2013 Exempt Org. Return prepared for:

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

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

Form **990**

Department of the Treasury Internal Revenue Service

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

Α	For t	he 2013 calen	dar year, or tax year begi	nning	, 2013, and endir				mspection		
В		if applicable:	С		, zo io, and chan	ıg	D Employ	vor Idor	ntification Number		
	Ad	ddress change	WALDEN FAMILY SI	ERVICES FOUNDATION,	TNC		1				
	Na	ame change	6150 MISSION GO	RGE ROAD #210	INC.		E Teleph	Z160	0214		
	Ini	itial return	SAN DIEGO, CA 9:	2120			1				
	Te	erminated					619	-584	4-5777		
	An	mended return							<u>.</u>		
	_	oplication pending	F Name and address of princip	al officer: PEDECA CHITTEE	\ <u>\</u>	117.5 1- 11-2	G Gross				
	ш.		SAME AS C ABOVE	al officer: TERESA STIVE			a group retui				
ī	Tax-	exempt status	X 501(c)(3) 501(c) () (insert no.) 4947	(-) (1)	if 'No,'	l subordinates ' attach a list.	includ see in	ed? Yes No		
J			W.WALDENFAMILY.C) (Ilisel(ilo.) 4947	(a)(1) or 527						
ĸ		of organization:	X Corporation Trust	 			exemption n				
		Summan		Association Other	L Year of formati	on: 200	1 Ms	tate of	legal domicile: CA		
1:::0	1	Briefly describ	e the organization's miss	sion or mock significant and the							
	-	ADMINITER:	PATTOM OF COMMENT	sion or most significant activitie	es: <u>THE SOLI</u>	<u>CITATI</u>	ON, RE	CEI	PT, AND		
2											
Ē		RECEIVED	FROM BIIGINESSES	THE FOUNDATION'S S AND INDIVIDUALS IN	UPPORT IS M	<u>IAINLY</u>	FROM_C	<u> ZONT</u>	<u>RIBUTIONS</u>		
, Ke	2	Check this bo	x I if the organization	on discontinued its operations	C SOUTHERN C	YTTFOF	RNIA	- <u>-</u> -			
Ö	3	Number of vo	ting members of the gove						l _		
ري ده	4	TAGETIDAL OF THE	rehengenr voging mellibel	'S Of the doverning body (Part.	VI line 16\			3	8		
ije	5	Total Inditibel	or marviauais employed r	n calendar vear 2013 (Part V	lina 2a)			5	<u>8</u> 0		
Activities & Governance	6	TOTAL HAITING	or animifeers (estilliste it	necessary).				6	45		
٨		Total unrelate	u pusiness revenue from	Part VIII. column (C) line 12				7 a	0.		
	<u>u</u>	ivet urirelated	business taxable income	from Form 990-T, line 34	************			7 b	0.		
	1					0	rior Year	~	Current Year		
e	9	Program cond	and grants (Part VIII, line	1h),			716,3	79.	340,708.		
Revenue	10	Investment in	ce revenue (Part VIII, III)	e 2g)							
æ	11	Other revenue	Come (Fart VIII, COIUMN (A), lines 3, 4, and 7d)				93.	563.		
	12	Total revenue	— add lines 8 through 11	nes 5, 6d, 8c, 9c, 10c, and 11e	9)		82,4		130,293.		
_	13 (Grants and sir	nilar amounts paid (Port	(must equal Part VIII, column IX, column (A), lines 1-3)	(A), line 12)	 	799,0	61.	471,564.		
	14	Benefits paid:	to or for membors (Part I	Y solumn (A), lines (-3),							
	15	Salaries other	componention omployed	X, column (A), line 4)							
es	160	Drofossional f	compensation, employe	e benefits (Part IX, column (A)), lines 5-10)	324,383.			362,966.		
Expenses	10a	riolessional li	undraising tees (Part IX, o	column (A), line 11e)							
쫎	b		ng expenses (Part IX, co		370,010.		1000				
~	17 (Other expense	es (Part IX, column (A), li	nes 11a-11d, 11f-24e)			387,9	52	382,093.		
	18	Total expense	s. Add lines 13-17 (must	equal Part IX, column (A), line	25)		712,3				
<u>~ ₽</u>	19	Revenue less	expenses. Subtract line 1	8 from line 12			86,7		745,059.		
Net Assets or Fund Balance					<u> </u>	-	g of Current				
Bai	20]	Total assets (F	Part X, line 16)			D ogmann	657,5		529,567.		
# H	21	Total liabilities	(Part X, line 26)	*************************			55,3		140,704.		
		Net assets or t	und balances. Subtract li	ne 21 from line 20			602,2				
	rt II	Signature	Block	-	, <u>,,,</u>	-	*		388,863.		
Unde	r penattie	es of perjury, I dec	are that I have examined this retu	ern, including accompanying schedules a all information of which preparer has any	nd statements, and to the	ne hest of my	/ knowladge :	and hali	of it is to a sound and		
-		to prepare	TAXPAYERS C	all information of which preparer has any	knowledge.	2001 01 (11)	Milowicuge e	and Den	er, it is true, correct, and		
٠.		Signature		OFI							
Sig Hei	n				-	Date	е		<u></u>		
nei	re		SA STIVERS			EXECU	TIVE D	TREC	TOR		
			rint name and title.				<u> </u>		<u>-</u>		
		Print/Type pre		Preparer's signature	Date	<u> </u>	Check X	if [PTIN		
Pai	d	JULIE A		JULIE A. FIRL	8/21/:		self-employed		P00085551		
Pre	parer	Firm's name TEAF & COLE T.I.D						F 00083351			
USE	e Only	Firm's address	2810 CAMINO I	DEL RIO SOUTH, SUITE	E 200		- Firm's EIN ► 95-2076568				
			SAN DIEGO, CA	92108-3820							
Мау	the IR	S discuss this	return with the preparer	shown above? (see instruction	16)	<u></u>	HOLLE HO.	∪⊥ ⊅.	294.7200		

Form	990 (2013) WALDEN FAMILY SERVICES FOUNDATION, INC.	91-2160214	Page 2
ı aı	The state of the s		
1	Check if Schedule O contains a response or note to any line in this Part III		X
•	SEE SCHEDULE O		
	DEC DOUGDOTTE O		
2	Did the organization undertake any significant program and its the significant program		
~	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-FZ?		
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O.	····· Yes	X No
3	Did the organization case conducting or make significant above at the conducting of make significant above at the conducting of make significant above at the conducting of th	II	
·	Did the organization cease conducting, or make significant changes in how it conducts, any program service If 'Yes,' describe these changes on Schedule O.	es? Yes	X No
4			
7	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 grad others, the total expenses, and revenue if any for each program service reported.	, as measured by o	expenses.
	others, the total expenses, and revenue, if any, for each program service reported.	nts and allocations to	0
4 a	(Code:) (Expenses \$ 375,049. including grants of \$) (Reve	nue \$	
	WALDEN FAMILY SERVICES FOUNDATION PURPOSE IS THE SOLICITATION DECE	מזגע וחתדי	
	ADMINISTRATION OF CONTRIBUTIONS FOR THE BENEFIT OF WAIDEN ENVIRONME	אותי דאור דאות	
	WALDEN FAMILY SERVICES. WALDEN ENVIRONMENT DBA WALDEN FAMILY SERVICES.	NT LINC DEN	
	FORMED IN 1976 AS A NONPROFIT ORGANIZATION TO PROVIDE ADVOCACY, OUT	ES (WALDEN)	<u>WAS</u>
	PLACEMENT, AND TREATMENT SERVICES FOR CHILDREN UNABLE TO REMAIN IN	TUETO OUNT HE	
	DUE TO ABANDONMENT, ABUSE, OR NEGLECT.	THETK OMN HO	MEZ
		-	-
		-	
4h	(Code:) (Expenses \$ including grants of \$) (Royal		
~	(Code:) (Expenses \$ including grants of \$) (Rever	nue Ş)
		-	
4 c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
		- -	
4 d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$,	
	Total program service expenses ► 375,049.		· · · · · · · · · · · · · · · · · · ·

			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	X	<u>. </u>
3		3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5		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 1.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8		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, VII, VIII, IX, or X as applicable.			
i	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
I	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	12 b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	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		X
	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? <i>If 'Yes</i> ,' <i>complete Schedule F, Parts III and IV</i>	16		
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18		18	х	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
1	b 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)

			Yes	No
21	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		X
22	P. 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.		<u> </u>	
23				X
	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	23		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	 -	X
	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?		_	
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d	_	 - -
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		x
26	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?	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		X
	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):	1		
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
29	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
30	The displacement of their \$25,000 fit hori-cash contributions? If 'Yes,' complete Schedule M	29		Х
	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-evempt or taxable option? If Was I assume the account of the control of	33		
35 :	and V, line 1	34 35a	Х	X
ı	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	35a		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	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			
ВАА	. Sometime Sometime State of the State of th	38 Form	X 990 (20137
		, orni	(-010)

Form 990 (2013) WALDEN FAMILY SERVICES FOUNDATION, INC.

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				
1	· · · · · · · · · · · · · · · · · · ·			Yes	No
•	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicableb Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		2		
	c Did the ergonization complements beach a city of the ergonizatio	1 b)		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable gaming	1 c	1	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return				
	b If at least one is reported on line 2a, did the organization file all required federal employment	Za (ACT TO STATE OF THE PARTY OF TH		
	Note: If the sum of lines to and 2a is greater than 250, you may be required to e-file (see in	structions\	2 b		
3	a Did the organization have unrelated business gross income of \$1,000 or more during the ver	er?	2.		X
	b if fes has it filed a Form 990-1 for this year? If 'No' to line 3b, provide an explanation in Schedule O.		3 a		1-^
4	a 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 f	er authority over, a	30		-
	b If 'Yes,' enter the name of the foreign country: ►	inancial account)?	4 a		X
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F				
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	Inancial Accounts.	911		
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	x year?	5 a		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	er transaction?	5 b		X
6:	Does the organization have applied gross receipts that are all the second	<	5 c		<u> </u>
	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		X
	or Yes, and the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		_
7	Organizations that may receive deductible contributions under section 170(c).	,	00		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?		7 a	Х	
ı	It is tes, the organization notify the donor of the value of the goods or services provided.		7 b	X	 -
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it versions 8282?	vas required to file	7 0		
	If 'Yes,' indicate the number of Forms 8282 filed during the year	- d	7с		X
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	_7d			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	penerit contract?	7 e		X
ç	If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899	7 f		X
	If the organization received a contribution of cars, heats, simplement as all the organization received a contribution of cars, heats, simplement as all the organization received a contribution of cars, heats, simplement as a simplement of cars, heats, simplement as a simplement of cars, heats, simplement or cars, heats, heat		7 g		
			7 h		
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, holdings at any time during the year?	ng organizations. Did the ave excess business			
9	sponsoring organizations maintaining donor advised funds.		8		
a	Did the organization make any taxable distributions under section 4966?		9a		
	rold the organization make a distribution to a donor, donor advisor, or related person?	***************************************	9 b	 -	
10	Section 50 (c)(7) organizations. Enter:		3.0		
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a		100	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
[]	Section 501(c)(12) organizations. Enter:		1014		100
a L	Gross income from members or shareholders	11 a			1.
	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 filing Form 990 in lieu of	Form 1041?	12 a		
D	in res, enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	***************************************	13a		SEE 1
	Note. See the instructions for additional information the organization must report on Schedule	e 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.	13Ы			
Ç	Enter the amount of reserves on hand	12.0			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
- 13	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule Q	14a		
BAA			N	- 1	

Form 990 (2013) WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year.....
If there are material differences in voting rights among members 1 a R 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..... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X 6 Did the organization have members or stockholders?.... 5 X 6 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?.... 7 a Χ ${f b}$ Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?.... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X **b** Each committee with authority to act on behalf of the governing body?.... 8 a 8 b X 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..... 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 No 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 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..... 12 a Χ **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 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 0 12 c Χ 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? 15 a Χ 15 h X 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?.... Х 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.... 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. 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: 20 6150 MISSION GORGE ROAD SAN DIEGO CA 92120 619-584-5777

BAA

Part VII. 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.

(A) Name and Title SEE SCHEDULE O (1) JON BAILEY BOARD MEMBER (2) JOE BERNSTEIN	Average hours per week (list any hours for related organizations below dotted line)	Position of the Position of th			•	en bottom bottom is trusted employee employee	han n an Eormer	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SEE SCHEDULE O (1) JON BAILEY BOARD MEMBER (2) JOE BERNSTEIN	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director						Reportable compensation from	Reportable compensation from	Estimated amount of other compensation from the organization and related
(1) JON BAILEY BOARD MEMBER (2) JOE BERNSTEIN	below dotted line)		Institutional trustee	Officer	Key employee	Highest compensi employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
BOARD MEMBER (2) JOE BERNSTEIN	0	_X				ated				
(2) JOE BERNSTEIN	1	X								
	1							0.	0.	0.
					-					
BOARD MEMBER	0	X							0.	0.
(3) LISA BETYAR	1									
BOARD MEMBER	0	X		.				0.		0.
_(4) SABRINA GREEN	1	.					ĺ			
BOARD MEMBER	0	X						0.	0.	0.
(5) JIM LAUTH	1_	.			- 1					
BOARD MEMBER	0	_X			_ .			0.	0.	0.
(6) JORGE RUIZ DE CASTILLA	1	. 1	i		-					
BOARD MEMBER	0	_X	_		_[_			0.	0.	0.
O DAVE SCHNELL	1									
BOARD MEMBER	0	_X		_	_		Щ.	0.	0.	0.
_(8) MARYANNE CARLIN	1									
CHAIR (9) DALE GANZOW	0		_	<u> </u>		.		0.	0.	0.
VICE_CHAIR	1									
(10) HILARY VREM	0		_	X	_		\perp	0.	0.	0.
SECRETARY	1		ı							
(11) TERESA STIVERS	0			X			_	0.	0.	0.
EXECUTIVE DIR.	$-\frac{21}{1}$						İ			
(12)	19		_	X.	4			58,292.	49,625.	15,377.
<u> </u>										
(13)		-	-	\dashv	+		-			
(14)			-	_	+		-			

