?	C-2337M	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	13Ь		
	13 c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		a	Х

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

Form 990 (2013) WALDEN ENVIRONMENT, INC. 94-2358632 Page 6 Bart 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 or note to any line in this Part VI..... X Section A. Governing Body and Management Yes Νo 1 a Enter the number of voting members of the governing body at the end of the tax year.....
If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad
authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders?.... 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?.... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Х 8 a **b** Each committee with authority to act on behalf of the governing body?..... X 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.... q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... 12 h X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done....SEE. SCHEDULE. Q. 12 c Х 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?.... 14 X 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 X **b** Other officers of key employees of the organization..... X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a Х b if 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 h 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 O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: STIVERS 6150 MISSION GORGE ROAD #210 SAN DIEGO CA 92120 619-584-5777

TEEA0106L 07/02/13

Form 990 (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII.

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.

•				(0			\neg	any current officer, dir		
(A) Name and Title	(B) Average hours per week (list	one bo	er an	less i	perso	more t n is botl or/truste	h an I	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
SEE SCHEDULE O	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)_ARLENE_LIEBERMAN	1									
BOARD MEMBER	0	X						0.	0.	0
(2) LESLIE LEVINSON	11									
VICE CHAIR	0	X						0.	0.	0
(3) ADAM RAJAH GAINEY BOARD MEMBER	$-\frac{1}{0}$	Х				Ì		0.	0.	0
_(4) LEE WILLS-IRVINE	1_1_					-				
BOARD MEMBER	0	Х						0.	0.	0
_(5) SUSAN_EVANS	40	,								
DIRECTOR OF OPS	.0			Х				98,375.	0.	0
	11	.	ĺ							
TREASURER	0			Х				0.	0.	0
(7) JENNIFER CHAVEZ SECRETARY	<u>1</u>	_		х				0.	0.	0
(8)_MICHELLE_WALSH-OZANNE CHAIR	1			Х				0.	0.	
(9) TERESA STIVERS	19		7							0
EXECUTIVE DIR.	21			x				49,625.	58,292.	15,377
(10)										
(11)										
(12)					-					
(13)			_							
(14)	7									···

production of the control of the con	(B)	,		(C	<u>') -</u>	, -		. , , , g., , o		ojeos (comanaca)
(A) Name and title	Average hours per week	box	, unies	Pos heck ss pe	ition more erson directo	than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related	Individual for director	Instituti	Officer	Key employee	Highest compensated employee	Forme	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related
	organiza • tions below	Individual trustee or director	nstitutional trustee	Ì	playee	comper				organizations
	dotted line)	8	stee			isated			•	
(15)										
(16)										
(17)		-								
(18)				-						
(19)										
(20)		 								
(21)										***************************************
(22)							-			
(23)								i		
(24)		-					-		***************************************	
(25)										
1 b Sub-total						• • • •	>	148,000. 0.	58,292. 0.	15,377. 0.
d Total (add lines 1b and 1c)							-	148,000.	58,292.	15,377.
Total number of individuals (including but not limited to from the organization 0										
3 Did the organization list any former officer, director	or or tri	ıctoo	ko		nnla	voo	ort	pighaet companes	tad amplayed	Yes No
on line 1a? If 'Yes,' complete Schedule J for such	individ	ual				,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	than \$	150,0	000?	If "	Yes	com	plet	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compe comple	nsatio ete S	on fr	om dule	any J fo	unre or suc	elate ch_p	ed organization or person	individual	5 X
Section B. Independent Contractors	atad inc	lanor	don	+ 00	ntra	otoro	the	t rangivad more	han \$100 000 of	
Complete this table for your five highest compens compensation from the organization. Report compens (A)	ation for	the o	calen	dar	yea	r end	ing v	with or within the o	rganization's tax year	r. (C)
Name and business addre	ess					•		Description	of services	Compensation
2 Total number of independent contractors (including be \$100,000 of compensation from the organization		nited	to the	ose	liste	d abo	ove)	who received more	e than	
BAA	U	TEEA	01081	11.	/1 1 /1:	2	-		D_00000	Form 990 (2013)

Capacito	,	Check if Schedule O	contains a resp	oonse or note to a	ny line in this Part V	/III		
	多種 胸侧				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	: 1: (a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contribution	1b 1c					
CONTRIBUTION AND OTHER SI	: :	f All other contributions, gifts, g similar amounts not included g Noncash contributions included h Total. Add lines 1a-1f	above 1 f I in lines 1a-1f: \$	101,535.				
造		Totali / Ida Ililes Ia-11	<u> </u>	Business Code	101,535.			Constitution of
E	2 8	FEES & CONTRACTS G	ON AGENCIES		6 026 601	C 02C C01	and the second second second	
題	E	ADOPTION REVENUE	OA_WARWCIED	624110	6,926,681.	6,926,681.		
병		OTHER PROGRAM REVE		900099	345,000.	345,000.		
À	Ì	- OTUEV EVOCKUM VEAE	MOT	900099	30,610.	30,610.		
5								
줐	ì	All other program service						
စ္အျ	,	g Total. Add lines 2a-2f						
					7,302,291.	进兴新雄等的 。		
	3	Investment income (incother similar amounts).	luding dividend	s, interest and	202			
	4	Income from investmen			363.			363,
	5	Royalties		•	<u> </u>			
	•	Toyumos	(i) Real	(ii) Personal				
į	۶.	Gross rents	(0.1/68)	(ii) Fersonal			100 100 100 100	64.5
		,				46.50 \$ 6.50		
İ		Less: rental expenses				10.000 (0.000)	100-25-12	get gehalter
		Rental income or (loss)				E SECTION OF STREET		
	C	I Net rental income or (lo						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	电子型电阻用			
		assets other than inventory.						
	b	Less: cost or other basis						
		and sales expenses						
		: Gain or (loss)						1946 F4E 4
ŀ	C	Ⅎ Net gain or (loss)				And the second s	a Military	
OTHER REVENUE	8 a	Gross income from function (not including. \$ of contributions reported						
툂			•		建设设置的设置	·新罗维(安选)		
쯦	1-	See Part IV, line 18 Less: direct expenses						
턍								
- 1		: Net income or (loss) fro		events		grading state.		
		Gross income from gam See Part IV, line 19 Less: direct expenses						e (2000) e (2007). Portugue (2007) e (2007) Portugue (2007) e (2007)
		: Net income or (loss) fro			29 as j			
				/ities,				
		Gross sales of inventory and allowances						
		Less: cost of goods sold						at other by all care of
}		: Net income or (loss) fro Miscellaneous Revenu				26 Stellage aggregation of the Control of the Contr		
ŀ	11 a		e	Business Code				
	1 I a	' 						
	13	! 						
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d						interestination
BAA	12	Total revenue. See instr	uctions	· · · · · · · · · · · · · · · · · · ·	7,404,189.	7,302,291.	0.	363.