Form 9	90 (2013) WALDEN FAMILY SERVICES F VIII Section A. Officers, Directors, Trus	OUNDA	TIC	ON,	II	NC.				91-216021	.4 Page 8
	and an analysis of the state of	(B)	\Cy	<u> </u>	ibio) (2)	es, a	anc	i riignest Con	npensated Emp	loyees (continued)
	(A) Name and title	Average hours per	offi	, unle cer ai	Pos check ess po nd a	sition more erson direct	than o is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		week (list 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
<u>(15)</u>		- - -						İ			
(16)											
(17)								_			
(18)					_		-	_			
(19)				-					·		
(20)					_		-	-			
(21)				_			_	_			
(22)				.			-				
(23)						_	_				
(24)				+	_	i	-	+			
(25)		,					\dashv				
1 b Su	b-total			_							
c To	tal from continuation sheets to Part VII, Section	A						. - -	58,292. 0.	49,625. 0.	15,377. 0.
2 lot	tal (add lines 1b and 1c)	those lis	sted a	bov	e) w	ho r	eceive	ed m	58,292. nore than \$100,000	49,625.) of reportable comp	15,377. ensation
	Ü	· <u>-</u> .					_				Yes No
	the organization list any former officer, director line 1a? If 'Yes,' complete Schedule J for such in	iui riuuc			• • •						. 3 X
	any individual listed on line 1a, is the sum of re organization and related organizations greater the individual										4 X
5 Did for	any person listed on line 1a receive or accrue of services rendered to the organization? If 'Yes.'	ompens omplete	atior Scl	fro nedu	m a ile J	ny ι <i>l for</i>	ınrela such	ted per	organization or i	ndividual	. 4 X
	· = · · · · · · · · · · · · · · · · · ·										
con	mplete this table for your five highest compensationensation from the organization. Report compensation.	ea indej on for th	pend ne ca	ent lend	cont ar ye	tract ear e	ors the ending	nat wit		an \$100,000 of anization's tax year.	
	Name and business address	S		<u></u>				1	(B) Description of	services	(C) Compensation
				-				+			
								+			
2 Tota \$10	al number of independent contractors (including but r 0,000 of compensation from the organization	not limite	ed to	thos	e lis	ted a	above	_L_) wh	no received more t	han 🔠	grad fraktarista ispas Karing sagata spedilik
ВАА		UTE	EA010	D8L, 1	11/11/	/13	. "				Form 990 (2013)

		U(2013) WALDEN F	AMILY	SERV	ICES FOUNDAY	rion, inc.		91-2160214	Page 9
Pal	T VI	Statement of Rev							
40400		Check if Schedule O	contains	a resp	onse or note to an	y line in this Part V	/III <u>.</u>		
			100 (1) 693 (2) 113 (1)			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
25	1 a	Federated campaigns		1 a			revenue		512-514
ANI	b	Membership dues		1 b			化基件性 化电池	ale personal	1000000
S S	c	Fundraising events		1 c	141 520				
FIS	q	Related organizations		1 d	141,530.	had substituted by	and the control of th	67 (1947)	1949/04/19 03:4
2 A	e	Government grants (contributi		1e					are said all the
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, c similar amounts not included		1 f	199,178.	Course Time Property Opens Property		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la	
MR DO	g	Noncash contributions included	l in lines 1a-	1f: \$					
SA	h	Total. Add lines 1a-1f		_ ` 		340,708.	图 经通过证据	genden er begin	tente de properti
Œ					Business Code	0107,00	101 101 101	10.00	
YEN	2 a								i tala labana ka ing panggang
꾶	b								
길	C								
X	d								
AM.	ę								
섌	f	All other program service	ce revenu	e					
꿆	g	Total. Add lines 2a-2f			>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	3	Investment income (inc	luding div	idends	s, interest and				
		other similar amounts).			······· •	563.			563.
	4	Income from investmen							
	5	Royalties							
	_		(i) Re	eal	(ii) Personal	La brancia da C	医乳腺性 医抗动物		ne de nederal
		Gross rents					100000000000000000000000000000000000000		Successful problems
		Less: rental expenses							
		Rental income or (loss)					Self-Fig.		
	i	Net rental income or (id							
	7 a	Gross amount from sales of	(i) Secu	rities	(ii) Other		A Company		the best shown
		assets other than inventory					distribution		
	b	Less: cost or other basis							
	_	and sales expenses Gain or (loss)				er diangent fon	Continue Street	manifest O.A. S	hine Medical
		Net gain or (loss)							
띨	Вa	Gross income from fund (not including \$	draising e [.] 141,5						100000000000000000000000000000000000000
Ē		of contributions reported	d on line	1c).					
뿚		See Part IV, line 18		•	190,439.		a tributa di Salan		
OTHER REVENUE		Less: direct expenses				ting to pro-		100	
୍ଧ		Net income or (loss) fro				130,293.			120 002
		Gross income from gam See Part IV, line 19				130,293.		5 (1.1.19) (16.29) (18.2) (1.1.19) (16.29) (18.2)	130,293.
		Less: direct expenses				Market See F	eris II, lie iti sid	erender stations	医多种畸形性 医白
	C	Net income or (loss) fro	m gaming	g activi	ities►				
	10 a	Gross sales of inventory	/. less ret	urns		a di seria da seria da			
		Gross sales of inventory and allowances				para de major d	100000000000000000000000000000000000000		a lagranger p
		Less: cost of goods sold			1	12			
	С	Net income or (loss) fro		of inve	ntory ►				
		Miscellaneous Revenu	ie		Business Code	in company of the same			
	11 a		_					d commonweal of control of the contr	
	þ								
	C			- - -					
İ		All other revenue							
		Total. Add lines 11a-11d							
	12	Total revenue. See instr	ructions.,		<u>.,.,</u> ►	471,564.	0.	0	130.856

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). (C) Management and (A) Total expenses (B) Do not include amounts reported on lines (D) Program service Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21..... Grants and other assistance to individuals in the United States. See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 58,501 0 0 58.501. 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 O 7 Other salaries and wages..... 229,710. 124,735 104,975. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits..... 53,490 21,174 32,316. 10 Payroll taxes..... 21,265 9,259 12,006. 11 Fees for services (non-employees): a Management..... **b** Legal..... 203 203. c Accounting..... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees..... Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)..... 15,877. 13,647 2,230. 21,213. 3,853. 17,360. 13 Office expenses..... 7,472 6,227. 1,245. 14 Information technology..... 15 16 Occupancy..... 32,418. 20,639. 11,779. 17 18,782. 16,547. 2,235. Payments of travel or entertainment expenses for any federal, state, or local public officials.... Conferences, conventions, and meetings.... 4,898 2,401 2,497. 20 Interest..... 21 Payments to affiliates..... Depreciation, depletion, and amortization... 1,063 269 794. 23 Insurance..... 7,501 3,257 4,244. Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... a MISC EXPENSE 93,106 53,968 <u>39,138.</u> b SPECIAL PROJECTS 69,777 8,673 61,104. c EMANCIPATED YOUTH_ 58,486 58,486 d CONTRACT LABOR _ _ _ 23,142 12,859 10,283. e All other expenses..... 28,155 19,055. 9,100. 25 Total functional expenses. Add lines 1 through 24e . . . 745,059 375,049. 0 370,010. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).....

	_	Check if Schedule O contains a response or note to any line in this Part X			
					
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	265,969.	1	207,886.
	2	Savings and temporary cash investments	252 002	2	248,081.
	3	Pledges and grants receivable, net	232, 903.	3	248,081.
	4	Accounts receivable, net	138,593.	4	72 600
	5	Loans and other receivables from current and former officers disease.	130,393.	-	73,600.
	-	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	and transfer our		a day be the
		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(f)(2)(2)	Control of the Control of the		
		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	a distribution de		capital calcium to
Δ		beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	reaches the second		
		Complete Part VI of Schedule D	at produced and the		
		Less: accumulated depreciation		10 c	
	11	Investments - publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets, Add lines 1 through 15 (must equal line 34)	657,545.	16	529,567.
	17 18	Accounts payable and accrued expenses		17	020,301.
	19	Grants payable		18	
.	20	Deferred revenue.		19	
Ļ	21	Tax-exempt bond liabilities.		20	
A B L L	22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ĻΙ		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.	a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	13.1	es de la Calabara de la con-
<u>†</u>		Complete Part II of Schedule L		22	
T I E S	23	Secured mortgages and notes payable to unrelated third parties		23	
٠,	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.	,		
l	26	Total liabilities Add lines 17 through 25	55,333.	25	140,704.
N		Total liabilities. Add lines 17 through 25.	55,333.	26	140,704.
Т		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ASSET-S	27	Unrestricted net assets.	the analysis of the first section of		incompany and property
Ĕ	28	Temporarily restricted net assets	191,210.	27	<u> 108,529.</u>
	29	Permanently restricted net assets.	411,002.	28	280,334.
Q R		Organizations that do not follow SFAS 117 (ASC 958), check here ►		29	
E		and complete lines 30 through 34.			
FUND	30	Capital stock or trust principal, or current funds.			
	31	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Ķ	32	Retained earnings, endowment, accumulated income, or other funds		31	
B女し女兄にほ の	33	Total net assets or fund balances.	COO 010	32	
Š	34	Total liabilities and net assets/fund balances		33	388,863.
BA/	1		657,545.	34	529,567.
					Form 990 (2013)

Form 990 (2013) WALDEN FAMILY SERVICES FOUNDATION, INC.	91-2160)214 Page 1
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		
Total revenue (must equal Part VIII, column (A), line 12)	-	471,564
z Total expenses (must equal Part IX, column (A), line 25)	2	745,059
3 Revertue less expenses. Subtract line 2 from line 1	3	-273,495
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		602,212
5 Net unrealized gains (losses) on investments	<u> </u>	002,212
• Donated services and use of facilities		
/ Investment expenses	 	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE		60,146
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		00,140
column \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u></u> . 10	388,863
Financial Statements and Reporting	· I · ·	
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		100 100
If the organization changed its method of accounting from a prior year or checked 'Other,' exin Schedule O.	kplain	
2 a Were the organization's financial statements compiled or reviewed by an independent accounts to the statement of the stat	ntant?	
If 'Yes,' check a box below to indicate whether the financial statements for the year were corseparate basis, consolidated basis, or both:	mpiled or reviewed on a	
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		2b X
If 'Yes,' check a box below to indicate whether the financial statements for the year were aud basis, consolidated basis, or both:	dited on a separate	
The state of the s		
	5	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant	rsight of the audit, t?	2c X
in Schedule O.	ear, explain	
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	rth in the Single	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo	o the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	a me rednited andit	3b
BAA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Form 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

2013

Open to Public Inspection

Employer identification number

WAL	DE.	N FAMILY SERV	ICES FOUNDATION	ON, INC.					91-2	160214	1		
<u>Par</u>	t I	Reason for Pub	lic Charity Status	(All organizations	must	comple	ete this	part.) See	instruct	ions.		
IIIe (rga	ruzation is not a privi	ate foundation becaus	se it is: (For lines 1 thro	ough 11,	, check (only one	box.)					
1	Н	A church, conventio	n of churches or asso	ciation of churches des	scribed in	n sectio	n 170(b)	X1)(A)(i)).				
2	Ц	A school described	in section 170(b)(1)(A))(ii). (Attach Schedule i	E.)								
3		A hospital or a coop	erative hospital servic	ce organization describ	ed in se	ction 17	′0(b)(1)(A)(iii).					
4	L	A medical research	organization operated	l in conjunction with a l	hospital	describe	ed in se	ction 17	'0(b)(1)(A)(iii). Er	nter the hos	spital's	s
		name, city, and stat	e:									•	
5		TO CONTRACT TO COLUMNIA TO COLUMNIA COL	mpiete ratt II.)	college or university own					I unit de	scribed in	section		
6		A federal, state, or I	ocal government or go	overnmental unit descr	ibed in s	section '	170(b)(1)(A)(v).					
7		The section to o(D)(T)	ANNIA (Complete Fal	stantial part of its support II.)			nental ur	it or fror	n the ge	neral publ	lic described	4	
8		A community trust d	lescribed in section 1 7	70(b)(1)(A)(vi). (Comple	ete Part	11.)							
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10		An organization orga	anized and operated e	exclusively to test for p	ublic saf	ety. See	section	n 509(a)	(4).				
11	X	An organization organ	sized and operated evaluation	usively for the benefit of, scribed in section 509(a tion and complete lines	to norfo	رك سال مدي		_ e		ne purpos 509(a)(3) ,	es of one or Check the	r e box	that
		a X Type I	Type II c	Type III - Functio	nally inte	earated	•••						
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported graphizations described in section 500(s)(1).												
f		If the organization rec	eived a written determir	nation from the IRS that	is a Tune								
g		OHOUR THE DOX		on accepted any gift of			. .						. 🔟
											' I	V	
		(i) A person who	directly or indirectly co	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	lescribe	d in (ii)	and (iii)		Yes	No_
		Delow, the gov	erring body or the sup	oported organization?	• • • • • • • •			• • • • • • •		• • • • • • • • • • •	11 g (i)		X
		(ii) A family memb	per of a person describ	bed in (i) above?						· · · · · · · · · · · · · · · · · · ·	11g (ii)		Х
		(iii) A 35% controll	ed entity of a person i	described in (i) or (ii) a	above?	,					11 g (iii)		X
h			information about the	e supported organization	on(s).								- 21
		(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	ls the zation in i) listed in overning ment?	(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monets		etary
					Yes	No	Yes	No	Yes	No			
	WA.	LDEN ENVIRONM	ENT, INC.										
A)			94-2358632	9	X		X		Х		4	67,3	25
B)					- <u>-</u>							<u> </u>	<u> </u>
-,		,	<u> </u>		 								
C)													
D)							h 		,				
E)								İ					
otal								4			4	<u>6</u> 7,3	25.
SAA	For	Paperwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	90-EZ.		S	chedule	A (Form 9	990 or 990-		

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>Se</u>	ction A. Public Support				· . · · . · . · . · . · · · · · · · · ·		
Cal beg	endar year (or fiscal year Jinning 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.)						N
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	in in the state of		ada pipali depaktiya. Hiji da pali pipali d	artinarijungs Paradarija		
	ction B. Total Support						
beg	endar year (or fiscal year inning 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						<u> </u>
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		di Tangapang sporto Linggapang banda dalam	reducidades regulares	a di Marajari mengan Marajari Tengan pada		
12	Gross receipts from related activi	ties, etc (see inst	tructions)				
13	First five years. If the Form 990 is forganization, check this box and	or the erapinetism	de Const			<u> </u>	
Sec	tion C. Computation of Pub	olic Support Pr	ercentage				
14	Public support percentage for 20	13 (line 6, column	(f) divided by line	€ 11. column (f))		144	
15	Public support percentage from 2	012 Schedule A,	Part II, line 14				<u>%</u>
16 a	33-1/3% support test — 2013. If the and stop here. The organization of	lan aua - : 1! 1					
b	33-1/3% support test – 2012. If the and stop here. The organization	a organization di	السمامية المصاد				-
	10%-facts-and-circumstances tes or more, and if the organization nathe organization meets the 'facts-	and-circumstance	es' test. The organ	nization qualifies	as a publicly supp	erted organization	V how ►
	10%-facts-and-circumstances tes or more, and if the organization norganization meets the 'facts-and Private foundation. If the organization is the organization of the organization in the organization is the organization.	-circumstances' te	est. The organizat	ion qualifies as a	oubliely cupports	Explain in Part I	V how the
18	Private foundation. If the organization	ation did not chec	ck a box on line 13	3, 16a, 16b, 17a.	or 17b, check this	o organization box and see instr	uctions
BAA			· · · · · · · · · · · · · · · · · · ·			edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2013 WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 Part III. Support Schedule for Organizations Described in Section 509(a)(2)

(omplete only if you checke	ed the box on line 9 of Part	l or if the organization failed to	a qualify under Part II. If	the examination fall-
to	qualify under the tests I	sted below, please comp	lete Part II)	y quality under rait ii. Ii	the organization falls

<u>Se</u>	ction A. Public Support						· · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(a) 0012	***
1	Gifts, grants, contributions and membership fees		(2) 2010	(0) 2011	(u) 2012	(e) 2013	(f) Total
	received. (Do not include		i				
2	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or	1	1				
	services performed, or facilities					1	
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities		 				
	that are not an unrelated trade or business under section 513.					ĺ	
4	Tax revenues levied for the						
•	organization's benefit and	1					
	either paid to or expended on its behalf						
5	The value of services or				<u> </u>		
	facilities furnished by a						
	governmental unit to the organization without charge			•	İ		
6	Total. Add lines 1 through 5						
7	a Amounts included on lines 1.						
	2. and 3 received from						
	disqualified persons						
	b Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
	c Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line						
	7c from line 6.)			a manana	经产品的	State (19 Bir)	
Sec	tion B. Total Support						<u> </u>
	ndar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-) 0010	40
9	Amounts from line 6		(1) 2010	(6) 2011	(d) 2012	(e) 2013	(f) Total
10	Gross income from interest,						
	dividends, payments received on securities loans, rents,]		
	rovalties and income from					ľ	
	similar sources				-		
'	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
10	regularly carried on.			_			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		-				
	capital assets (Explain in						
13							
	Total Support. (Add Ins 9,10c, 11 and 12.)						
14	First five years. If the Form 990 is organization, check this box and tion C. Computation of Publishers	s for the organizat	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	
Sec	tion C. Computation of Pub	lic Support D.	·····				· · · · · · · · · · · · · · · ·
15	Public support percentage for 201	3 (line & column	(f) divided by 1	- 12			
16	Public support percentage from 2	1. A chodula A 1	(i) uivided by jijn	e 13, column (f)).		15	િ
	Public support percentage from 2	ora Gorieuule A, I	ranin, line 15				%
<u>360</u> 17	tion D. Computation of Investment income percentage for	siment incom	<u>ie Percentage</u>				
18	Investment income percentage fo	r ∠u13 (line 10c, d	column (f) divided	l by line 13, colu	mn (f))	17	%
	investment income percentage fro	om 2012 Schedule	e A. Part III. line i	17		10	
ıya	33-1/376 SHIDDOM TACTE - 2013 14	tha araaniyatiaa d	Kalaa a Laba a Daga da Kal	1 11 11 11			
	33-1/3% support tests - 2012 H	the exemples is	illered the organi	zation qualifies a	s a publiciy suppo	rted organization	▶ │
	line 18 is not more than 33-1/3%,	irie organization d check this box ar	lid not check a bo ad stop here. The	x on line 14 or li	ne 19a, and line 1	6 is more than 33-	1/3%, and
	Private foundation. If the organization						
ΒΔΔ			" A DOV OIL HIST I	т, тэа, OF ТУD, Ci	ieck this box and :	see instructions	▶ []

Schedule A	(Form 990 or 99	90-EZ) 2013	WALE	EN FAMILY	SERVICES	FOUNDAT	ION, INC.	91-2160214	Page 4
Part IV	Supplemer or 17b; and (See instru	i tal Informa I Part III, Iir ctions).	ation. P ne 12. A	rovide the elso complet	explanations e this part fo	required b or any addi	y Part II, lir tional infor	91-2160214 ne 10; Part II, line mation.	17a
				<u>-</u>					
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		· – – – – <u>–</u>			- -				
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			-		-				

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

or 990-PF)

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

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

realine of the organization		Employer identification number					
WALDEN FAMILY SERVICES FOUNDA	91-2160214						
Organization type (check one):		J1					
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 priva	sto formulation					
	501(c)(3) taxable private foundation	ne louridation					
Check if your organization is covered by the Ge	eneral Rule or a Special Rule						
Note. Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	pecial Rule. See instructions					
General Rule		secial Nate. See instructions.					
X For an organization filing Form 990, 990-EZ, or contributor. (Complete Parts I and II.)	990-PF that received, during the year, \$5,000 or more (in mone)	or property) from any one					
Special Rules							
(2) 2% of the amount on (i) Form 990, Part	orm 990 or 990-EZ that met the 33-1/3% support test of the from any one contributor, during the year, a contribution of to VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I are	the greater of (1) \$5,000 or ad II.					
total contributions of more than \$1,000 for a the prevention of cruelty to children or anim	n filing Form 990 or 990-EZ that received from any one contributouse <i>exclusively</i> for religious, charitable, scientific, literary, or lals. Complete Parts I, II, and III.	or, during the year, educational purposes, or					
If this box is checked, enter here the total contr purpose. Do not complete any of the parts unle	n filing Form 990 or 990-EZ that received from any one contribute haritable, etc, purposes, but these contributions did not total to m ibutions that were received during the year for an <i>exclusively</i> religs the General Rule applies to this organization because it receiv,000 or more during the year	ore than \$1,000. gious, charitable, etc,					
Caution: An organization that is not covered by 990-PF) but it must answer 'No' on Part IV, line Part I, line 2, to certify that it does not meet the	the General Rule and/or the Special Rules does not file Sch 2, of its Form 990; or check the box on line H of its Form 99 filing requirements of Schedule B (Form 990, 990-EZ, or 99	edule B (Form 990, 990-EZ, or 30-EZ or on its Form 990-PF, 0-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)	F	^o age	1 of 4 of Part
	N FAMILY SERVICES FOUNDATION, INC.		' '	r identification number 160214
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1	BARNEY & BARNEY	_		Person X
	6150 MISSION GORGE RD. STE 210	\$5,	100.	Payroll Noncash
	SAN DIEGO, CA 92120			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution
2	LISA BEYTAR			Person X
	6150 MISSION GORGE RD. STE 210	\$6 <u>,</u>	<u>425.</u>	Payroll Noncash
	SAN DIEGO, CA 92120	-		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
3	ARTHUR CANDLAND			Person X
	6150 MISSION GORGE RD. STE 210	\$25 <u>,</u>	<u> 115.</u>	Payroll Noncash
	SAN DIEGO, CA 92120	•		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
4	MARYANNE CARLIN			Person X
	6150 MISSION GORGE RD. STE 210	\$ <u>16,</u>	100.	Payroll Noncash
	SAN DIEGO, CA 92120			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
5	DOWLING & YAHNKE			Person X
	6150 MISSION GORGE RD. STE 210	\$ <u>_10</u> _	000.	Payroli Noncash
	SAN DIEGO, CA 92120			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
<u>6</u>	FIRST AMERICAN TRUST			Person X
	6150 MISSION GORGE RD. STE 210	\$ <u>_20</u> _	000.	Payroll Noncash
	SAN DIEGO, CA 92120	i		(Complete Part II for noncash contributions.)
BAA	TEEA0702L 12/27/13	Schedule B (Fo	rm 990,	990-EZ, or 990-PF) (2013)

,	,				
Schedule	e B (Form 990, 990-EZ, or 990-PF) (2013)	F	age	2 of	4 of Part
WALDE	N FAMILY SERVICES FOUNDATION, INC.			er identification nu 160214	mber
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	15	Type of c	(d) ontribution
<u>7</u>	HERVEY_FOUNDATION	_		Person Payroll	X
	6150 MISSION GORGE RD. STE 210	\$ <u>_30,</u>	000.	Noncash	
	SAN DIEGO, CA 92120			(Complete P noncash con	art II for tributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	Type of c	(d) ontribution
8	ARLENE LIBERMAN			Person	X
	6150 MISSION GORGE RD. STE 210	\$5	000.	Payroll Noncash	
	SAN DIEGO, CA 92120	-		(Complete Pa	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	s	Type of co	d) ontribution
9	ARTHUR Q. JOHNSON FOUNDATION			Person	X
	6150 MISSION GORGE RD. STE 210	\$15,	000.	Payroll Noncash	
	SAN DIEGO, CA 92120			(Complete Pa	art II for tributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(y Type of co	d) ontribution
10_	JOHN & NANCY POUK SCHWEB CHARITABLE				X
	6150 MISSION GORGE RD. STE 210	\$ <u>5</u> _	000.	Payroll Noncash	
	SAN DIEGO, CA 92120			(Complete Pa noncash cont	art II for ributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	s	Type of co	d) Intribution
11_	SDG&E_A_SEMPRA_ENERGY			-	X
	6150 MISSION GORGE RD. STE 210	\$ <u>5</u> _	000.	Payroll Noncash	
	SAN DIEGO, CA 92120			(Complete Pa noncash cont	rt II for ributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	5	(c Type of co	l) ntribution
<u>12</u>	HARLEY_SEFTON_			Person	<u>X</u>

6150 MISSION GORGE RD. STE 210

SAN DIEGO, CA 92120

122<u>,</u>870.

Payroli

Noncash

(Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	3 of 4 of Part 1
Name of org WALDEI	N FAMILY SERVICES FOUNDATION, INC.	1	er identification number 160214
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _	SOCIAL ENTREPENEURS		Person X
	6150 MISSION GORGE RD. STE 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
14_	SURDNA FOUNDATION		Person X
	6150 MISSION GORGE RD. STE 210	 \$ <u>55,000.</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
<u>15</u> _	LINDA & JERRY STRICKLAND FOUNDATION		Person X
ĺ	6150 MISSION GORGE RD. STE 210	 \$ <u>14,775.</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
<u>16</u> _	SAN DIEGO FOUNDATION		Person X
	6150 MISSION GORGE RD. STE 210	\$ <u>12,232.</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
17_	HOLIDAY GIFTS FOR FOSTER YOUTH		Person
	6150 MISSION GORGE RD. STE 210	\$ <u>5,000</u> .	Payroll Noncash X
	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
18_	JEWELERY DONATION		Person
	6150 MISSION GORGE RD. STE 210	\$ <u>5,000.</u>	Payroll Noncash X
	SAN DIEGO, CA 92120		(Complete Part II for noncash contributions.)
ВАА	TEEA0702L 12/27/13	Schedule B (Form 990,	990-EZ, or 990-PF) (2013)

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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	4 of 4 of Part
Name of org	N FAMILY SERVICES FOUNDATION, INC.	Employ	er identification number
	Contributors (see instructions). Use duplicate copies of Part I if additional spa	[91-2	2160214
(a) Number		(c) Total contributions	(d) Type of contribution
19_	BALBOA TRAVEL MANAGEMENT	CONTINUED	Person
	6150 MISSION GORGE RD. STE 210	\$ <u>5,000.</u>	Payroll X
	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
-		- \$	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 Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll 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 Payroll Noncash Complete Part II for
ВАА	TEEA0702L 12/27/13		noncash contributions.)

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

1 of Part II

Name of organization

BAA

WALDEN FAMILY SERVICES FOUNDATION, INC

Employer identification number

91-2160214 Partil Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received HOLIDAY GIFTS 17_ 5,000 12/20/13 (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received 18___ 5,000 8/12/13 (a) No. (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received from Part I TRAVEI <u> 19</u> 5,000 8/12/13 (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received

	(Form 990, 990-EZ, or 990-PF) (2013)		Page 1 to 1 of Part III					
Name of organ WALDEN	_{ization} FAMILY SERVICES FOUNDATION, I	NC.	Employer identification number 91–2160214					
Part III	Exclusively religious, charitable, etc. organizations that total more than \$1 For organizations completing Part III, enter total o contributions of \$1,000 or less for the year. (E Use duplicate copies of Part III if additional sp	, individual contributions to s ,000 for the year. Complete column f exclusively religious, charitable, etc., nter this information once. See instru	section 501(c)(7), (8) or (10)					
	(b)							
(a) No. from Part I	Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A							
			 					
		(e)						
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee					
		und En . 4	recautionship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee					
								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
								
	(e) Transfer of gift							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a)	(b)	(0)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	<u> </u>		 					
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee					
			,					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

WA]	LDEN FAMILY SERVICES FOUNDATION, INC.	91-2160214							
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	counts							
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.								
	(a) Donor advised funds (b) F	unds and other accounts							
1	Total number at end of year	sind direction decounts							
2	Aggregate contributions to (during year)								
3	Aggregate grapts from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control?	funds Yes No							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cor impermissible private benefit?	ed only							
Da,	t II. Conservation Easements.	140							
1 41	Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.								
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 historical	alle impositant lauri							
	Protection of natural habitat Preservation of a certified	any important land area							
	Preservation of open space	nistoric structure							
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation of the tax year.	vation easement on the							
		leld at the End of the Tax Year							
ā	Total number of conservation easements	iera at the Life of the Tax Tear							
ŀ	Total acreage restricted by conservation easements								
(Number of conservation easements on a certified historic structure included in (a)								
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic								
•	structure listed in the National Register								
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizatio tax year ►	n during the							
4	Number of states where property subject to conservation easement is located >								
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of viola	ations.							
_	and enforcement of the conservation easements it holds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	r							
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year								
	≻ \$								
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(and section 170(h)(4)(B)(ii)?	Yes No							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	organization's accounting for							
	Organizations Maintaining Collections of Art, Historical Treasures, or Other Sim Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.								
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statemer art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of print Part XIII, the text of the footnote to its financial statements that describes these items.	nt and balance sheet works of public service, provide,							
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement ar historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public following amounts relating to these items:	c service, provide the							
	(i) Revenues included in Form 990, Part VIII, line 1								
^	(ii) Assets included in Form 990, Part X								
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provamounts required to be reported under SFAS 116 (ASC 958) relating to these items:								
	Revenues included in Form 990, Part VIII, line 1								
<u>t</u>	Assets included in Form 990, Part X.	►\$							