Fa	TIX Statement of Functional Exper	ises			
<u>Sec</u>	tion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All o	ther organizations must c	omplete column (A).	
	Check if Schedule O contains a	response or note to an	y line iл this Part iX		
Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				CAPCINES
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				The state of the s
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	142,890.	52,517.	00.373	
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.	90,373.	0.
7	Other salaries and wages	2,575,520.		0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,313,320.	2,352,291.	223,229.	
9	Other employee benefits	476,983.	411,940.	65,043.	
10	Payroll taxes	201,813.	177,691.	24,122.	
11	Fees for services (non-employees):		2777001.	<u> </u>	
a	Management				
	Legai	375.		275	
	Accounting	23,000.		375.	
	Lobbying	23,000.		23,000.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other, (If line 11g amt exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule (1)	156,654.	150,007.	6,647.	
	Advertising and promotion	39,025.	35,676.	3,349.	
13	Office expenses	80,035.	71,401.	8,634.	
14	Information technology				
15	Royalties				
16	Occupancy,	261,868.	236,749.	25,119.	
17	Travel	163,960.	159,388.	4,572.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	37,468.	33,221.	4,247.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,808.	13,654.	14,154.	
	InsuranceOther expenses. Itemize expenses not	91,196.	89,141.	2,055.	
	covered above (List miscellaneous expenses			ili sassignatera e	and the area of the state of
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e			terrania de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión	
	expenses on Schedule O.)		Maria and Special Con-		
а	FOSTER PARENTS	2,443,023.	2,443,023.		The state of the s
	EMANCIPATED YOUTH	138,860.	138,860.		
	MISC EXPENSE	130,753.	88,231.	40 500	
	TELECOMMUNICATION	46,004.	42,828.	42,522.	
	All other expenses	146,531.	124,773.	3,176.	
	Total functional expenses. Add lines 1 through 24e	7,183,766.		21,758.	
	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	1,103,100.	6,621,391.	562,375.	0.

		Check if Schedule O contains a response or note to any line in this Part X			
	1		(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	456,093.	1	157,172.
	2	Savings and temporary cash investments	170,193.	2	166,574.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	683,216.	4	996,264.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net		7	
そららせてら	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges	56,958.	9	70,969.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	41,879.	10c	52,580.
	11	Investments — publicly traded securities	11,075.	11	32,360.
	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	70,308.	15	171,587.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,478,647.	16	1,615,146.
	17	Accounts payable and accrued expenses	525,119.	17	410,767.
	18	Grants payable		18	
	19	Deferred revenue		19	
ŀ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	en er granden i granden en er er er er er er er er er er er er er	22	201 Principal Principal States
1 1	23	Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	32,089.	25	62,517.
	26	Total liabilities. Add lines 17 through 25.	557,208.	26	473,284.
- HRZ		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ፈሪሪው	27	Unrestricted net assets	884,447.	27	1,067,132.
Į	28	Temporarily restricted net assets	36,992.	28	74,730.
	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117 (ASC 958), check here ►		a vijas	
P DZD	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ã	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ñ	33	Total net assets or fund balances.	921,439.	33	1 141 000
田女 上女 乙 ひ 正 の	34	Total liabilities and net assets/fund balances	· · · · · · · · · · · · · · · · · · ·	34	1,141,862.
2 /			1,478,647.	_ 	1,615,146.

	n 990 (2013) WALDEN ENVIRONMENT, INC.	-23586	32	Pa	ge 12
Pa	TXI Reconciliation of Net Assets	······································			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI			. , , ,	□
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		04,1	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		83,7	
3	Revenue less expenses. Subtract line 2 from line 1	. 3		20,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		21,4	
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6	**		
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Pai	column (B))	. 10	1 <u>,1</u>	41,8	<u>62.</u>
1.41					
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·		,	🔲
_				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1804	
	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?		2a	and the	Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewseparate basis, consolidated basis, or both:	wed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepabasis, consolidated basis, or both:	rate			5 (1) 1 (4)
	X Separate basis Consolidated basis Both consolidated and separate basis				
(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,	. 2c	Х	han inima ini
	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?		3a	Х	
Ŀ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зъ	х	
ВАА				990 (2013)
				,	•

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2013

2013

Open to Public Inspection

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The o	orga	nizat	ion is	not a	priva	te fou	ndatio	n becau	se it	is (For	lines 1	throi	111451 (uah 11	chack o	only one	part.) See I	nstruc	uons.		
1	Ň										nurches						`				
2	Н										Schedu			Section	11 170(13	Λινωνι	<i>)</i> -				
3	H										ion desc			rtion 17	7/KV1V	AVIIIV					
4	Н	A m	edica	ıl resea	arch c	organiz	zation	onerate:	d in	coniunc	tion with	n b	oenital	decoribe	χιχα <i>μ</i> υ αib.co	MXIII). Ation 17	70/63/13/	8 \Z!!!\	nter the ho		
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5		An c	rgani		ppera	ted for	the be	nefit of a	coll	ege or u	niversity	owne	ed or op	erated b	y a gove	rnmenta	al unit de	scribed in	n section		
6									gove	rnmenta	l unit de	scri	bed in s	ection '	170/БХ1	ΧΑΧν).					
7		An d in s e	rgani. e ctio :	zation f n 170(t	hat n)(1)(/	ormally A)(vi).	receiv (Com	/es a sut plete Pa	bstar art II	ntial part .)	of its sup	port	t from a	governm	nental ur	nit or fro	m the ge	neral pub	olic describe	∍d	
8	Ш										vi). (Com										
9	X	inve June	stme 30,	nt inco 1975.	me a See s	nd uni section	related n 509(a	iunction busine: i)(2). (C	s — s ss ta omp	subject to ixable in lete Par	o certain icome (le t III.)	ess s	eptions, s section	and (2) i 511 tax	no more) from t	than 33 Susiness	-1/3% of ses acqu		gross receip ort from gro the organiz		after
10	Ш										o test fo										
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е		L				1 1 .	• •									d 📋	Type III	— INOD-I	unctionally	/ integi	rated
-	Ш	sect	CH D	U9(a)(2	٠).														lified perso)(1) or	ns	
f		If the	orga	inizatio	n rece	eived a	writter	n determ	inati	on from t	the IRS th	hat is	s а Туре	I, Type	II or Ty _l	oe III sup	porting o	organizat	ion,		
g											d any gif		r contrib	ution fr	 ∧m anv	of the f	 Ollowina	Dorenn			. [_]
3																	_	•		Yes	No
		(i)	A p	erson v ow, the	who d gove	directly erning	or ind body (directly of the su	conti uppo	ols, eith rted org	er alone anizatior	or tn?	togethe	with p	ersons	describe	ed in (ii)	and (iii)	11 g (i)		NO
		(ii)									oove?									_	_
		(iii)									n (i) or (i								5 (1.7)		<u> </u>
h		Prov	ide ti	he follo	wing	inforr	nation	about tl	he s	upported	organiz	zatio	л(s).					,	· 11 g (iii)	<u>'</u>	
				supporte zation			(ii) EIN				f organization			s the	(v) Did v	ou notify	(vi)	s the	(vii) Amou	nt of mor	netary
			organız	zation						above or	IRC section	n I	i column (i	s the ation in) listed in	the organ	nization in (i) of your	l organiz	zation in		pport	
										(see ins	tructions))		your go docui	verning nent?	sup	port?	organiz U.	mn (i) ed in the S.?			
													Yes	No	Yes	No	Yes	No			
																	1				
(A)																					
																	1		, <u> </u>		
(B)									<u> </u>							ļ					
(C)									4							ļ					
(D)																		ļ			
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<u>(E)</u>									ie india	ense nga tagan	P.W. Sanda	100									
Total								14													

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

Schedule A (Form 990 or 990-EZ) 2013 WALDEN ENVIRONMENT, INC. 94-2358632

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.)