Part III Organizations Maintain	N FAMILY SEL	RVICES FOUNI	DATION, INC	es or O	91-216	0214	Page 2
3 Using the organization's acquisition, items (check all that apply):							nuea)
none (oneok ali mat appiy).	accession, and other	er records, check a	ny of the following	that are a	significant use of its	collection	
a Public exhibition		d 🔲 Loan 🤄	or exchange prog	rams			
b Scholarly research		e 💹 Other					
c Preservation for future genera							
4 Provide a description of the organiza Part XIII.							
5 During the year, did the organizati to be sold to raise funds rather that	on solicit or receiven to be maintaine	e donations of ar	t, historical treas	ures, or of	ther similar assets	7	□
Part V Escrow and Custodial line 9, or reported an a	Arrandements	. Complete if t	he organizatio	on answ	ered 'Yes' to For	 Yes m 990, Pa	<u> </u>
1 a Is the organization an agent, trust							
0111 01113 220, 1 alt X:				orothera	assets not included	Yes	□No
b If 'Yes,' explain the arrangement i	n Part XIII and cor	mplete the followin	ng table:		[
- Danisarius III				[Amount	
c Beginning balance		· · · · · · · · · · · · · · · · · · ·			1 c		
d Additions during the year	•••••				1 d		
e Distributions during the year	***************				1 e		
f Ending balance	aunt on Farm 000	David V. Paris 010	• • • • • • • • • • • • • • • • • • • •	[1f		
2a Did the organization include an am	Doubt VIII Chook	, Part X, line 21?				Yes	No
b If 'Yes,' explain the arrangement in	II Fall Alli. Glieck	nere ir the explan	tion has been pr	ovided in I	Part XIII	• • • • • • • • • • • • •	
Part V Endowment Funds. Co	mnlete if the o	rganization an	sword Vost	to Form	000 Dest 11/ 11	7.0	
	(a) Current year	(b) Prior year	(c) Two year	to Form	990, Part IV, line		
1 a Beginning of year balance	(a) varione you	(b) Thoryean	(c) Two yea	als Dack	(d) Three years back	(e) Four ye	ars back
b Contributions						 	
c Net investment earnings, gains,		-				<u> </u>	
and losses							
d Grants or scholarships,							
e Other expenditures for facilities	·						
and programs							
f Administrative expenses		-					
g End of year balance							
2 Provide the estimated percentage	of the current year	end balance (line	e 1g, column (a))	held as:			•
 a Board designated or quasi-endowmer b Permanent endowment ► 		 *					
c Temporarily restricted endowment	_ %	0					
The percentages in lines 2a, 2b, a		% 					
3 a Are there endowment funds not in the organization by:	possession of the	organization that ar	e held and admini	istered for	the		T
(i) unrelated organizations						Yes	No
(ii) related organizations					• • • • • • • • • • • • • • • • • • • •	3a(i)	
b If 'Yes' to 3a(ii), are the related org	ranizations listed :	as required on Sol	andula D2				
4 Describe in Part XIII the intended i	uses of the organiz	ration's endowme	nt funde	• • • • • • • • •		3b	<u> </u>
Part VI Land, Buildings, and E	quipment	adon's chaowing	it idilds.				
Complete if the organize	ation answered	'Yes' to Form	990 Part IV	line 11a	See Form 990	Part V II	ino 10
Description of property		t or other basis					
	(ir	vestment)	(b) Cost or oth basis (other)	er (c) Accumulated depreciation	(d) Book v	value
1 a Land					and the second		
b Buildings							
c Leasehold improvements							***
d Equipment							
e Other				-	. <u></u>		
Total. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990, Part X, co	olumn (B), line 1	0(c).)			0.
BAA			· · · · · · · · · · · · · · · · · · ·			e D (Form 99	

Schedule D (Form 990) 2013 WALDEN FAMILY SERV	VICES FOUNDATIO	N, INC.	91-2160214	Page 3
Part VII Investments — Other Securities.		N/A		
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value		See Form 990, Part X lation: Cost or end-of-year market v	
(1) Financial derivatives.	(b) Book value	(C) Wedlod of Valu	iation. Cost or end-or-year market v	alue
(2) Closely-held equity interests		<u> </u>		
(3) Other				
(A)				
(B)	-			
(C)				
(D) (E)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			Philipping the comments	
Part VIII Investments - Program Related. Complete if the organization answered	'Yes' to Form 990	N/A Part IV. line 11c	See Form 990 Part X	line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation	on: Cost or end-of-year mar	ket value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)				
Part IX Other Assets.	N/A			
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d.		
(1) (a) Des	scription		(b) Book	r value
(2)				·
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15.)		-	*****
Part X Other Liabilities.				
Complete if the organization answered 'Yes' to Fo	orm 990, Part IV, Iine 11	e or 11f. See Form 990,	Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book value		as demonstration of the particular in	
(2) DUE TO WALDEN FAMILY SERVICES	140.70		A CONTRACTOR AND A STATE OF	
(3)	140,70	4.	Artist the Property of	
(4)			ampeline Grenner de Laire	
(5)				
(6)			r folgar et e rene en en e	Marie State
(7)				
(8)		Established State	Control to Market States	
(9) (10)				
(11)				10000
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	140,70			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organization's fire	nancial statements that reports	s the organization's liability for uno	ortain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote h	nas been provided in Part XIII		SEE. PART.	XIII X

December 1 Page 1990 2013 WALDEN FAMILY SERVICES FOUNDATION, INC.	91-2160214	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
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	531,710.
= 1 and and a criminal parties of the office		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
a Other (Describe in Part XIII.). Shiri TAKT All 1	146.	
e Add lines 2a through 2d.	2e	60,146.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 	3	471,564.
a Investment expenses not included on Form 990, Part VIII, line 7b		
h Other (Departies in Dept VIII)		
C Add lines 4a and 4b		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	<u>471,564</u> .
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per Return.	
1 Total expenses and losses per audited financial statements	1 3	745 050
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		745,059.
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	745 050
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		745,059.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	745,059.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2 line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	b; Part V, de any additional info	rmation.
PART X - FIN 48 FOOTNOTE		
WALDEN_FAMILY_SERVICES_FOUNDATION_IS_A_PUBLIC_CHARITIY_AND_IS_EXE	MPT FROM INCO	ME
TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND SE	CTION 23701 (D) OF
THE CALIFORNIA REVENUE AND TAXATION CODE. WALDEN FAMILY SERVICES	<u>FOUNDATION</u>	
BELIEVES THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS		 s
SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL T		
STATEMENTS. WALDEN FAMILY SERVICES IS NOT PRIVATE FOUNDATIONS.	~~~ ~*********************************	스보
ВАА	Schedule D (Fo	0002 0010
	Schedule D (PA)	mm 990) 2013 -

Part XIII Supplemental Information (continued)	91-2160214	Page 5
Supplemental information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TA	X FOR THE YEARS E	INDED
DECEMBER 31, 2013, 2012, 2011 AND 2010 ARE SUBJECT TO EXAMINATI	ON BY THE INTERNA	<u>T</u>
REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THE THR	EE TO FOUR YEARS	
AFTER THE RETURNS WERE FILED.		
		
	·	
		-
		- -
	-	-
		
		
		- -
		
		-
		
		-
		-

TEEA3305L 07/01/13

Schedule **D** (Form 990) 2013

BAA

2013

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

CLIENT 11-015

WALDEN FAMILY SERVICES FOUNDATION, INC.

91-2160214

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENT EXPENSE.....

...... \$ 60,146. TOTAL \$ 60,146.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

2013

Open to Public Inspection

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

Sch	edule	G (Form 990 or 990-EZ) 2013 WALDEN	FAMILY SERVICE	S FOUNDATION,	INC. 91-21	.60214 Page 2
Pai	<u>t II</u>	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gr	the organization ar	ochrod Voc! to Ea	New OOD David IV 15	10
R E V	:		(a) Event #1 WINE D'VINE (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
E M N M N M M M M M M M M M M M M M M M	1	Gross receipts	331,969.			331,969.
E	2	Less: Charitable contributions	141,530.			141,530.
	3	Gross income (line 1 minus line 2)	190,439.			190,439.
	4	Cash prizes				
_	5	Noncash prizes				
D I RECT	6	Rent/facility costs	37,775.			37,775.
	7	Food and beverages	8,308.			8,308.
μX	8	Entertainment	1,500.			1,500.
н К Б Б Б Б Б Б Б Б Б Б Б Б Б Б Б Б Б Б	9	Other direct expenses	12,563.			12,563.
5	10	Direct expense summary. Add lines 4 thr	rough 9 in column (d)			60.146
Par	11	Net income summary. Subtract line 10 fr Gaming. Complete if the organiza \$15,000 on Form 990 FZ line 6-	om line 3, column (d)		-	120 000
		\$15,000 on Form 990-EZ, line 6a.	ation answered Yes	s to Form 990, Par 	t IV, line 19, or rep	oorted more than
REVERDE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
F	2	Cash prizes				
DIREC	3	Noncash prizes				
Č S E S	4	Rent/facility costs				
	_5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	n (d)		
а	Ente Is the	r the state(s) in which the organization op e organization licensed to operate gaming	erates gaming activities	s: ese states?		. Yes No
10 a	Were	e any of the organization's gaming licensees,' explain:	s revoked, suspended c			
ВАА			TEEA3702L 06	/26/13	Schedule G (Form	1 990 or 990-EZ) 2013

3011	edule G (Form 990 or 990-EZ) 2013 WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 Page
	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
ä	a The organization's facility
ţ	6 An outside facility.
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name •
	Address ►
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?
t	It if es, enter the amount of daming revenue received by the organization > c
	of gaming revenue retained by the third party > \$ and the amount If 'Yes,' enter name and address of the third party:
	Addu
16	Gaming manager information:
	Name >
	Gaming manager compensation ► \$
	Description of services provided >
	Director/officer Employee Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year ► \$
Par	Supplemental Information, Provide the explanations required by Bort I. line Ob an house (**)
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
AA	TEEA37031 06/25/13 Schedulo C (Form 900 or 900 E7) 2013

TEEA3703L 06/26/13

Schedule **G** (Form 990 or 990-EZ) 2013

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

2013

Department of the Treasury Internal Revenue Service

 Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990,

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OMB No. 1545-0047

Name of the organization	

Employer identification number

91-2160214

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Cor	rected
•		person and organization		Yes	No
(1)					1
(2)					T
(3)					
(4)					
(5)					†
(6)				•	

Part II Loans to and/or From Interested Persons.

WALDEN FAMILY SERVICES FOUNDATION, INC

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.....

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	i from	an to or n the ization?	(e) Original principal amount (f) Balance due		n to or the principal amount (f) Balance due (g) In default? (h) by col		(h) Ap by bo comm	Approved (i) Written board or agreement?			
			То	From				Yes	No	Yes	No	Yes	Nο
(1)					******								
(2)													
(3)													
(4)													
(5)													
(6)		•											
(7)							<u> </u>						
(8)												<u> </u>	
(9)													
(10)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Total					⊳ \$	· · · · · · · · · · · · · · · · · · ·							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)				1	
(4)					
(5)					-
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013 WAI Part IV Business Transactions Invo	DEN FAMILY SERVICE rolving Interested Person ered 'Yes' on Form 990 Part I'	S FOUNDATION, ons. V line 28a 28h or 28c	91-2160214	<u> </u>	Page 2
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	rever	aring of zation's nues?
(1) JOSE RUIZ DE CASTILLA	BOARD MEMBER	14,093.	IT SUPPORT	Yes	No X
(2)		11,000.	II DOFFORI	-	
(3)					<u> </u>
(4)					
(5) (6)					
(7)					
(8)					
(9)				·	<u> </u>
(10) Part V Supplemental Information Provide additional information for re-					
	·		·	- -	
			·	- -	
			·	- <u>-</u>	-
			·		
--	· 				-
					- - -
		-			 -
				- -	
		-			
				-	
					-
		-		- -	-
				<u>-</u>	
					-

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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

Open to Public Inspection

Employer identification number

WA	LDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214
	FORM 990, PAGE 5, PART V, LINE 1A
	WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT FILE 1099'S. ALL INDEPENDENT
	CONTRACTORS EXPENSES ARE PAID BY ITS PARENT COMPANY WALDEN ENVIRONMENT, INC.
	FORM 990, PAGE 5, PART V, LINE 1A
- -	WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT HAVE ANY EMPLOYEES, THEREFORE IT
	DOES NOT FILE W-2'S.
	FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
	THE SOLICITATION, RECEIPT, AND ADMINISTRATION OF CONTRIBUTIONS FOR THE BENEFIT OF
	WALDEN ENVIRONMENT, INC. DBA WALDEN FAMILY SERVICES. THE FOUNDATION'S SUPPORT IS
	MAINLY FROM CONTRIBUTIONS RECEIVED FROM BUSINESSES AND INDIVIDUALS IN SOUTHERN
	CALIFORNIA.
	FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS
	THE CONTROLLER REVIEWS THE 990 TAX RETURN FOR ACCURACY AND THEN THE CHAIRPERSON
	REVIEWS AND SIGNS RETURN.
	FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
	ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY. BOARD
	MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFLICTS THROUGHOUT THE YEAR AND
	REFRAIN FROM VOTING ON ANY TRANSACTION OR MATTER BEFORE THE BOARD IN WHICH A
	CONFLICT OR POSSIBLE CONFLICT EXISTS.
	FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT
	ALL PAYROLL IS PAID BY WALDEN ENVIRONMENT, INC., A RELATED ENTITY, AND ALLOCATED TO
	WALDEN FAMILY FOUNDATION. WALDEN ENVIRONMENT, INC. HAS A COMPENSATION SALARY RANGE
	GUIDE FOR ALL JOB TITLES AND NEW HIRES SIGN AN OFFER LETTER DETAILING SALARY AND
	BENEFITS. WALDEN ENVIRONMENT, INC. ALSO USES NON-PROFIT SALARY PROFILES AS A
	BENCHMARK.
	THE BOARD OF DIRECTORS FOR WALDEN ENVIRONMENT, INC. MAKES HIRING AND COMPENSATION

Schedule O (Form 990 or 990-EZ) 2013 Name of the organization	Page 2
WALDEN FAMILY SERVICES FOUNDATION, INC.	Employer identification number 91-2160214
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVA	L PROCESS - CEO, TOP MANAGEMENT (CONTIN
DECISIONS FOR THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PL	JBLICLY AVAILABLE
THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM	990, FROM THE PREVIOUS THREE
YEARS, WILL BE AVAILABLE (FOR INSPECTION OF COPYING) A	T THE ORGANIZATION'S MAIN
OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE.	
FORM 990, PART VII - COMPENSATION EXPLANATION	
TERESA STIVERS	
ALL PAYROLL IS PAID BY WALDEN ENVIRONMENT, INC., A REL	ATED ENTITY, AND ALLOCATED TO
WALDEN FAMILY FOUNDATION.	
~	
	~

2013 SCHEDULE O - SUPPLEMENTAL INFORMATION PAGE 1
CLIENT 11-015 WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214

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

SPECIAL EVENT EXPENSES. \$ 60,146.

TOTAL \$\frac{5}{8}\$ 60,146.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

WALDEN FAMILY SERVICES FOUNDATION, INC.

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

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Employer identification number

91-2160214

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

(f) Direct controlling entity Parti Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. **(d)** Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Ξ¦

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(g) Sec 512(b)(13) controlled entity? ŝ × Yes (f) Direct controlling entity N/APublic charity status (if section 501(c)(3)) 501 (C) 3 (d) Exempt Code section σ (c) Legal domicile (state or foreign country) S FOSTER FAMILY AND ADOPTION (b) Primary activity AGENCY (a) Name, address, and EIN of related organization WALDEN ENVIRONMENT, INC. 6150 MISSION GORGE RD, STE 210 SAN DIEGO, CA 92120 94-2358632 [3] <u>@</u> €

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Schedule R (Form 990) 2013

TEEA5001L 06/26/13

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

Schedule R (Form 990) 2013 WALDEN FAMILY SERVICES FOUNDATION, INC.

Partin 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections		Share of total income el	(g) Share of end-of-year assets	h) ropor nate ations	Code V-UBI G amount in box r 20 of Schedule K-1 (Form	General or managing partner?	(K) Percentage ownership
		country)		512-514)		_		Yes No	(၄၅)	Yes No	
(1)							•			<u>.</u>	
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(2)	-										
		, 1047									
											
(3)		_									
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Part IV Identification o	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.	izations 1 nore relate	Faxable as a ed organizat	Corporation ions treated	n or Trust Co as a corpora	omplete if the	organizati during the f	on answer ax year.	ed 'Yes' on F	orm 990, F	art IV,
(a) Name, address, and EIN of related organization	of related organizati		(b) Primary activity (s:	(c) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp,	y Share of total income	,,	(g) Share of end-of- year assets	(h) Percentage S ownership co	(D) Sec 512(b)(13) controlled entity?
				(Campa)	1	Gen io					Yes No
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91-2160214

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

2013	R (Form 990) 2013	Schedule R		DAA TEEA5003L 06/27/13
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į	a.	155,169.GAAP	0	(2) WALDEN ENVIRONMENT, INC.
	Q,	467,325.GAAP	В	(1) WALDEN ENVIRONMENT, INC.
nining ⁄ed	(d) Method of determining amount involved	(c) Amount involved Mett	(b) Transaction type (a-s)	Name of related organization
		saction thresholds.	red relationships and trar	If the answer to any or the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
< ×	15			s Other transfer of cash or property from related organization(s)
>	1 .			r Other transfer of cash or property to related organization(s)
×	1q			4 Inclinated the paid by Telated Organization (s) Tor expenses
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				Reimpureomant naid to related greening attacks.
4	10			o Sharing of paid employees with related organization(s)
< >				n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
1>	E			s by related organization(s).
∜ ≻	=			Performance of services or membership or fundraising solicitations for related organization(s)
*	1 k			k Lease of facilities, equipment, or other assets from related organization(s)
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×	1 h			n Furchase of assets from related organization(s).
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	1 b X			Citt grant or capital contribution to related organization(s)
\dashv				h Giff grant or capital contribution to reloted accommendation.
			listed in Parts II-IV?	~
s No	Yes		! :: :: :: ::	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1. During the tax year did the organization engage in any of the following transpositions with
				Mate Occupation 15: 15: 15: 15: 15: 15: 15: 15: 15: 15:

91-2160214

INC. Schedule R (Form 990) 2013 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

Name, address, and EIN of entity Primary activity Ligal Gording Predoctiment Ara in paths Primary activity Capa in paths Primary activity Capa in paths Primary activity Capa in paths Primary activity Capa in paths Primary activity	1					: Cd = 10 10					
Titod, available Titod, avai			(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre-	(e) Are all partner section 501(c)(3)		(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	or Percentage g ownership
Section D17-51-4) Yes No Yes No No No No No No No N				lated, excluded from tax under	organizations?				K-1 Form (1065)	•	
TAMES TO A STATE OF THE STATE O				section 512-514)	Yes				,	Yes No	<u> </u>
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Part VII Supplemental Information Schedule R (Form 990) 2013 WALDEN FAMILY SERVICES FOUNDATION, INC.	91-2160214	Page 5
Provide additional information for responses to questions on Schedule R		
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TEEA5005L 06/27/13

Schedule R (Form 990) 2013

ВАА

Form **8868**

(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 ar	e filing for an Automatic 3-Month Extension	on, complete on	y Part I and check this box		> X
If you ar	e filing for an Additional (Not Automatic)	3-Month Extensi	on, complete only Part II (on page 2 of t	his form)	
Do not com	plete Part II unless you have already been	granted an auto	matic 3-month extention on a proviously	filed Form 9960	
Electronic f corporation request an e Associated	illing (e-file). You can electronically file For required to file Form 990-T), or an addition stension of time to file any of the forms listed With Certain Personal Benefit Contracts, wing of this form, visit www.irs.gov/efile and	m 8868 if you ne nal (not automati in Part I or Part II	ed a 3-month automatic extension of time. 3 3-month extension of time. You can e with the exception of Form 8870, Informatic	med Form 8868. Ie to file (6 months lectronically file Foon Return for Transfestions). For more de	for a rm 8868 to ers etails on the
Part	Automatic 3-Month Extension of		· ·		PHAR
A corporation	n required to file Form 990-T and requesti	ng an automatic	6-month extension – check this box and	complete Part Lor	
All other coi income tax	porations (including 1120-C filers), partner	rships, REMICs, a	and trusts must use Form 7004 to reques	st an extension of t	ime to file
	Name of exempt organization or other filer, see instruc	tions.	Enter filer's ident	ifying number, see	
Type or print	WALDEN FAMILY SERVICES FOR		and	Employer identification	i number (EIN) or
File by the	Number, street, and room or suite number. If a P.O. bo	DNDATION, I	.NC.	91-2160214 Social security numbe	(SSN)
due date for filing your return. See	6150 MISSION GORGE ROAD #2 City, town or post office, state, and ZIP code. For a for	210		Oction Society Harrise	(5514)
instructions.	SAN DIEGO, CA 92120	eign address, see insti	uctions.		
Enter the Re	turn code for the return that this application	on is for (file a se	eparate application for each return)		01
Application is For	and the second	Retulia Carde	Application Is For	W	Return Code
Form 990 or	SOT 1	01	牛orm 990-T (corporation)		07
Form 990-Bl		02	Form 1041-A		08
Form 4720 (iii		03	Form 4720 (other than individual)		09
Form 990-PF		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-1	(trust other than above)	06	Form 8870		12
Telephon If the org If this is check this the exter The exter X If the tall the	e No. • 619-584-5777 anization does not have an office or place for a Group Return, enter the organization's box •	Fax Not of business in the state of second factor of the state of the	p Exemption Number (GEN)	f this is for the who	le aroun
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tax pay	pplication is for Forms 990-PF, 990-T, 472 ments made. Include any prior year overp	ayment allowed a	as a credit	3 b \$	0.
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Caution. If ye payment inst	ou are going to make an electronic funds wructions.	vithdrawal (direct	debit) with this Form 8868, see Form 84	53-EO and Form 8	879-EO for

Form 8868	3 (Rev 1-2014)				D
 If you a 	are filing for an Additional (Not Automatic) 3	3-Month Extension	n, complete only Part Hand check this	s box	Page 2 ► X
More: Only	complete Part II if you have already been of	granted an automa	atic 3-month extension on a previou	ısly filed Form 8868.	<u>F</u>
- ir you a	are ming for an Automatic 3-Month Extensio	n, complete only	Part (on page 1)		
Familie	Additional (Not Automatic) 3-Mont	th Extension of	Time. Only file the original (r	no copies needed).	
	Name of exempt organization or other filer, see instruction	One .	Enter filer's	identifying number, s	ee instructions
-	programme of Suid-Incl, see Mandell	otis,		Employer identification numi	ber (EIN) or
Type or print	WALDEN FAMILY SERVICES FOU	NIDA TTOM TAI	c		
•	Number, street, and room or suite number. If a P.O. box	s, see instructions.	C.	91-2160214 Social security number (SSN	<u> </u>
File by the extended due date for	LEAF & COLE, LLP			,	,
filing your return. See	2810 CAMINO DEL RIO SOUTH	SUITE 200	•		
instructions.	City, town or post office, state, and ZIP code, For a forei	gn address, see instruct	ions.		
	SAN DIEGO, CA 92108-3820				
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Enter the i	Return code for the return that this application	on is for (file a se	parate application for each return),		01
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Application Is For	û	Return Code	Application Is For		Return
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Form 990-		02	Form 1041-A		
Form 4720	(individual)	03	Form 4720 (other than individual)		08
Form 990-	PF	04	Form 5227		10
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• The bo Teleph • If the co If this i whole groumembers t 4 I required 5 For co 6 If the RECO 8 a If this i tax p previo	not complete Part II if you were not already oks are in care of ► TERESA STIVERS one No. ► 619-584-5777 rganization does not have an office or place is for a Group Return, enter the organization ip, check this box ► If it is for part the extension is for. Lest an additional 3-month extension of time alendar year 2013 , or other tax year be tax year entered in line 5 is for less than 12 thange in accounting period in detail why you need the extension LUTRED TO FILE A COMPLETE AN Examplication is for Forms 990-BL, 990-PF, 99 fundable credits. See instructions Examplication is for Forms 990-PF, 990-T, 472 ayments made. Include any prior year overp pusly with Form 8868 Signature and Ve of perjury, I declare that I have examined this form, including a miplete, and that I am authorized to prepare this form.	Franted an autor Franted an a	Form 8870 natic month extension on a previous factor of the states, check this box. Exemption Number (GEN) ck this box and attach a list with this box. Initial return TIME IS NECESSARY TO GARETURN. 199, enter the tentative tax, less any any refundable credits and estimates a credit and any amount paid with this form, if required, by using the completed for Part II on and statements, and to the best of my knowledge and statements, and to the best of my knowledge and statements, and to the best of my knowledge and statements.	If troth the names and EINs , 20 Final return ATHER THE INFO 8 a \$ ed 8 b \$ 11y. Ind belief, it is true,	
Form 990- STOP! Do The bo Teleph If the co If this i whole groumembers t I request for co If the Co State RECO 8 a If this i nonre b If this tax p previous c Balar EFTP	not complete Part II if you were not already oks are in care of ► TERESA STIVERS one No. ► 619-584-5777 rganization does not have an office or place is for a Group Return, enter the organization ip, check this box ► If it is for part the extension is for. Lest an additional 3-month extension of time alendar year 2013 , or other tax year be tax year entered in line 5 is for less than 12 thange in accounting period in detail why you need the extension LUTRED TO FILE A COMPLETE AN Examplication is for Forms 990-BL, 990-PF, 99 fundable credits. See instructions Examplication is for Forms 990-PF, 990-T, 472 ayments made. Include any prior year overp pusly with Form 8868 Signature and Ve of perjury, I declare that I have examined this form, including a miplete, and that I am authorized to prepare this form.	granted an autor of business in he discur digit roup of the group, check recompanying schedules autor granted an autor Francia autor Francia autor Francia autor Francia autor Francia autor Francia autor Francia autor Francia autor Francia autor Francia autor Francia autor ADDITIONAL D ACCURATE 20, or 6069, enter autor autor Autor See instructions Brification must	Form 8870 natic month extension on a previous form 8870 natic month extension on a previous form 8870 natic month extension on a previous form 8870 natic month extension on a previous form 8870 natic month extension on a previous form 8870 natic month extension on a previous form 8870 natic month extension on a previous form 9870 natic month ex	If the the names and EINs , 20 Final return ATHER THE INFORM 8 a \$ ed 8 b \$ ed 8 c \$	is is for the of all

2013 California Exempt Organization Annual Information Return

FORM

199

Calendar Y	ear 2013 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyyy)	
Corporation/C	rganization Name	, and a limit (train daily yyy)	California corporation number
WALDEN	FAMILY SERVICES FOUNDATION, INC.		2358520
	, room, or PMB no.)		FEIN
6150 M	ISSION GORGE ROAD #210		91-2160214
•		State ZIP Code	
SAN DI	EGO	CA 92120	Special Philips Religion (1984)
A First Ref	urnYes 🗶 No	J If exempt under R&TC Section 23701d, has t	he
B Amende	d Information Return • Yes $\overline{\mathbf{x}}$ No	organization during the year: (1) participated	lin any
	ion 4947(a)(1) trust	political campaign, or (2) attempted to influe legislation or any ballot measure, or (3) mad	le an election
	ormation Return? Dissolved Surrendered (Withdrawn)	under R&TC Section 23704.5 (relating to lobi public charities)?	bying by
	erged/Reorganized	If 'Yes,' complete and attach form FTB 3509.	
	erged/ reorganized iter date (mm/dd/yyyy): ●	K is the experientian experient and Date of	
	counting method:	K Is the organization exempt under R&TC Section If 'Yes,' enter gross receipts from	
	Cash 2 X Accrual 3 Other	nonmember sources	\$
F Federal i		L If organization is exempt under R&TC Section	n 23701d
1 ● [990T 2 ● 990 PF 3 ● Sch H (990)	and is exclusively religious, educational, or c and is supported primarily (50% or more) by	haritable
G Is this a	group filing for the subordinates/affiliates?	contributions, check box. No filing fee is requ	ired • X
	attach a roster. See instructions	M is the organization a Limited Liability Compa	
	ganization in a group exemption?Yes X No		
If 'Yes,' '	What's the parent's name?	N Did the organization file Form 100 or Form 10 taxable income?	J9 to report Yes X No
Did the d	rganization have any changes in its activities,	Is the organization under audit by the IRS or audited in a prior year?	has the IRS
governing that have	Instrument, articles of incorporation, or bylaws not been reported to the Franchise Tax Board? Yes	I sales in a prior journer, i.e.,	◆ Yes X No
If 'Yes,' e	not been reported to the Franchise Tax Board? • Yes x No explain, and attach copies of revised documents.		
Part I	Complete Part I unless not required to file this form. See Ge	neral Instructions P and C	CACA1112L 11/20/13
	1 Gross sales or receipts from other sources. From Side 2	2 Part II line 9	1 191 002
	2 Gross dues and assessments from members and affiliat	tes	1 191,002.
Receipts and	3 Gross contributions, gifts, grants, and similar amounts r	received SEE SCH. B	3 340,708.
Revenues	4 Total gross receipts for filing requirement test. Add line	1 through line 3	320//001
	This line must be completed. If the result is less than \$	50,000, see General Instruction B.	4 531,710.
	5 Cost of goods sold	• 5	Profine a real execution for the least of the second
	6 Cost or other basis, and sales expenses of assets sold.	● 6	
	7 Total costs. Add line 5 and line 6		
	3		8 531,710.
Expenses	 Total expenses and disbursements. From Side 2, Part II Excess of receipts over expenses and disbursements. S 	I, line 18	9 805,205.
	11 Filing fee \$10 or \$25. See General Instruction F	oubtract line 9 from line 8	10 -273,495.
Filing	12 Total payments	•••••••••••	11 12
Fee	13 Penalties and Interest. See General Instruction J	••••••	13
	14 Use tax. See General Instruction K		14
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.		
	Under penalties of perjury, I declare that I have examined this return, including acc correct, and complete. Declaration of preparer (other than taxpayer) is based on al	companying schedules and statements, and to the hes	15 of my knowledge and helief it is true
Sign Here	l litie	Il information of which preparer has any knowledge. Date	
nere	Signature TAXPAYERS COPY		● Telephone
	EARCUI	Club Director	619-584-5777
Paid	Preparer's signature JULIE A. FIRL	Date Check if self- 8/21/14 employed ► 3	PTIN P00085551
Preparer's Use Only	Firm's name LEAF & COLE, LLP	- i - i omployed	• FEIN
- y	(or yours, if self-employed) 2810 CAMINO DEL RIO SOUTH,	SUITE 200	95-2076568
	and address SAN DIEGO, CA 92108-3820		Telephone
1	Movetha CTD discuss this are seen		619.294.7200
	May the FTB discuss this return with the preparer shown abo	ve? See instructions	● X Yes No