<u>Sec</u>	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				1		
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						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						-
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, 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 sectio	n 501(c)(3)	▶□
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20						%
15	Public support percentage from	2012 Schedule A,	Part II, line 14			15	%
16 a	33-1/3% support test $-$ 2013. If and stop here. The organization	the organization qualifies as a pul	did not check the olicly supported o	box on line 13, a	nd the line 14 is 3	3-1/3% or more,	check this box
b	33-1/3% support test — 2012. If and stop here. The organization	the organization d qualifies as a pu	iid not check a bo blicly supported c	x on line 13 or 16 organization	Sa, and line 15 is 3	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 'facts'	meets the 'facts-a	and-circumstance	e'test chack this	hav and ctan has	a Evalain in Dart	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and the companization meets the 'facts-and the companization organization organization of the companization eets the facts-a d-circumstances	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	IV how the ►	
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	s box and see ins	structions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
	ar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Gifts, grants, contributions and membership fees						
	received, (Do not include	715 047	COO 101		111 605	101 505	1 506 500
	any 'unusùal grants.')	715,247.	608,101.		111,625.	101,535.	1,536,508.
	sions, merchandise sold or		•				
	services performed, or facilities furnished in any activity that is						
	related to the organization's					•	
	tax-exempt purpose	7,685,441.	6,737,329.	5,956,368.	5,769,045.	7,302,291.	33,450,474.
3	Gross receipts from activities that are not an unrelated trade					T.	
	or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
_	its behalf						0.
	The value of services or facilities furnished by a						
	governmental unit to the					1	
_	organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	8,400,688.	7,345,430.	5,956,368.	5,880,670.	7,403,826.	34,986,982.
<i>7</i> a	2, and 3 received from		, ,				
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	l o.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line			000000000000000000000000000000000000000			
,	7c from line 6.)						34,986,982.
	tion B. Total Support	4-> 0000	//> 0010	430011	42.0010		
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Amounts from line 6 Gross income from interest,	8,400,688.	7,345,430.	5,956,368.	5,880,670.	7,403,826.	34,986,982.
IV a	dividends, payments received						
	on securities loans, rents, royalties and income from						
	similar sources.,,,,	6,894.	952.	184.	65.	363.	8,458.
b	Unrelated business taxable					330.	7,130.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	6,894.	952.	184.	65.	363.	8,458.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is	,					
	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part IV.)						0.
13	Total Support. (Add Ins 9,10c, 11 and 12.)	8.407.582.	7.346.382	5.956.552	5-880-735	7 404 189	
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3)
				*************			``` ≻
	tion C. Computation of Pu			10		·	
15	Public support percentage for 20						99.98 %
16	Public support percentage from				*****	16	99.96 %
	tion D. Computation of Inv				Imp (f)		0.00 %
17	Investment income percentage t			= '		<u></u>	0.02 %
18 10-	Investment income percentage to 23:1/3% support tests 2013						0.04 %
125	33-1/3% support tests – 2013. I is not more than 33-1/3%, chect	า เก๋ย อกฐลกเผลแอก < this box and sto	p here. The organ	ະ ພວກ ວກ ກາຍ 14, ຄ nization qualifies	and fine 15 is mor as a publicly supp	e ulari 55-1/5%, ported organizatio	and line 17
Ŀ	33-1/3% support tests - 2012, I	f the organization	did not check a l	oox on line 14 or	line 19a, and line	16 is more than :	33-1/3%, and
	line 18 is not more than 33-1/39 Private foundation. If the organ						
^~	Private toundation If the ordan	ızatıon qiq not che	eck a box on line	14, 198, Of 190, (check this box and	a see instructions	

Schedule A	(Form 990 or 990-EZ) 2013	WALDEN	ENVIRONMENT,	INC.	94-2358632	Page 4
Part IV	Supplemental Informati or 17b; and Part III, line (See instructions).	on. Prov 12. Also	ide the explanat complete this pa	ions required by art for any addit	Part II, line 10; Part II, line 17a ional information.	
	. _					
						
		<u>-</u> -				
			-			
			· 			
			-			

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

\$ 11

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization WALDEN ENVIRONMEN	NT, INC.	Employer identification number		
DBA: WALDEN FAMILY SERVICES		94-2358632		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation		
	527 political organization	,		
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a priv	vate foundation		
	501(c)(3) taxable private foundation	ate roundation		
Check if your organization is covered by the G	eneral Rule or a Special Rule			
•	anization can check boxes for both the General Rule and a S	Special Dula Continuation		
	anization can check boxes to both the defleral Rule and a s	special Rule. See Instructions.		
General Rule	••• •• · · · · · · · · · · · · · · · ·			
Contributor. (Complete Parts I and II.)	or 990-PF that received, during the year, \$5,000 or more (in mone	ey or property) from any one		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Special Rules				
For a section 501(c)(3) organization filing I	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 (2) 2% of the amount on (i) Form 990, Par	Form 990 or 990-EZ that met the 33-1/3% support test of the d from any one contributor, during the year, a contribution of t VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I a	the greater of (1) \$5,000 or and II.		
For a section 501(c)(7), (8), or (10) organizati total contributions of more than \$1,000 for	on filing Form 990 or 990-EZ that received from any one contribuuse exclusively for religious, charitable, scientific, literary, o	tor, during the year,		
	use <i>exclusively</i> for religious, charitable, scientific, literary, o mals. Complete Parts I, II, and III.			
For a section 501(c)(7), (8), or (10) organization	on filing Form 990 or 990-EZ that received from any one contribu	tor, during the year,		
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc,				
purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively				
religious, charitable, etc, contributions of \$5,000 or more during the year				
Caution: An organization that is not covered b	y the General Rule and/or the Special Rules does not file So	hedule B (Form 990, 990-F7, or		
- 990-PF) but it must answer 'No' on Part IV. Iir	he 2, of its Form 990; or check the box on line H of its Form he filing requirements of Schedule B (Form 990, 990-EZ, or 9	990 EZ or on ita Earm 000 DE		
BAA For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2013)		

	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1 of 2 of Part
Name of orga WALDEN	enization I ENVIRONMENT, INC.	1 ' '	r Identification number 358632
	Contributors (see instructions). Use duplicate copies of Part I if additional space		300032
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RIVERS OF HOPE		Person X
=	6150 MISSION GORGE ROAD, #210	\$ <u>5,000.</u>	Payroll Noncash
	SAN DIEGO, CA 92120	•	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAY FOR CHANGE		Person X
	6150 MISSION GORGE ROAD, #210	\$10,000.	Noncash
	SAN DIEGO, CA 92120		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ST. GERMAINE'S CHILDREN OF CHARITY		Person X
	6150 MISSION GORGE ROAD, #210	\$8,400.	Noncash
	SAN DIEGO, CA 92120	•	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SAN MANUEL BAND OF INDIANS		Person X
·	6150 MISSION GORGE ROAD, #210	\$ <u>10,000.</u>	Payroll
	SAN DIEGO, CA 92120	- -	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COX CARES FOUNDATION		Person X
	6150 MISSION GORGE ROAD, #210	\$5,000.	Noncash
	SAN DIEGO, CA 92120		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WELLS FARGO FOUNDATION		Person X
	6150 MISSION GORGE ROAD, #210	\$ 15,000.	Payroll
	SAN DIEGO, CA 92120		(Complete Part II for

	B (Form 990, 990-EZ, or 990-PF) (2013)	Pag	e 2 of 2 of Part1
Name of org	anization I ENVIRONMENT, INC.		ployer identification number
	Contributors (see instructions). Use duplicate copies of Part I if additional space		1-2358632
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MCCARTHY FAMILY FOUNDATION 6150 MISSION GORGE ROAD#210 SAN DIEGO, CA 92120	\$15,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	IN-N-OUT BURGER FOUNDATION 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$6,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DOUG FLUTIE JR. FOUNDATION 6150 MISSION GORGE ROAD, #210 SAN DIEGO, CA 92120	\$14,63	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) - Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payrol! Noncash (Complete Part II for noncash contributions.)