WAL! Part	DEN 	FAI Organ regan	MILY SERVICES FOUNDA! nizations with gross receipts of more the dless of amount of gross receipts — cor	an \$50,000 and private found mplete Part II or furnish subs	ations stitute information.			2160214
		1	Gross sales or receipts from all	business activities. See	instructions		1	
	i	2	Interest	•••••			2	
		3	Dividends			*************	3	563.
Recei from	pts	4	Gross rents	******************			• -	
Other		5	Gross royalties	.,,	**************		• 4	<u> </u>
Sourc	es	6	Gross amount received from an				5	
		-	Gross amount received from sa	ie or assets (See instru	ctions)	<u></u>	6	
		7	Other income. Attach schedule		SEE	STATEMENT 1	7	190,439.
		8	Total gross sales or receipts from other	sources. Add line 1 through lin	ne 7. Enter here and on Si	de 1, Part I, line 1	, 8	191,002.
		9	Contributions, gifts, grants, and similar a	amounts paid. Attach schedule			9	
		10	Disbursements to or for membe	rs ,			10	
		11	Compensation of officers, direct	tors, and trustees. Attac	h schedule		11	EQ EQ1
_		12	Other salaries and wages				12	58,501.
Exper and	ises	13	Interest				13	229,710.
Disbu		14	Taxes				13	
ments	•	15	Rents,		************	************	14	21,265.
		16	Denreciation and denletion (Sec	inctructions)			15	32,418.
		17	Depreciation and depletion (See	anta Attack la la la	Cine	·····	16	<u> </u>
			Other Expenses and Disbursem	ents. Attach schedule		STATEMENT 2	17	462,248.
<u>~</u>		18	Total expenses and disbursements. Add			<u>line</u> 9	. 18	805,205.
Sche		<u> </u>	Balance Sheets	Beginning o	f taxable year	En	d of taxab	
Asset				(a)	(b)	(c)		(d)
				1.7	518,95	2.	•	455,967.
2 1	Net acc	ounts	receivable	the depot the execu-	138,59		•	73,600.
3 1	Net note	es reco	eivable	ale and the state of the		70.5	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							•	
			tate government obligations			Element of the last of	•	
			n other bonds	CONTRACTOR OF STREET			•	
7	nvestm	ents i	n stock				•	
8 1	// ortgag	je loar	ns					
			ents. Attach schedule			Company of the Company		
			ssets					
b I	ess acc	eumul.	ated depreciation.					
					<u>-</u>			
12 (hhar ac	ente.	Attach schedule				•	
						100 100 100 100 100	•	
iahili	ulai as	seis.	et worth		657,545	5. PERMIT		<u>529,567</u> .
						1		
			ible	and the second			•	
			gifts, or grants payable	application of the			•	
			tes payable				•	
			/able			ad Section 1 to 10	•	
18 0	ther lia	bilitie	s. Attach schedule	(1) (8) (1) (4) (3) (3) (4)	55,333	3.		140,704.
19 0	apital s	stock o	or principle fund		602,212		•	
20 P	aid-in	or cap	ital surplus. Attach reconciliation				•	388,863.
21 R	etained	earni	ngs or income fund	and the second		100 100 100	-	
22 T	otal lia	bilities	s and net worth		657,545		-	E20 E67
Sche	dule	M-1	Reconciliation of income pe Do not complete this schedule	r books with income pe if the amount on Schedule	r return L. line 13. column (d) is less than \$50,000	······································	529,567.
1 N	et inco	me pe	r books	-213,349		on books this year not inc		
			e tax	1		tach schSEE S	T 4	60 14C
			tal losses over capital gains)		is return not charged		60,146.
			corded on books this year.		against book inc			
			le					
5 E	xpenses	s reco	rded on books this year not deducted			and line 8		60 146
ir	i this re	eturn.	Attach schedule		10 Net income p			60,146.
6 T	otal. Ac	ld line	1 through line 5	-213,349	Subtract line	9 from line 6		-273,495.
				·- 				2/3/233.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

CALIFORNIA COPY

► 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

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

2013

Name of the organization		Employer identification number
WALDEN FAMILY SERVICES	FOUNDATION, INC.	91-2160214
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) orga	anization
	4947(a)(1) nonexempt charitable tru	ust not treated as a private foundation
	527 political organization	•
Form 990-PF	501(c)(3) exempt private foundation	1
	4947(a)(1) nonexempt charitable tru	ust treated as a private foundation
	501(c)(3) taxable private foundation	·
		ı
Check if your organization is covere	ed by the General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8),	or (10) organization can check boxes for both the G	General Rule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form 99	0, 990-EZ, or 990-PF that received, during the year, \$5,0 ind II.)	000 or more (in money or property) from any one
contributor. (Complete Parts 1 a	nd II.)	
Special Rules		
- 509(a)(1) and 1/0(b)(1)(A)(vi) a	ation filing Form 990 or 990-EZ that met the 33-1/3% and received from any one contributor, during the yea m 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	ear a contribution of the greater of (1) \$5,000 or
total contributions of more than	0) organization filing Form 990 or 990-EZ that received fr \$1,000 for use <i>exclusively</i> for religious, charitable, s dren or animals. Complete Parts I, II, and III.	rom any one contributor, during the year, scientific, literary, or educational purposes, or
contributions for use <i>exclusively</i> fif this box is checked, enter here purpose. Do not complete any of	organization filing Form 990 or 990-EZ that received from religious, charitable, etc, purposes, but these contributions that were received during the year the total contributions that were received during the year the parts unless the General Rule applies to this organizabutions of \$5,000 or more during the year	tions did not total to more than \$1,000. for an <i>exclusively</i> religious, charitable, etc, ration because it received nonexclusively
990-PF) but it must answer 'No' of	t covered by the General Rule and/or the Special Ru Part IV, line 2, of its Form 990; or check the box or not meet the filing requirements of Schedule B (For	1 line H of its Form 990-EZ or on its Form 990-PF.

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

	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1 of 4 of Part 1
Name of org WALDEI	N FAMILY SERVICES FOUNDATION, INC.	Employe	or identification number
	Contributors (see instructions). Use duplicate copies of Part I if additional space		TO0214
(a) Number		(c) Total contributions	(d) Type of contribution
1	BARNEY & BARNEY 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ <u>5,100.</u>	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
2	LISA BEYTAR 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$6,425.	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
3	ARTHUR CANDLAND 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$25,115.	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
	MARYANNE CARLIN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$16 <u>,</u> 100.	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
	DOWLING & YAHNKE 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$10,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
į	FIRST AMERICAN TRUST 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$20,00 <u>0</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 12/27/13	Schedule B (Form 990,	990-EZ, or 990-PF) (2013)

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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	2 of 4 of Part
-	N FAMILY SERVICES FOUNDATION, INC.	, ,	er identification number 160214
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	· · · · · · · · · · · · · · · · · · ·	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HERVEY FOUNDATION		Person X
	6150 MISSION GORGE RD. STE 210	\$ 30,000.	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
8	ARLENE LIBERMAN		Person X
	6150 MISSION GORGE RD. STE 210	\$5,000.	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
9	ARTHUR Q. JOHNSON FOUNDATION 6150 MISSION GORGE RD. STE 210	\$15,000.	Person X 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
10_	JOHN & NANCY POUK SCHWEB CHARITABLE		Person X
	6150 MISSION GORGE RD. STE 210	\$5,000.	Payrol! 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
<u>11</u> _	SDG&E A SEMPRA ENERGY	_	Person X
	6150 MISSION GORGE RD. STE 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
12_	HARLEY SEFTON		Person X
	6150 MISSION GORGE RD. STE 210	\$ <u>122,870.</u>	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II for noncash contributions.)
ВАА	TEEA0702L 12/27/13	Schedule B (Form 990	, 990-EZ, or 990-PF) (2013)

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	3 of 4 of Part
•	N FAMILY SERVICES FOUNDATION, INC.	' '	er identification number 160214
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space		100811
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	SOCIAL ENTREPENEURS 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ <u>5,000.</u>	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
14_	SURDNA FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ <u>_55,000.</u>	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
	LINDA & JERRY STRICKLAND FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ <u>14,775.</u>	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
<u>16</u> _	SAN DIEGO FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ <u>12,232.</u>	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
	HOLIDAY GIFTS FOR FOSTER YOUTH 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JEWELERY DONATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$5 <u>_000</u> .	Person Payroll Noncash X (Complete Part II for
ВАА	TEEA0702L 12/27/13	Schedule B (Form 990	noncash contributions.) , 990-EZ, or 990-PF) (2013)

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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	4 of 4 of Part
Name of org	FAMILY SERVICES FOUNDATION, INC.		er identification number 2160214
Part I			.100214
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_	BALBOA TRAVEL MANAGEMENT	_	Person
	6150 MISSION GORGE RD. STE 210	\$5,000	Payroli X
	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
		- \$	Person Payroll 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 Payroll 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 Payroll Oncash Complete Part II for noncash contributions.)
BAA	TEEA0702L 12/27/13	Schedule B (Form 990) 990-F7 or 990-PE) (2012)

Page

1 to

1 of Part II

WALDEN FAMILY SERVICES FOUNDATION, INC.

Employer identification number 91-2160214

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	HOLIDAY GIFTS		
		\$ <u>5,000</u> .	<u> 12/20/13</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
18	JEWELRY		'
, <u>.</u>		\$ <u>_5,000</u> .	<u>8/12/13</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>19</u>	TRAVEL		
		\$_ _ <u>5,000</u> .	<u>8/12/13</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.	(h)	5	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		:	
		}	-

Name of organ	nization			
MALDEM	FAMILA	CEBAILCEC	FOUNDATION	TNC

1 to 1 of Part III
Employer identification number
91-2160214

	Exclusively religious, charitable, et organizations that total more than \$\frac{3}{5}\$ For organizations completing Part III, enter total contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional \$\frac{3}{5}\$.	c., individual contributior \$1,000 for the year. Complete of exclusively religious, charitable (Enter this information once. Se	e columns (a)	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			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tra						
(a) No. from Part l	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	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			

2013	CALIFORNIA STATEMENTS	PAGE 1
CLIENT 11-015	WALDEN FAMILY SERVICES FOUNDATION, INC.	91-2160214
STATEMENT 1 FORM 199, PART II, LI OTHER INCOME INCOME FROM SPECIA	NE 7 AL EVENTS \$ TOTAL \$\frac{\s}{s}\$	190,439. 190,439.
CONTRACT LABOR	ROMOTION. ENTIONS, AND MEETINGS	\$ 21,213. 4,898. 23,142.
EMANCIPATED YOUTH. EQUIPMENT RENTAL. INSURANCE. LEGAL FEES. LICENSES & PERMITS MISC EXPENSE. OFFICE EXPENSES. OTHER EMPLOYEE BEI OTHER FEES. POSTAGE AND SHIPPI PRINTING AND PUBLI REGIONAL CENTER RE SPECIAL EVENT EXPI SPECIAL PROJECTS. TELECOMMUNICATION.	NEFIT	58,486. 1,553. 7,501. 203. 2,217. 93,106. 7,472. 53,490. 15,877. 2,039. 10,260. 9,405. 60,146. 69,777. 2,681. 18,782. 462,248.
STATEMENT 3 FORM 199, SCHEDULE OTHER LIABILITIES	E L, LINE 18	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DUE TO WALDEN FAMI	TOTAL 臺	140,704. 140,704.
STATEMENT 4 FORM 199, SCHEDULE INCOME RECORDED (E M-1, LINE 7 DN BOOKS NOT ON RETURN	
SPECIAL EVENT EXPE	INSE	60,146. 60,146.

,

2013

PREPARER E-FILE INSTRUCTIONS - CALIFORNIA

PAGE 1

CLIENT 11-015

WALDEN FAMILY SERVICES FOUNDATION, INC.

91-2160214

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 THE RETURN.

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 ACKS.

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.