	4				
	3 (Form 990, 990-EZ, or 990-PF) (2013)	Page	1 to	1	of Part II
Name of orga			Employer ide		
	ENVIRONMENT, INC.		94-235	3632	
Part II	Noncash Property (see instructions). Use duplicate copies of Part Ii if additional s	pace is ne	eded.		
(a) No. from Part I	(b) Description of noncash property given	,	(c) (or estimate) nstructions)	Dat	(d) e received
,	N/A			 	
		 \$ -		 - -	
(a) No. from Part I	(b) Description of noncash property given	FMV ((c) (or estimate) nstructions)	Date	(d) e received
		\$			
		ſ' - -			
(a) No. from Part I	(b) Description of noncash property given	FMV ((c) or estimate) nstructions)	Date	(d) received
		\$		 	-
(a) No. from Part I	(b) Description of noncash property given	FMV ((c) or estimate) nstructions)	Date	(d) received

		1			
		\$			
		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
BAA		Schedule B (Form 990, 990-Ez	or 990-PE) (2013)

	3 (Form 990, 990-EZ, or 990-PF) (2013)			Page 1 to 1 of Part III
Name of organ	ization ENVIRONMENT, INC.			Employer identification number 94-2358632
Part III	Exclusively religious, charitable, et organizations that total more than services for organizations completing Part III, enter total contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	\$1,000 for the year. Comple I of <i>exclusively</i> religious, charitabl (Enter this information once. Se	te columns (a)	on 501(c)(7), (8) or (10) through (e) and the following line entry
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres:	(e) Transfer of gift s, and ZIP + 4	Rela	itionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
			- <i></i>	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Intern	rtment of the Treasury nal Revenue Service	► Information about Sche	Attach to Form 9 edule D (Form 990) and its ir	990. Istructions is at <i>www.ir</i>	rs.gov/form990.	Open to Public
Name	of the organization				Employer i	dentification number
WAI DB	LDEN ENVIRON A: WALDEN FA	MENT, INC. MILY SERVICES			94-235	50622
	d Organizat	ions Maintaining Dong	or Advised Funds or O	her Similar Funds	or Accounts	38632
E.3382.795	Complete	if the organization ans	wered 'Yes' to Form 99	0, Part IV, line 6.	of Accounts.	
			(a) Donor advise		(b) Funds and	other accounts
1	Total number at e	end of year			(b) i dilda dild	other accounts
2	Aggregate contrib	outions to (during year)	, , , , , , , , , , , , , , , , , , , ,			
3	Aggregate grants	from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati are the organizati	on inform all donors and dor on's property, subject to the	nor advisors in writing that the	ne assets held in donor	advised funds	7v
6		on inform all grantees, dono				Yes No
	impermissible priv	vate benefit?	' All the donor or donor advic	or or for only other new		T Yes □ No
Par	t [I Conserva	tion Easements.				<u> </u>
	Complete	if the organization ans	wered 'Yes' to Form 99	0, Part IV, line 7.		
1	Purpose(s) of con	servation easements held by	y the organization (check all	that apply).		
		of land for public use (e.g., r	ecreation or education)	Preservation of an	historically import	tant land area
		natural habitat		Preservation of a c		
_	Preservation of	•				
2	Complete lines 2a t last day of the tax	through 2d if the organization h cyear.	neld a qualified conservation co	ontribution in the form of a	a conservation ease	ement on the
_	- Takal musek 5 -				Held at the	End of the Tax Year
i	a Total number of C	onservation easements	• • • • • • • • • • • • • • • • • • •		2 a	
,	Number of consor	tricted by conservation easer vation easements on a certit	ments,		2 b	
					2 c	
	structure listed in	vation easements included in the National Register			2 d	
3	tax year >	ation easements modified, tran	isterred, released, extinguished	l, or terminated by the or	ganization during th	ne
4		here property subject to conse	rvation easement is located ►			
5	Does the organiza	ation have a written policy re of the conservation easemer	garding the periodic monitor	ing, inspection, handling	g of violations,	7v [7]
6	Staff and volunteer	hours devoted to monitoring, i	nspecting, and enforcing conse	ervation easements during	g the year	Yes No
7	Amount of expense ►\$	s incurred in monitoring, inspe	cting, and enforcing conservat	on easements during the	; year	
	and section 170(ii)	vation easement reported or)(4)(B)(ii)?				Yes No
	conservation ease		o the organization's imancia	i statements that descri	ibes the organizati	on's accounting for
Par	t III Organizati	ions Maintaining Colle	ctions of Art, Historica	Treasures, or Oth	ner Similar Ass	ets.
	Complete	ii the organization ansv	wered Yes to Form 990	J, Part IV, line 8.		
1 a	If the organization art, historical treasu in Part XIII, the te	elected, as permitted under ures, or other similar assets he xt of the footnote to its finan	SFAS 116 (ASC 958), not to ld for public exhibition, educati icial statements that describe	o report in its revenue s on, or research in further es these items.	statement and bala ance of public servi	ance sheet works of ce, provide,
b	If the organization historical treasures, following amounts	elected, as permitted under or other similar assets held fo relating to these items:	SFAS 116 (ASC 958), to reproper public exhibition, education,	oort in its revenue state or research in furtherance	ement and balance e of public service, p	sheet works of art, provide the
	(i) Revenues incl	uded in Form 990, Part VIII,	line 1		,	
	(ii) Assets include	ed in Form 990, Part X				
2	If the organization ramounts required	eceived or held works of art, h to be reported under SFAS	istorical treasures, or other sim I 16 (ASC 958) relating to the	nilar assets for financial g ese items:	gain, provide the foll	owing
а	Revenues included	d in Form 990, Part VIII, line	1			
h	Assets included in	Form 990 Part X				

Schedule D (Form 990) 2013 WALDE Part III Organizations Maintai	N ENVIRONM	MENT, INC.	rical Treasures, or	94-2358 Other Similar Asse	632 Page 2
3 Using the organization's acquisition					
items (check all that apply):	, accession, and			a significant use of its o	onection
a Public exhibition			or exchange programs		
b Scholarly research c Preservation for future gener	ations	e Other			72.77
Preservation for future gener Provide a description of the organiz Part XIII.		s and explain how they	further the organization's	exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or rec	ceive donations of ar	t, historical treasures, or	other similar assets	Yes No
Part IV Escrow and Custodia line 9, or reported an	l Arrangemei	nts. Complete if t	he organization ans	wered 'Yes' to Form	
1 a Is the organization an agent, trus	stee, custodian.	or other intermediary	for contributions or other	er assets not included _E	Yes No
on Form 990, Part X? b !f 'Yes,' explain the arrangement	in Part XIII and	complete the followi	na table:		Yes No
2 , •••, •, •, •, •, •, •, •, •, •, •, •,	.,,,				Amount
c Beginning balance	,			. 1c	
d Additions during the year				. 1 d	
e Distributions during the year		<u> </u>			
f Ending balance					
2 a Did the organization include an a				1_	Yes No
b if 'Yes,' explain the arrangement	in Part XIII. Ch	eck here if the explar	ntion has been provided	in Part XIII	
				000 D LN/ 1	10
Part V Endowment Funds. C			*		
1 a Beginning of year balance	(a) Current yea	ar (b) Prior yea	(c) Two years back	(d) Three years back	(e) Four years back
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
Provide the estimated percentag	e of the current	year end balance (lir	ne 1g, column (a)) held a	ns:	
a Board designated or quasi-endowm		%			
b Permanent endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
c Temporarily restricted endowmer		<u></u> &			
The percentages in lines 2a, 2b,	and 2c should e	equal 100%.			
3 a Are there endowment funds not in t	the possession of	the organization that a	are held and administered	for the	
organization by:					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations b If 'Yes' to 3a(ii), are the related of					
4 Describe in Part XIII the intended				***********	_ 3b
Part VI Land, Buildings, and		garrization's endowin	ent junus.		
Complete if the organ		ered 'Yes' to Forr	n 990, Part IV, line	11a. See Form 990	, Part X, line 10.
Description of property	(a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
b Buildings	<u> </u>				
c Leasehold improvements			24,909.	22,855.	2,054.
d Equipment	ļ		252,481.	210,755.	41,726.
e Other		15 000 5	52,287.	43,487.	8,800.
Total. Add lines 1a through 1e. (Colum	nn (a) must equ	ai rorm 990, Part X,	column (B), line 10(c).).		52,580.
BAA				Schedu	ile D (Form 990) 2013

Part VII Investments — Other Securities.	<u> </u>	N/A	
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11b. See Form 9	90, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation; Cost or end-o	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other .			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
(I)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11c. See Form 9	90, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)	- <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
(4)			
(5)			
(6)			·
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
Part IX Other Assets.		[2] [1] [1] [2] [2] [2] [2] [3] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 9	90, Part X, line 15.
(a) Des	scription		(b) Book value
(1) DEPOSITS			30,883.
(2) DUE FROM WALDEN FAMILY SERVICES FO	DUNDATI		140,704.
(4)		, , , , , , , , , , , , , , , , , , , ,	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15.)		171,587.
Part X Other Liabilities.	uma 000 David IV lina 11	11f O F 000 D-1 V P - 05	-
Complete if the organization answered 'Yes' to Fo	(b) Book value	e or 11t. See Form 990, Part X, line 25	
(1) Federal income taxes	(b) Book value		
(2) OVERPAYMENTS	62,51	7.	
(3)			place all contracts and the
(4)			
(5)			
(6)			
(7)		The state of the s	
·(9)			
(10)			
(11)			A E CONTRACTOR
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	► 62,51	7	nazem nempetica.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization's fir	nancial statements that reports the organization's	liability for uncertain
tax positions under FiN 48 (ASC 740). Check here if the text of the footnote h	J		E. PART XIII [X]

WALDEN ENVIRONMENT, INC.	94-2358632	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
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		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
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	il ma	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	
Part XIII Reconciliation of Expenses per Audited Financial Claber and Audited	5	· · · · · · · · · · · · · · · · · · ·
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per Return. N/A	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments. 2b		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1	<u>2e</u>	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	Constant is	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4c	
Rait XIII Supplemental Information.	3	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 1 line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	2b; Part V,	
, and the same and the same that the province and the same that the province and the same that the province and the same that the province and the same that the province and the same that the province and the same that the province and the same that the	ide any additional informa	ition.
PART_X - FIN_48 FOOTNOTE		
		·
WALDEN FAMILY SERVICES IS A PUBLIC CHARITIY AND IS EXEMPT FROM I	NCOME TAXES UNDE	R
SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 23701	(D) OF THE	
		· -
CALIFORNIA REVENUE AND TAXATION CODE. WALDEN FAMILY SERVICES BE	LIEVES THAT THEY	
<u>HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUC</u>	H. DO NOT HAVE A	MΥ
	*** - 50' 70'- 717'T	H
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATE	MENTS WATHER	
	;=====================================	·
FAMILY SERVICES IS NOT PRIVATE FOUNDATIONS.		
	 _	
BAA	Schedule D (Form !	000) 0012
	Scriedale D (Form :	55U) ZUIS

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Schedule D (Form 990) 2013 WALDEN ENVIRONMENT, INC.	94-2358632	Page 5
Part XIII Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME T	TAX FOR THE YEARS E	ENDED
DECEMBER 31, 2013, 2012, 2011 AND 2010 ARE SUBJECT TO EXAMINAT	CION BY THE INTERNA	<u> </u>
REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THE TH	REE TO FOUR YEARS	
AFTER THE RETURNS WERE FILED.		
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TEEA3305L 07/01/13

Schedule **D** (Form 990) 2013

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization WALDEN ENVIRONMENT, INC Employer identification number SERVICES WALDEN FAMILY 94-2358632 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION WALDEN ENVIRONMENT DBA WALDEN FAMILY SERVICES (WALDEN) WAS FORMED IN 1976 AS A NONPROFIT ORGANIZATION TO PROVIDE ADVOCACY, OUT OF HOME PLACEMENT, AND TREATMENT SERVICES FOR CHILDREN UNABLE TO REMAIN IN THEIR OWN HOMES DUE TO ABANDONMENT, ABUSE, OR NEGLECT. WALDEN'S GOAL IS TO HELP STABILIZE CHILDREN, YOUTH AND FAMILIES THROUGH COMMUNITY-BASED PREVENTION AND INTERVENTION SERVICES. WALDEN IS A TREATMENT-LEVEL FOSTER FAMILY AND ADOPTION AGENCY WHICH IS ENGAGED IN THE RECRUITMENT, CERTIFICATION, AND TRAINING OF FOSTER AND ADOPTIVE PARENTS, AND THE PLACEMENT OF FOSTER AND ADOPTIVE CHILDREN. WALDEN'S FUNDING COMES PRIMARILY FROM FEDERAL, STATE, AND COUNTY WELFARE PROGRAMS. WALDEN PROVIDED SERVICES TO 473 UNIQUE FOSTER CARE CLIENTS PLUS HUNDREDS MORE CHILDREN/YOUTH/TEENS THROUGH OUR ADOPTIONS, AFTER CARE, CAL LEARN, AYA, CAL LEARN, FIRST 5 NURTURING PARENTING PROGRAMS, AND VISITATION CENTERS. FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS FOSTER CARE PLACEMENT THERAPEUTIC FOSTER CARE: THERAPEUTIC FOSTER CARE IS AN ALTERNATIVE TO INSTITUTIONALIZATION FOR CHILDREN. THE CHILDREN IN WALDEN'S CARE HAVE SEVERE EMOTIONAL AND BEHAVIORAL CHALLENGES AS A RESULT OF PAST ABUSE AND ARE IN NEED OF INTENSIVE SERVICES TO HELP THEM HEAL AND REMAIN IN A FAMILY ENVIRONMENT. MANY OF THE CHILDREN HAVE SUFFERED THE TRAUMA OF MULTIPLE FOSTER FAMILIES OR GROUP HOME PLACEMENTS BEFORE COMING TO WALDEN. WITH WALDEN'S SPECIALLY TRAINED FOSTER FAMILIES AND SUPPORT SERVICES, CHILDREN THAT OTHERWISE WOULD BE IN A GROUP HOME ARE ABLE TO LIVE WITH A FAMILY. WALDEN IS A COST-EFFECTIVE ALTERNATIVE TO GROUP HOME CARE THAT ALLOWS CHILDREN TO GROW INTO HEALTHY ADULT MEMBERS OF THE

COMMUNITY.

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Schedule O (Form 990 or 990-EZ) 2013	Page 2
Name of the organization WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	Employer identification number 94-2358632
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
SPECIAL HEALTH CARE NEEDS:	
	TO MOVE MEDICALLY
WALDEN'S SPECIAL HEALTH CARE NEEDS (SHCN) PROGRAM IS DESIGNED	
FRAGILE CHILDREN OUT OF SKILLED NURSING FACILITIES AND HOSPITA	
AND SPECIFICALLY TRAINED CERTIFIED FOSTER FAMILIES. THIS PROG	RAM ALSO CARES FOR
CHILDREN WITH TECHNOLOGY-DEPENDENT CONDITIONS SUCH AS APNEA MO	
OXYGEN, FEEDING TUBES AND OTHER ADAPTIVE EQUIPMENT. OTHER CHI	LDREN IN THE PROGRAM
MAY INCLUDE DRUG-EXPOSED INFANTS, JUVENILE DIABETICS, FAILURE	TO THRIVE INFANTS,
PREMATURE INFANTS, OR CHILDREN WITH OTHER LIFE THREATENING MED	OICAL CONDITIONS. THIS
UNIQUE PROGRAM INCLUDES INTENSIVE TRAINING AND SUPPORT FOR FOS	STER PARENTS WILLING TO
CARE FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS.	
DEVELOPMENTAL DISABILITIES PROGRAM:	,
WALDEN FAMILY SERVICES SERVES THE NEEDS OF FOSTER CHILDREN AND	O TEENS WITH
DEVELOPMENTAL DISABILITIES AND BEHAVIORAL CHALLENGES. DEVELOR	PMENTAL DISABILITIES
INCLUDE MENTAL RETARDATION, CEREBRAL PALSY, EPILEPSY, AUTISM A	AND OTHER SIMILAR
CHALLENGES. THE GOAL OF THIS PROGRAM IS TO PREVENT INSTITUTION	ONALIZATION, PREPARE
CHILDREN AND TEENS FOR MAXIMUM INDEPENDENCE AND ENRICH LIVES I	BY PARTICIPATION IN A
FULL RANGE OF NORMAL LIFE EXPERIENCES IN FAMILY AND COMMUNITY	SETTINGS.
LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING (LGBTQ)	FOSTER CARE NETWORK:
THIS PROGRAM IS DESIGNED TO MEET THE SPECIAL NEEDS OF LGBTO F	OSTER YOUTH IN SOUTHERN
CALIFORNIA. THE FOCUS OF THIS PROGRAM IS EDUCATION AND ADVOCA	CY SERVICES FOR LGBTO
FOSTER YOUTH, AND TRAINING AND SUPPORT FOR CHILD WELFARE PROV	IDERS, FOSTER PARENTS
AND BIRTH FAMILIES. WALDEN FAMILY SERVICES HAS ACTIVELY RECRU	UITED AND EDUCATED
MEMBERS OF THE LGBT COMMUNITY TO BECOME CERTIFIED FOSTER AND	ADOPTIVE PARENTS