		<i>r</i>					
State Charity Registration Number <u>118786</u>		Check if: Change of address					
WALDEN FAMILY SERVICES FOUNDS	ATION, INC.	Amended report					
6150 MISSION GORGE ROAD #210 Address (Number and Street)		Corporate or	Organization No. 2358520				
SAN DIEGO, CA 92120		 Federal Empl	oyer ID No. 91-2160214				
City or Town	State ZIP Code	ļ.					
ANNUAL REGISTRATION R Make Chec	ENEWAL FEE SCHEDULE (11 Ca k Payable to Attorney General's I	il. Code Regs. s Registry of Cha	sections 301-307, 311 and 312) critable Trusts				
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	F	ee		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 millio Between \$10,000,001 and \$50 milli Greater than \$50 million	on \$2	150 225 300		
PART A - ACTIVITIES				Ψ,			
For your most recent full accounting per Gross annual revenue \$			12/31/13) list: 529,567.		<u></u>		
PART B - STATEMENTS REGARDIN	G ORGANIZATION DURING	G THE PERM					
Note: If you answer 'yes' to any of the que 'yes' response. Please review RRF-1	stions below, you must attach a	separate sheet		s for ea	ach		
1 During this reporting period, were there a	ny contracts loans leason or oth	or financial trac		Yes	No		
organization and any officer, director or trust director or trustee had any financial intere	ee thereof either directly or with an a	entity in which a	nsactions between the ny such officer,		x		
During this reporting period, was there any the property or funds?	neft, embezzlement, diversion or mis	suse of the organ	nization's charitable		x		
3 During this reporting period, did non-prog	ram expenditures exceed 50% of	gross revenues	5?		х		
During this reporting period, were any organic Form 4720 with the Internal Revenue Service.	vice, attach a copy.		•		x		
5 During this reporting period, were the sen purposes used? If 'yes,' provide an attachme provider.	vices of a commercial fundraiser ent listing the name, address, and te	or fundraising o lephone number	ounsel for charitable of the service		х		
6 During this reporting period, did the organiza the name of the agency, mailing address,	tion receive any governmental fundi contact person, and telephone n	ng? If so, provid umber.	e an attachment listing		х		
7 During this reporting period, did the organiza indicating the number of raffles and the d	tion hold a raffle for charitable purpo ate(s) they occurred.	oses? If 'yes,' pr	ovide an attachment		x		
Does the organization conduct a vehicle done the program is operated by the charity or charitable purposes.	ation program? If 'yes,' provide an a whether the organization contrac	ttachment indica ts with a comm	ting whether ercial fundraiser for		x		
Did your organization have prepared an a principles for this reporting period?	udited financial statement in acco	ordance with ge	nerally accepted accounting	x			
Organization's area code and telephone number	er 619-584-5777						
Organization's e-mail address							
I declare under penalty of perjury that I have e and belief, it is true, correct and complete.	examined this report, including a	ccompanying d	ocuments, and to the best of my kn	owledg	je		
TAXPAYERS COPY	ESA STIVERS	To Wigo Citation or a second	DIDEGEOR				
	Name	Title	DIRECTOR				

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

➤ 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

For the 2013 calendar year, or tax year beginning , 2013, and ending Check if applicable: D Employer Identification Number Address change WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 6150 MISSION GORGE ROAD #210 Name change E Telephone number SAN DIEGO, CA 92120 Initial return 619-584-5777 Terminated Amended return G Gross receipts \$ 531,710. Application pending F Name and address of principal officer; TERESA STIVERS H(a) Is this a group return for subordinates? X No Yes H(b) Are all subordinates included? If 'No,' attach a list, (see instructions) SAME AS C ABOVE No Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) Website: ► WWW.WALDENFAMILY ORG H(c) Group exemption number Form of organization: X Corporation Trust L Year of formation: 2001 M State of legal domicile: CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE SOLICITATION, RECEIPT, AND ADMINISTRATION OF CONTRIBUTIONS FOR THE BENEFIT OF WALDEN ENVIRONMENT, INC. DBA Activities & Governance WALDEN FAMILY SERVICES. THE FOUNDATION'S SUPPORT IS MAINLY FROM CONTRIBUTIONS RECEIVED FROM BUSINESSES AND INDIVIDUALS IN SOUTHERN CALIFORNIA. 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)..... 8 Total number of individuals employed in calendar year 2013 (Part V, line 2a)..... 5 0 Total number of volunteers (estimate if necessary)..... 6 45 7a Total unrelated business revenue from Part VIII, column (C), line 12...... 7 a 0. **b** Net unrelated business taxable income from Form 990-T, line 34..... 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)..... 716,379 340,708. Program service revenue (Part VIII, line 2g)..... 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 193 563. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).... 82,489 130,293. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 799,061 471,564. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 13 Benefits paid to or for members (Part IX, column (A), line 4)..... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 324,383 362,966. 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)..... 387,953. 382,093. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 712,336. 745,059. Revenue less expenses. Subtract line 18 from line 12..... 19 86,725. -273,495. End of Year Beginning of Current Year 20 Total assets (Part X, line 16)..... 657,545 529,567. 21 Total liabilities (Part X, line 26)..... 55,333 140,704. 22 Net assets or fund balances. Subtract line 21 from line 20..... 602,212 388,863. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here TERESA STIVERS EXECUTIVE DIRECTOR Type or print name and title, Print/Type preparer's name Preparer's signature Date JULIE A. FIRL Paid JULIE A. FIRI 8/21/14 self-employed P00085551 Preparer LEAF & COLE, LLP Firm's name Use Only 2810 CAMINO DEL RIO SOUTH, Firm's address SUITE 200 Firm's EIN ► 95-2076568 SAN DIEGO, CA 92108-3820 619.294.7200 May the IRS discuss this return with the preparer shown above? (see instructions)..... X Yes

No

	990 (2013) WALDEN FAMILY	SERVICES FOUNDATION, INC.	91-2160214	Page 2
Par	t III Statement of Program S			
	Check if Schedule O contains	a response or note to any line in this Part I	II	X
1	Briefly describe the organization's mi	ssion:		
	SEE SCHEDULE O			
	,			
2	Did the organization undertake any sign	ficant program services during the year which	were not listed on the prior	
	Form 990 or 990-EZ?		·······)	'es X No
_	If 'Yes,' describe these new services			
3	Did the organization cease conductin	g, or make significant changes in how it cor	nducts, any program services? 🔲 🦄	res X No
	If 'Yes,' describe these changes on S		_	
4		service accomplishments for each of its threations and section 4947(a)(1) trusts are required ue, if any, for each program service reported		by expenses. ons to
	(Code:) (Expenses \$	375,049, including grants of \$) /D A	
		FOUNDATION PURPOSE IS THE S) (Revenue \$)
	ADMINISTRATION OF CONTR	IBUTIONS FOR THE BENEFIT OF	OLICITATION, RECEIPT, AND	z <i>=-</i>
	WAIDEN FAMILY SERVICES	WALDEN ENVIRONMENT DBA WAL	WALDEN ENVIRONMENT, INC.	DBA
	FORMED IN 1976 AS A NON	PROFIT ORGANIZATION TO PROV	DEN FAMILY SERVICES (WALDE	<u>N) WAS</u>
	PLACEMENT AND TREATMEN	T SERVICES FOR CHILDREN UNA	IDE ADVOCACY, OUT OF HOME	
	DUE TO ABANDONMENT, ABU			_HOMES
	POLICE TELEPONNENT, ADO	DE, OR NEGHECT.		
	(Code:) (Expenses \$	in-line to the control of the		
710	(code:) (Expenses \$	including grants of \$) (Revenue \$)
				- -
40	(Code:) (Expenses \$	including grants of \$	\ /D	
•••	(Codo) (Expenses 4	including grants or \$) (Revenue \$)
4 d	Other program services. (Describe in	Schedule ().)		
	(Expenses \$	including grants of \$) (Revenue \$	`
4 e	Total program service expenses ►	375,049.	\ (i.resetine δ	<u> </u>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		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	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
	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	X	
	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	
13	S Sometime deficient in equition in the state of the deficient in the state of the	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</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
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	•	X
18		18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b if 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	energia en required echedates (continued)			
			Yes	No
21	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
22	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
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>			
04		23		X
24 8	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
k	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	25Ь		Х
26		230		
20	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.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	*************	Χ
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II			
33		32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
k	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BΔΔ				

Form 990 (2013) WALDEN FAMILY SERVICES FOUNDATION, INC. 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

Check is Scriedule O contains a response or note to any line in this Part V	<u></u>
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Yes No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	allah siga bir baras
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 Б
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	100 600 500
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X
b If "Yes' has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.	3b
 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)? b If 'Yes,' enter the name of the foreign country: ► 	4a X
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?	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a X 5b X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c A
	-
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? b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	6a X
not tax deductible?	6 b
7 Organizations that may receive deductible contributions under section 170(c).	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7. V
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7c X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f X
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g /
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9 Sponsoring organizations maintaining donor advised funds.	8
a Did the organization make any taxable distributions under section 4966?	9a
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10 Section 501(c)(7) organizations. Enter:	
a Initiation fees and capital contributions included on Part VIII, line 12	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter:	
Once the second	
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?	12a
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a Is the organization licensed to issue qualified health plans in more than one state?	13a
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	10.00
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a X
142 ord the organization receive any payments for indeor tailing services during the tax year	lital i A
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q.	14b

Form 990 (2013) WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year.....
If there are material differences in voting rights among members 1a 8 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..... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision. of officers, directors or trustees, or key employees to a management company or other person?..... X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders?.... 6 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 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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 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?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b 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. X 12 c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE .Q..... 15 a Х **b** Other officers of key employees of the organization..... If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > $_{\text{CA}}$ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Own 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 the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

TEEA0106L 07/02/13

Form 990 (2013)

BAA

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......

v

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.

employees; and former such persons.		لمحد		1:-				d. Lee D		·
Check this box if neither the organization r	nor any reia	itea org	ganiz	2atio:		mpens	sated	d any current officer, di	rector, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours	offic	er an	not e	check persor	k more to on is both or/trustee	han n an e)	(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) JON BAILEY	11				\Box					
BOARD MEMBER	0	Х						0.	0.	0.
(2) JOE BERNSTEIN	1	1								
BOARD MEMBER	0	X						0.	0.	0.
(3) LISA BETYAR	1_1_	ļ								
BOARD MEMBER	0	Х						0.	0.	0.
_(4) SABRINA GREEN	1	1				!				
BOARD MEMBER	0	X			Ш			0.	0.	0.
_(5)_JIM_LAUTH	1_1_	1								
BOARD MEMBER	0	X			Ш			0.	0.	0.
(6)_ JORGE_RUIZ_DE_CASTILLA_	11	1								
BOARD MEMBER	0	X				<u> </u>		0.	0.	0.
_(7) DAVE_SCHNELL	11	<u> </u>								
BOARD MEMBER	0	X						0.	0.	0.
_(8) MARYANNE_CARLIN	1	ļ								
CHAIR	0			Х		ļ		0.	0.	0.
_(9)_DALE_GANZOW	1	ļ								
VICE CHAIR	0			X	<u> </u>			0.	0,	0.
(10) HILARY VREM	11	ł						_		
SECRETARY	0	ļ		X	-	<u> </u>		0.	0.	0.
(11) TERESA STIVERS EXECUTIVE DIR.	$-\frac{21}{19}$	ł		х				58,292.	40 625	15 277
(12)				47				30,232.	49,625.	15,377.
(13)		ļ —	_							
(14)										
	<u> </u>	<u> </u>			ш		<u> </u>	l		

(A) Name and title	(B) Average hours per	(do box offic	not c , unle	Pos heck ss pe	sition more erson directo	than c is both or/trust	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)						ä	_		·	
(16)		<u> </u>					_	· · · · · · · · · · · · · · · · · · ·		
(17)										
(18)										
(19)		-								
(20)		-								
(21)				İ	-					
(22)]								
(23)		<u> </u>								
		<u> </u>					_			
(24)										
(25)										
1 b Sub-total							≻	58,292. 0.	49,625. 0.	15,377. 0.
d Total (add lines 1b and 1c)							►	58,292.	49,625.	15,377.
from the organization > 0	J 11103C)	Sieu	abo	ve) .	YY I I O	10001	veu —		o or reportable com	Perisation
3 Did the organization list any former officer, director	or, or tru	stee	, key	y en	nplo	yee,	or h	nighest compensa	ted employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of a										3 X
4 For any individual listed on line 1a, is the sum of a the organization and related organizations greater such individual	than \$1	50,0	00?	If "	Yes'	com	olet	e Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper comple	nsatio	on fr chec	om dule	any <i>J f</i> c	unre er suc	late h p	ed organization or erson	individual	5 X
Complete this table for your five highest compensation from the organization. Report compensation from the organization.	ated ind	eper	iden	t co	ntra	ctors	tha	at received more t	han \$100,000 of	
compensation from the organization. Report compensation (A) Name and business addre		the c	alen	dar	year	endi	ng v	(B)		r. (C) Compensation
Name and business addre	SS							Description	of services	Compensation
Total number of independent contractors (including but)		ited t	o the	ose	liste	d abo	ve)	 who received more	than	
\$100,000 of compensation from the organization >		TEEA	01081	11/	11/13					Form 990 (2013)

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (A) Total expenses (B) (C) Do not include amounts reported on lines (D) Program service Management and general expenses Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. Grants and other assistance to individuals in the United States. See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 58,501 0 0 58,501. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. Other salaries and wages..... 229.710 124. 735 104,975. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits..... 53,490 21.174 32,316. 10 Payroll taxes..... 21,265 9.259 12,006. 11 Fees for services (non-employees): a Management..... **b** Legal..... 203 203. c Accounting..... d Lobbying..... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees..... g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)..... 15,877. 13,647 2,230. Advertising and promotion 21,213. 3,853. 17,360. Office expenses..... 7,472. 6,227. 1,245. Information technology..... 14 15 16 Occupancy..... 32,418 20,639 11,779. 17 18,782 16,547. 2,235. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 4,898. 2,401 2,497. 20 Interest..... Payments to affiliates..... Depreciation, depletion, and amortization ... 1,063. 269 794. 23 Insurance..., 7,501 3.257 4,244. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... a MISC EXPENSE 93,106. 53,968 39,138. b SPECIAL PROJECTS 69,777 8,673 61,104. c EMANCIPATED YOUTH 58,486 58,486 d CONTRACT LABOR 23,142 12,859 10,283. e All other expenses..... 28,155 19,055 9,100. 25 Total functional expenses. Add lines 1 through 24e . . . 745,059. 375,049 0 370,010. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.		-	
	2	Savings and temporary cash investments	265,969. 252,983.	2	207,886.
	3	Pledges and grants receivable, net	252,983.	3	248,081.
	4	Accounts receivable, net	138,593.	4	72 600
	5		130,393.	44	73,600.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	and restricted solely a	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			e a serie en en el propertione de la propertione de la propertione de la propertione de la propertione de la p La propertione de la propertione de la propertione de la propertione de la propertione de la propertione de la
	þ	Less: accumulated depreciation		10 c	Annatural of the Company of the Comp
	11	Investments — publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	657,545.	16	529,567.
	17 18	Grants payable		17	
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19 20	
Ī	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
48-1-1	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	erdigels (1) kaj interestante en 12 Recollection de la America	22	and the second of the second o
1	23	Secured mortgages and notes payable to unrelated third parties	-	23	
S	24	Unsecured notes and loans payable to unrelated third parties.		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	55,333.	25	140,704.
	26	Total liabilities. Add lines 17 through 25	55,333.		140,704.
IMZ		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	magnik (lating bin) Mya. Sasantan Kabing Sang. K		
の一年ののプ	27	Unrestricted net assets	191,210.	27	108,529.
Ē	28	Temporarily restricted net assets	411,002.	28	280,334.
	29	Permanently restricted net assets	1117001.	29	200,004.
OR F.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			of Section Control Con
יכבס	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
めずつさかしか	33	Total net assets or fund balances	602,212.	33	388,863.
	34	Total liabilities and net assets/fund balances	657,545.	34	529,567.
ВА	A				Form 990 (2013)

	WALDEN FAMILY SERVICES FOUNDATION, INC. 91	-2160214		Pa	ge 12
Pа	n XIII Reconciliation of Net Assets	·			
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		4	71,5	64
2	Total expenses (must equal Part IX, column (A), line 25)			45,0	
3	Revenue less expenses. Subtract line 2 from line 1			73,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			02,2	
5	Net unrealized gains (losses) on investments	5		·	
6	Donated services and use of facilities				
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) . SEE SCHEDULE O	9		60,1	46.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33)				
is)A	column (B))	10	3	88,8	<u>63.</u>
ΓŒ	it XII Financial Statements and Reporting				
	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			(9)	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis			is etal.	essentiti
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepal basis, consolidated basis, or both:	rate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, •••••	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	eta Matsua C	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	j	
BAA			Form	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