AND SUPPORT THEM IN COMMON AREAS THAT FORMER FOSTER YOUTH OFTEN STRUGGLE WITH SUCH

AS, DAILY LIFE SKILLS, MEDICAL, DENTAL AND EMOTIONAL HEALTH, MENTORING, EDUCATIONAL

ASSISTANCE, EMPLOYMENT ASSISTANCE, HOUSING ASSISTANCE AND PERMANENT CONNECTION

Name of the organization WALDEN ENVIRONMENT, INC.	Employer identification number								
DBA: WALDEN FAMILY SERVICES	94-2358632								
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION									
TRANSITIONAL HOUSING PROGRAM + FOSTER CARE (THP+FC)									
THP+FC, PROVIDES YOUTH AGES 18-21 WITH SAFE, AFFORDABLE HOUSI	NG IN A NEIGHBORHOOD OF								
THEIR CHOOSING, COMPREHENSIVE AND INDIVIDUALIZED CASE MANAGEM	ENT LIFE-SKILLS								
TRAINING, MENTORS, OPPORTUNITIES TO MAKE COMMUNITY CONNECTION	S, AND GOAL-PLANNING								
UNDER AB12, THE STATE LAW THAT ENABLES YOUTH TO STAY IN FOSTER CARE UNTIL AGE OF 21.									
WALDEN WAS ONE OF THE FIRST AGENCIES IN SOUTHERN CALIFORNIA T	O RECEIVE THIS NEW								
LICENSE AND IS CURRENTLY OPERATING THE PROGRAM IN OUR RIVERSI	DE AND SAN DIEGO								
DISTRICTS.									
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS									
THE ACCOUNTING MANAGER REVIEWS THE 990 TAX RETURN FOR ACCURAC	Y AND THEN THE CEO								
REVIEWS AND SIGNS RETURN.									
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE	MENT OF CONFLICTS								
ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF	INTEREST POLICY. BOARD								
MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFLICTS THROU	GHOUT THE YEAR AND								
REFRAIN FROM VOTING ON ANY TRANSACTION OR MATTER BEFORE THE B	OARD IN WHICH A								
CONFLICT OR POSSIBLE CONFLICT EXISTS.									
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCE	SS - CEO, TOP MANAGEMENT								
WE HAVE A COMPENSATION SALARY RANGE GUIDE FOR ALL JOB TITLES	AND NEW HIRES SIGN AN								
OFFER LETTER DETAILING SALARY AND BENEFITS. WE BENCHMARK AGA	INST THE NON-PROFIT								
SALARY PROFILES. FOR THE EXECUTIVE DIRECTOR, THE BOARD OF DI	RECTORS MAKES HIRING								
AND COMPENSATION DECISIONS.									
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE								
THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990, FR	OM THE PREVIOUS THREE								
YEARS, WILL BE AVAILABLE FOR INSPECTION OR COPYING AT THE ORG	ANIZATION'S MAIN OFFICE								
DURING NORMAL BUSINESS HOURS AT NO CHARGE									

Schedule U (Form 990 or 990-EZ) 2013	Page 2
Name of the organization WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES	Employer identification number 94-2358632
FORM 990, PART VII - COMPENSATION EXPLANATION	
TERESA STIVERS	
ALL PAYROLL IS PAID BY WALDEN ENVIORNMENT, INC. ANI	D ALLOCATED TO THE RELATED ENTITY,
WALDEN FAMILY FOUNDATION.	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2013

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 94-2358632

Part I Identification of Disregarded Entitles Complete if the		organization answered 'Yes' on Form 990, Part IV, line 33.	on Form 990,	Part IV, line 33	•		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	lling
(1)							
(3)							
Partill Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during		Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had the tax year.	answered 'Yes'	on Form 990,	Part IV, line 34 t	ecause it ha	q
(a) Name, address, and ElN of related organization	ctivity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(f section 501(c)(3))	trus Direct controlling entity		(g) Sec 512(b)(13) controlled entity?
						Yes	Š
(1) WALDEN FAMILY SERVICES FOUNDATION, 6150 MISSION GORGE ROAD, STE 210 PRC SAN DIEGO, CA 92120 ENV	PROVIDE SUPPORT TO WALDEN ENVIRONMENT, INC	CA	11	501 (C) 3	N/A		×
(5)							
(t)							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ior Form 990.		TEEA5001L 06/26/13		Sche	Schedule R (Form 990) 2013) 2013

Page 2

94-2358632

Schedule R (Form 990) 2013 WALDEN ENVIRONMENT, INC.

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

General or Percentage managing partner?			2	90, Part 1V, (0) Sec 512(b)(13)					Schedule R (Form 990) 2013
Code V-UBI Gene amount in box man 20 of Schedule part K-1 (Form 1065) Yes				es' on Form 990 (h) end-of- end-of- end-of- ownership	"				Schedule
Disproportional Cod allocations? 20 of K-1				x year. (g) Share of end-of-					
Share of end-of-year all assets				during the tax y					
<u> </u>				tion or trust dur	or trust)				
Ome Share of total ted, income tax is				as a corpora (d)	entity				TEEA5002 06/27/13
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				s a Corporation zations treated (c) Legal domicile	state or Toreign country)				TEEA!
(d) jal Direct cile controlling e or entity ign				ons Taxable as related organiza (b)	9)	,			
				nore relations			1 1 1	1 1 1	
(b) Primary activity				Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answers in the organization and the tax year. (a) (b) (c) (d) (d) (d) (d) (d) (e) (e) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					
Name, address, and EIN of related organization related communication (State of Court	ω	(z)	(3)	Complete if the organization of Related Organizations Taxable as a Corporation or Trust Complete if the organization are related organizations treated as a corporation or trust during the tax year. Complete if the organization are of entity Complete if the organization		(t)	(2)	(8)	

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Page 3

Schedule R (Form 990) 2013 WALDEN ENVIRONMENT, INC.

Part V

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

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155,169.GAAP	į	
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Schedule R ((Form 990)	2
	325. 169.	1a 1d 1d 1d 1d 1d 1d 1d

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PartVI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Schedule R (Form 990) 2013 (k) Percentage ownership General or managing partner? ŝ Yes 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. Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (h)
Disproportionate
tionate
allocations? 욷 Kes (g) Share of end-of-year assets (f) Share of total income TEEA5004L 06/27/13 (e)
Are all partners section 501(c)(3) organizations? S Yes Predominant income (related, unrelated, excluded from tax under section 512-514) (c)
Legal domicile
(state or foreign country) (a) (b) Name, address, and EIN of entity Primary activity **⊗**¦ \mathcal{E}_{l}^{l} ©¦ @¦ ୍ର €¦ εļ 3

N 5 "				94-2358632	Page 5
	013 WALDEN ENVIRON	MENT, INC.			
Part VII Suppleme	old WALDEN ENVIRON ental Information dditional information for	r responses to quest	tions on Schedule R	(see instructions).	
Ployido a	a carter over				
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	<u> </u>	·		Schedu	le R (Form 990) 2013
	· —		-0051 05/27/13		

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

Attachment 179 Sequence No.

► See separate instructions. Identifying number 01-2358632

Internal Revenue Service (99)	IRONMENT, I	NC.			94-235	8632
Name(s) shown on return WALDEN ENV	N FAMILY SE	RVICES				
Business or activity to which this form relates						
000/000-PF		- tuleder Section	1 179			
FORM 990/990-PF Part Selection To Expense Note: If you have any list	e Certain Prop	polete Part V before you	i complete Part I.		1	
Note: If you have any lis 1 Maximum amount (see instructions)	tea property, con-				2	
	lous)				3	
coction 179 probe	Tty praced in some		: - Leuchione)			
a muss hold cost at Section 1/2 h	Hoperty Borner		. ^			
1th-Station SHDUM	THE OWNER WATER	The state of the s	- makes 11 If POSSII	en mana	1 1	
5 Dollar limitation for tax year. S separately, see instructions.	auditact into ,		LA Cost (business USB C	only) (c) El	ected cost	
	ription of property		D) Cost (business ===			
<u>6</u> (a) 5000						programme and
		1_		7		
7 Listed property. Enter the ame 8 Total elected cost of section 1	ount from line 29	ta in column (c)	lines 6 and 7.		8	
7 Listed property. Enter the and 8 Total elected cost of section 1 9 Tentative deduction. Enter the	79 property, Add	amounts in column (9)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10	
9 Tentative deduction. Enter the	smaller of line a	of your 2012 Form 456	2		nstrs) 11	
income limitation. L	THE GIVE		more than line it			
12 Section 179 expense deducti	etion to 2014. Ad	d lines 9 and 10, less !!	<u>ne 121</u>			
13 Carryover of disallowed dedu Note: Do not use Part II or Part III	below for listed p	property. Instead, use F	art V.	- aluda listed r	roperty.) (See ins	tructions.)
Note: Do not use Part II or Part III Part II Special Deprecial	ion Allowance	e and Other Depre	ciation (Do not	ncidde listed (ring the	
Part II Special Depreciat 14 Special depreciation allowar	- for qualified n	roperty (other than liste	d property) place	d in service of	14	
14 Special depreciation allowar tax year (see instructions).	ice for qualified p	(*************************************		, . , . , . ,	15	
						28,898.
15 Property subject to section 16 Other depreciation (includin	n ACRS)	<u> </u>				
Part III WACKS Depices		Section	n A			
17 MACRS deductions for asset	ets placed in serv	ice in tax years beginni	ng pelote zoto	- general		
17 MACRS deductions for asset	ny assets placed in	n service during the tax ye	ear into one or more	e deuerar	•	
18 If you are electing to group a asset accounts, check here	3		Tay Year Using t	he General De	preciation System	(g) Depreciation
Section B	- Assets Flaced	(a) Peois for depreciation	(d)	(e)	(f) Method	deduction
(a)	(b) Month and year placed	(business/investment use	Recovery period	Convention		
Classification of property	in service	only see instructions)				
19 a 3-year property			\			
b 5-year property	hard a feet of					
c 7-year property						
d 10-year property					ļ	
e 15-year property				<u> </u>	O IT	
f 20-year property			25 yrs	<u> </u>	S/L	
g 25-year property			27.5 yrs	MM	S/L	
h Residential rental			27.5 yrs	MM	S/L	
property			39 yrs	MM	S/L	
	l.			MM	S/L	ctom
property		in Service During 201	3 Tax Year Using	the Alternativ	e Depreciation Sy	Stem
Section C	- Assets Placet	I (II Selvice Dame			S/L S/T	
20 a Class life	<u></u>		12 yrs		S/L	
b 12-year	··		40 yrs	ММ	S/L	
c 40-year					21	
Summary (See	e instructions.)	20			.,	
		20	(g), and line 21. Enter	here and on	22	28,898
oo will Add amounts from life	3 [2,]]][63]7 [11049]	transport cog inetr	uctions			Transfer of the Co
						Form 4562 (20)
the portion of the basis	s attributable to s	ection 263A costs	S. FD	IZ0812L 06/10/13		LOUR 4005 (FO

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Department of the	Treasury	►Information about Form 8868 an	d its instruction	ons is at www.irs.gov/rorinoous.		> X
Internal Revenue	filing for an				form).	(5.21)
If you are	filling for an	Additional (Not Automatic) 3-Month	Extension, c	complete only Part II (on page 2 of this a 3-month extention on a previously file	d Form 8868	
• If you are	THAT OF ALL	Jose you have already been granted	an automatic	c 3-month extention on a previously file 3-month automatic extension of time t	a file 16 months for	а
Do not comp	lete Part II ui.	ness you have allowed file Form 8868 i	f you need a	3-month automatic extension of time to	tronically file Form	8868 to
ASSOCIATED V	fill College	wight wow irs gov/efile and click of	וטו שוווים ו	a 3-month extention on a previously life and automatic extension of time to month extension of time. You can elect the exception of Form 8870, Information Fithe IRS in paper format (see instruction harities & Nonprofits.	Return for Transfers ns), For more detai	Is on the
						-
					omplete Part I only. an extension of tim	e to file
All other cor income tax i	porations (inc	cluding 1120-C filers), partnerships, l	KENIICS, AND	trusts must use Form 7004 to request		structions
		ot organization or other filer, see instructions.			Employer location is	Billiber (Emy or
	1					
Type or	WALDEN	ENVIRONMENT, INC.			94-2358632	11.22
print		LDEN FAMILY SERVICES , and room or suite number. If a P.O. box, see in	structions.		Social security number (3011)
File by the						
due date for filing your return. See	6150 MI City, town or p	SSION GORGE ROAD #210 lost office, state, and ZIP code. For a foreign add	ress, see instruct	lions.		
instructions.	SAN DIE	GO, CA 92120				
	D211, 2 = -		are to the second			01
Enter the F	Return code fo	or the return that this application is for	or (file a sepi	arate application for each return)		Return
. 11 -11-			Return	Application		Code
Application Is For	n		Code	rm 990-T (corporation)		07
	r Form 990-EZ			P. m 1041-A		08
Form 990.				Form 4720 (other than individual)		09
	(individual)			Form 5227		10
Form 990-		1 1 ×	04			11
Form 990	T (section 40	1(a) or 408(a) trust)	05	Form 6069		12
Form 990	T (trust other	than above)	06	Form 8870		
Telepi If the If this check the e 1 I re unt	s is for a Grouk this box extension is for a group to the control of the con	19-584-5777 does not have an office or place of the property of the group of the g	Fax No ousiness in the our digit Grou or check this on required to organization to and end	ding , 20	If this is for the wh names and EINs of	ole group, all members
Γ	Change in a	intered in line 1 is for less than 12 m accounting period				
3a lf	this application	on is for Forms 990-BL, 990-PF, 990-	T, 4720, or 6	5069, enter the tentative tax, less any	3 a \$	0
<u>no</u> b !f	this applicati	on is for Forms 990-PF, 990-T, 4720,	, or 6069, en me <u>nt allowe</u>	d as a credit	d 3b\$	0
<u></u>	an paymond i	the 3h from line 3a Include	vour payme	nt with this form, if required, by using	3c\$	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...... Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form 8868 (Rev 1-2014)

					Page 2		
n 8868	(Rev 1-2014) re filling for an Additional (Not Automatic) 3-Month	Evtension o	complete only Part and check this !	00X	► 🗓		
you a	e filing for an Additional (Not Automatic) 3-Monu complete Part II if you have already been granted	l an automatic	3-month extension on a previous	y filed Form 8868.			
e. Only	complete Part II if you have already been granted	plete only Pa	art fon page 1),				
f you a	re filing for an Automatic 3-Month Extension, com Additional (Not Automatic) 3-Month Ext	prete only re	ime Only file the original (no	copies needed).			
n II	Additional (Not Automatic) 3-Month Ext	ension of i	Enter filer's in	dentifying number, see in	structions		
	·			Employer identification number (El	N) or		
	Name of exempt organization or other filer, see instructions.						
e or	WALDEN ENVIRONMENT, INC.			94-2358632			
it	INDIE WATER FAMILY SERVICES	tructions.		Social security number (SSN)			
	Number, street, and room or suite number. If a P.O. box, see in:		1				
by the nded	LEAF & COLE, LLP	.mp 200					
date for yo⊔r	2810 CAMINO DEL RIO SOUTH, SUI City, town or post office, state, and ZIP code. For a foreign addr	ess, see Instruction	ons.				
	SAN DIEGO, CA 92108-3820						
	Return code for the return that this application is	for (file a sep	arate application for each return).		01		
ter the	Return code for the return that this application is	101 (1110 4 4-1	,				
		Deturn	Application		Return		
plicati	on	Return Code	Is For		Code		
For		0.1					
rm 990	or Form 990-EZ	02	Form 1041-A		08		
rm 990		03	Form 4720 (other than individual))	09		
	20 (individual)	04	Form 5227		10		
orm 99)-PF	05	Form 6069		11		
orm 99	0-T (section 401(a) or 408(a) trust) 0-T (trust other than above)	06	Form 8870		12		
TOP!	o not complete Part II if you were not already gra	3	4	·			
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12/31/13

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2013 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 11-014

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

94-2358632

N 1 0										
OESCRIPTION	DATE _ACQUIRED	DATE SOLD -	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PF 1: Si 	RIOR 79/ DA/ FPR METH	HOD LIE	CURR DEI	ENT PR
RM 199			•							1
IMPROVEMENTS 2 LEASEHOLD IMPROVEMENTS	VARIOUS		22,83 [,] 2,07				22,455	S/L S/L	5 3	110 290
6 SECURITY DOOR TOTAL IMPROVEMENTS	8/01/13		24,90	-		0	22,455			400
MACHINERY AND EQUIPMENT	VARIOUS		225,4	41			188,811	S/L S/L	5 5	15,386 6,558
1 FURNITURE & EQUIPMENT 4 DELL COMPUTER EQUIPMENT 8 FURNITURE & EQUIPMENT	VARIOUS VARIOUS	12/31/13	27,0 53,3				49,411	S/L	5	3,905
TOTAL MACHINERY AND EQUIPM	E		305,	797		0	238,222			25,849
MISCELLANEOUS 3 SOFTWARE	VARIOUS VARIOUS			,803),484			40,838	S/L S/L	3 3	965
7 SOFTWARE TOTAL MISCELLANEOUS	-		5	2,287		0	40,838		_	2,64
TOTAL DEPRECIATION			38	32 <u>,993</u>		0	301,515		=	28,89
GRAND TOTAL DEPRECIATION			3	82 <u>,993</u>		0	301,515		=	28,8
DEPRECIATION ASSETS SOLD				53,316		0	49,411 252,104		ï	3,9 24,9
DEPR REMAINING ASSETS			,	329 <u>,677</u>						

12/31/13

n e m

2013 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

WALDEN ENVIRONMENT, INC. DBA: WALDEN FAMILY SERVICES

94-2358632

NT 11-014	DATE	DATE	COST/ BUS BASIS PCI	CUR 179/ SDASDA	PRI 17 SC DE	OR 9/ OA/ PRMETHO	D LIFE	CURR DEP	ENT 'R
O DESCRIPTION ORM 199	DATE <u>ACQUIRED</u>	DATE SOLD -	BASIS						
IMPROVEMENTS	v4PI0U0		22,834			22,455	S/L S/L	5 3	110 290
2 LEASEHOLD IMPROVEMENTS 6 SECURITY DOOR	various 8/01/13		2,075		0	22,455			400
TOTAL IMPROVEMENTS MACHINERY AND EQUIPMENT			225,441			188,811	S/L S/L	5 5	15,38 6,55
1 FURNITURE & EQUIPMENT 4 DELL COMPUTER EQUIPMENT 8 FURNITURE & EQUIPMENT	VARIOUS VARIOUS VARIOUS	12/31/13	27,040 53,316			49,411	S/L	5	25,8
TOTAL MACHINERY AND EQUIPM	AE .		305,797		0		2.4	. 3	
MISCELLANEOUS 3 SOFTWARE	VARIOUS		41,803 10,484			40,838	S/L S/I	_	1
7 SOFTWARE TOTAL MISCELLANEOUS	yarious		52,287		0	40,838			
TOTAL MISCELLANEOUS TOTAL DEPRECIATION			382,990	} =	0	301,515			
GRAND TOTAL DEPRECIATION	N.		382,99	93		301,515 0 49,411			
DEPRECIATION ASSETS SO			53,3 329,6			0 49,411 0 252,104			

	PAGE 1 94-2358632		GURRENT DEPR	290 400	15,386	3,905	C+0 ⁴ C7	965	2,649	28,832	3,905		
			LIEE BATE	8/1 2 8/1 2	27			S/L 3					
			METHOD_ LIEE	22,455	Š	49,411	238,222	40,838	40,838	301,515	301,515 49,411	252,104	
	щ		PRIOR	22,834 2,275		225,441 27,040 53,316	305,797	41,803	52,287	382,993	382,993	329,677	
	HEDUL		DEPR.			2	0						
	ION SC	ES.	PRIOR SALVAG DEC. BAL /BASIS DEPR. REDUCT		0					0			
	RECIAT	MENT, INC	PRIOR P. 179/ DEI SP. DEPR		0		0			0	0	0	
	OOK DEPRECIATION SCHEDULE	WALDEN ENVIRONMENT, INC. WALDEN FAMILY SERVICES	SPECIAL DEPR. ALLOW.		0						0	0	
	Oa vii	WALDER DBA: WAL	CUR BUS. 179 PCT. BONUS	Ω بد	1 S	25,441 27,040	53,316	ç	10,484	52,287	382,993	53,316 329,677	
	1	LIFOR	COST/ BASIS	22,834	24,909	225,441 27,040			4 —				
		2013 CALIFORINIA DINALI WALI DBA: N	TE DATE	VARIOUS		VARIOUS	VARIOUS 12/31/13		Various Various				
			DATE			\	LN.	D EQUIPME		Sn	N ECIATION	ETS SOLD (SSETS	
			DESCRIPTION	199 ROVEMENTS LEASEHOLD IMPROVEMENTS	SECURITY DOOR TOTAL IMPROVEMENTS	MACHINERY AND EQUIPMENT 1 FURNITURE & EQUIPMENT	DELL COMPUTER EQUIPMENT FURNITURE & EQUIPMENT	TOTAL MACHINERY AND EQUIPME SCELLANEOUS	SOFTWARE	TOTAL MISCELLANEOUS	TOTAL DEPRECIATION	DEPRECIATION ASSETS SOLD	FK REIMAIL
:		12/31/13	CLIENT 11-014	동 기월 기	6 SECURITY DOOR	MACHINERY 1 FURNITI	4 DELL C	TOTAL MACHI	3 SOFT 7 SOFT	T0T	101		ā
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