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

		N FAMILY SERVI								60214			
Par	l I	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	nstructi	ons.		
he o	-	•		it is: (For lines 1 throu			-	•					
1				ation of churches desc		section	170(b)(1)(A)(i).					
2		A school described in	section 170(b)(1)(A)(ection 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a coope	rative hospital service	organization describe	d in sec	tion 170	(b)(1)(A)(iii).					
4	П	A medical research o	rganization operated i	in conjunction with a h	ospital d	describe	d in sec	tion 170	0(b)(1)(A	Xiii). En	iter the hospita	ıl's	
		name, city, and state			•								
5		An organization operat	ed for the benefit of a complete Part II.)	ollege or university own	ed or ope	erated by	a gover	nmental	unit des	cribed in	section		
6				vernmental unit descrit	bed in s	ection 1	70(b)(1)	(A)(v).					
7		in section 170(b)(1)(4	rmally receives a substantial part of its support from a governmental unit or from the general public described Xvi). (Complete Part II.)										
8		A community trust de	escribed in section 170	0(b)(1)(A)(vi). (Complet	te Part I	l.)							
9	_	from activities related to investment income a June 30, 1975. See s	to its exempt functions on the increase of the		eptions, a section	and (2) n 511 tax)	o more t from bu	han 33- usinesse	1/3% of i es acqui	s, and gots supported by the	ross receipts rt from gross ne organizatior	n after	
10				clusively to test for pu									
11	X	An organization organi more publicly suppor describes the type of	zed and operated exclu ted organizations des supporting organizati	sively for the benefit of, cribed in section 509(a on and complete lines	to perfor)(1) or s 11e thr	m the fu section 5 ough 11	nctions o 509(a)(2) h.	of, or car). See s	rry out th section 5	e purpos 09(a)(3)	es of one or . Check the bo	x that	
		a X Type 1 b		Type III - Function							unctionally inte		
е		By checking this box other than foundation rection 509(a)(2).	, l certify that the organisms and other that	nization is not controll n one or more publicly s	led direc supported	tly or in Lorganiz	directly ations de	by one	or more	disquali	ified nerenne	J	
f				ation from the IRS that i			II or Type	e III sup	porting o	rganizati	on,	П	
g	I	Since August 17, 200	06, has the organizatio	on accepted any gift o	r contrib	ution fro	m any	of the fo	ollowing	persons			
		(i) A person who o	directly or indirectly co	ntrols, either alone or ported organization?	togethe	r with pe	ersons d	escribe	d in (ii) a	and (iii)	11 g (i)	s No X	
				ed in (i) above?							·		
				**							3 ()	X	
				lescribed in (i) or (ii) a			• • • • • •		• • • • • • •		· 11 g (iii)	X	
h	1		·······	supported organization					1"				
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ration in in in in in in in in in in in in in	(v) Did yo the organi column (i supp	u notify zation in) of your ort?	(vi) organiz colur organize U.S	ation in nn (i) ed in the	(vii) Amount of n support	nonetary	
					Yes	No	Yes	No	Yes	No			
	WA	LDEN ENVIRONMI	ENT, INC.		1					· · · · ·			
(A)			94-2358632	9	х		x		х		467	,325.	
		· · · · · · · · · · · · · · · · · · ·			1							, 5251	
(B)													
					İ	Ì							
(C)													
(D)		 											
(E)													
Tota	ı		amatang dalam bahir Pangkang Sababah	ctilist (Sauterapijalisens) ui. Luungengapijalisessa asaan						110111	167	325	

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

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

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

Sec	tion A. Public Support				·		
beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			Sakki waga ya ili Dipi da da sa Saki Saki Talah da da saki Talah da da saki			
6	Public support. Subtract line 5 from line 4			and the second	il in Charlesia Charles	o parajantika Lagranda teks	
	tion B. Total Support						
beg	endar year (or fiscal year inning 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.)						
17	Total support. Add lines 7 through 10	tale of the factor of the fact	Januario de Roberto La la Septembra de Calendario Roberto de Calendario de Calendario de Calendario de Calendario de Calendario de Calendario de Calendario de C	ración Capital de Maria de Capital	rior par lind di	ampahay artist 4	
12	Gross receipts from related active	rities, etc (see ins	tructions)	* * * * * * * * * * * * * * * * * * * *		12	
	First five years. If the Form 990 is organization, check this box and	Stop Here		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)13 (line 6, colum)	n (f) divided by lin	ne 11, column (f)).		14	%
	Public support percentage from						%
	a 33-1/3% support test 2013. If and stop here. The organization	duannes as a har	olicia arbborted o	rganization	********	********	.,.,
t	o 33-1/3% support test — 2012. If t and stop here. The organization	the organization d qualifies as a pui	id not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	3-1/3% or more,	check this box
	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	and-circumstanc	es' test. The orga	nization qualifies	as a publicly supp	e. Explain in Part ported organization	IV how n►
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	d-circumstances'	test. The organiza	ation qualifies as a	pox and stop ner publicly supporte	ed organization	IV how the ▶ □
	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check this	s box and see inst	tructions ►
BAA		-					

Partill 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.)

	tion A. Public Support								
Calen	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total	_
ı	Gifts, grants, contributions and membership fees received. (Do not include								
	received. (Do not include any unusual grants.)						ļ		
2	Gross receipts from admis-								
_	sions, merchandise sold or								
	services performed, or facilities furnished in any activity that is								
	related to the organization's								
	tax-exempt purpose								
3	Gross receipts from activities								—
	that are not an unrelated trade or business under section 513.								
4	Tax revenues levied for the				<u> </u>				_
	organization's benefit and								
	either paid to or expended on its behalf								
5	The value of services or				<u> </u>				
	facilities furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5				<u> </u>				_
7 a	Amounts included on lines 1,				<u> </u>				
	2, and 3 received from								
	disqualified persons								
r.	Amounts included on lines 2 and 3 received from other than								
	disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13								
	for the year								
c	Add lines 7a and 7b								_
8	Public support (Subtract line								
	7c from line 6.)			an Aldahar	A South State				
	tion B. Total Support								_
	dar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total	
	Amounts from line 6,								_
10 a	Gross income from interest, dividends, payments received				-				_
	on securities loans, rents,								
	royalties and income from						ŀ		
Ŀ	similar sources Unrelated business taxable								
_	income (less section 511								
	taxes) from businesses acquired after June 30, 1975								
	: Add lines 10a and 10b								
11									_
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
12									
	gain or loss from the sale of	1							
	conitol accosts (Evaluis in	1							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
	rait iv.)						_		_
13	Total Support. (Add Ins 9,10c, 11 and 12.)	is for the organiza	ation's first secon	nd third fourth o	or fifth tay year as	a section 5	21(0)(2		_
13 14	Total Support. (Add Ins 9,10s, 11 and 12.) First five years. If the Form 990 organization, check this box and	is for the organize	ation's first, secon	nd, third, fourth, c	or fifth tax year as	a section 50	01(c)(3	·)	_ _ 7
13 14 Sec	Total Support. (Add Ins 9,10s, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	blic Support P	ercentage				D1(c)(3	·)	_]
13 14 Sec 15	Total Support. (Add Ins 9,10s, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20	blic Support P 013 (line 8, columr	ercentage n (f) divided by lin	ie 13, column (f)))		01(c)(3 15	3)	_] _
13 14 Sec 15 16	Total Support. (Add Ins 9,10s, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from	blic Support P 013 (line 8, colum 2012 Schedule A,	ercentage n (f) divided by lin Part III, line 15 .	ie 13, column (f)))				
13 14 Sec 15 16 Sec	Total Support. (Add Ins 9,10s, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv	blic Support P D13 (line 8, column 2012 Schedule A, restment Incon	ercentage n (f) divided by lin Part III, line 15. ne Percentage	e 13, column (f))			15	8	
13 14 Sec 15 16 Sec 17	Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f	blic Support P 213 (line 8, column 2012 Schedule A, restment Incon for 2013 (line 10c,	ercentage (f) divided by lin Part III, line 15. ne Percentage column (f) divide	ie 13, column (f))	ımn (f))		15	8	
13 14 Sec 15 16 Sec 17 18	Total Support. (Add Ins 9,10s, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f Investment income percentage f	blic Support P D13 (line 8, column 2012 Schedule A, restment Incon for 2013 (line 10c, from 2012 Schedul	ercentage (f) divided by lin Part III, line 15. ne Percentage column (f) divide te A, Part III, line	te 13, column (f)) te 13, column (f)) te 13, column (f)	ımn (f))		15 16 17 18	06 06 06	
13 14 Sec 15 16 Sec 17 18	Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from tion D. Computation of Inv Investment income percentage f Investment income percentage f 33-1/3% support tests — 2013. If	blic Support P 213 (line 8, column 2012 Schedule A, restment Incon for 2013 (line 10c, from 2012 Schedule f the organization	ercentage n (f) divided by lin Part III, line 15. ne Percentage column (f) divide te A, Part III, line did not check the	d by line 13, column (f))	imn (f))		15 16 17 18	\$6 \$6 \$6	
13 14 Sec 15 16 Sec 17 18 19 a	Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f Investment income percentage f 33-1/3% support tests — 2013. It is not more than 33-1/3%, check	blic Support P 213 (line 8, column 2012 Schedule A, restment Incon for 2013 (line 10c, from 2012 Schedule f the organization c this box and stop	ercentage (f) divided by lin Part III, line 15. ne Percentage column (f) divide te A, Part III, line did not check the phere. The organ	d by line 13, column (f)) box on line 14, a ization qualifies a	ımn (f))and line 15 is more	e than 33-1/	15 16 17 18 3%, ar	% % % nd line 17	
13 14 Sec 15 16 Sec 17 18 19 a	Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from tion D. Computation of Inv Investment income percentage f 133-1/3% support tests — 2013. It is not more than 33-1/3%, check	blic Support P 2013 (line 8, column 2012 Schedule A, restment Incon for 2013 (line 10c, from 2012 Schedule f the organization of this box and stop	ercentage n (f) divided by lin Part III, line 15. ne Percentage column (f) divide te A, Part III, line did not check the here. The organ	d by line 13, column (f)) box on line 14, a ization qualifies a	imn (f))and line 15 is more	e than 33-1/ ported organi	15 16 17 18 3%, ar	% % % and line 17	
13 14 Sec 15 16 Sec 17 18 19 a	Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f Investment income percentage f 33-1/3% support tests — 2013. It is not more than 33-1/3%, check 33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%	blic Support P 13 (line 8, column 2012 Schedule A, restment Incon for 2013 (line 10c, from 2012 Schedul f the organization of this box and stop f the organization f, check this box a	ercentage (f) divided by line Part III, line 15. The Percentage column (f) divide the A, Part III, line did not check the cohere. The organization of the check a bund stop here. The	d by line 13, column (f)) box on line 14, a ization qualifies a coron line 14 or le organization qualitien qualifier and coronanization qualifier and coronaniza	imn (f))and line 15 is more as a publicly suppline 19a, and line lialifies as a public	e than 33-1/ prted organi	15 16 17 18 3%, an zation.	% % % md line 17 ► [
13 14 Sec 15 16 Sec 17 18 19 a	Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f Investment income percentage f Investment income percentage f is 33-1/3% support tests — 2013. It is not more than 33-1/3%, check 33-1/3% support tests — 2012. It line 18 is not more than 33-1/3% Private foundation, If the organi	blic Support P 13 (line 8, column 2012 Schedule A, restment Incon for 2013 (line 10c, from 2012 Schedul f the organization of this box and stop f the organization f, check this box a	ercentage (f) divided by line Part III, line 15. The Percentage column (f) divide the A, Part III, line did not check the cohere. The organization of the check a bund stop here. The	d by line 13, column (f)) box on line 14, a ization qualifies a corganization qualud, 19a, or 19b, c	and line 15 is more as a publicly suppoine 19a, and line allifies as a publicly sheck this box and	e than 33-1/ orted organi 16 is more t y supported see instruc	15 16 17 18 3%, ar zation. han 33 organ	% % % md line 17 ► [

	(Form 990 or 990-EZ) 2013	WALDEN	FAMILY	SERVICES	FOUNDATION,	INC.	91-2160214	Page 4
Part IV	Supplemental Inform or 17b; and Part III, li (See instructions).	ation. Prov ne 12. Also	vide the e complete	xplanations e this part fo	required by Par or any additional	t II, line informa	10; Part II, line ation.	17a
	ر اجماع میں سے سے ایک ایک ایک ایک ایک ایک ایک ایک ایک ایک							
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
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		Employer identification number
WALDEN FAMILY SERVICE	S FOUNDATION, INC.	91-2160214
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organ	nization
	4947(a)(1) nonexempt charitable tru	st not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable tru	ist treated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is cove	red by the General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8)), or (10) organization can check boxes for both the Ge	eneral Rule and a Special Rule. See instructions.
General Rule X For an organization filing Form S contributor. (Complete Parts i	990, 990-EZ, or 990-PF that received, during the year, \$5,0 and II.)	000 or more (in money or property) from any one
Special Rules		
For a section 501(c)(3) organi 509(a)(1) and 170(b)(1)(A)(vi) (2) 2% of the amount on (i) Fo	ization filing Form 990 or 990-EZ that met the 33-1/3% and received from any one contributor, during the yea orm 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	s support test of the regulations under sections ar, a contribution of the greater of (1) \$5,000 or . Complete Parts I and II.
For a section 501(c)(7), (8), or (total contributions of more that the prevention of cruelty to ch	(10) organization filing Form 990 or 990-EZ that received fr an \$1,000 for use <i>exclusively</i> for religious, charitable, s nildren or animals. Complete Parts I, II, and III.	om any one contributor, during the year, scientific, literary, or educational purposes, or
For a section 501(c)(7), (8), or (contributions for use <i>exclusively</i> If this box is checked, enter here purpose. Do not complete any or religious, charitable, etc, contributions.	(10) organization filing Form 990 or 990-EZ that received for religious, charitable, etc, purposes, but these contribute the total contributions that were received during the year of the parts unless the General Rule applies to this organization of \$5,000 or more during the year	rom any one contributor, during the year, tions did not total to more than \$1,000. for an exclusively religious, charitable, etc, ation because it received nonexclusively
Caution: An organization that is r 990-PF) but it must answer 'No' of Part I, line 2, to certify that it does	not covered by the General Rule and/or the Special Ru on Part IV, line 2, of its Form 990; or check the box on ss not meet the filing requirements of Schedule B (For	lles does not file Schedule B (Form 990, 990-EZ, or n line H of its Form 990-EZ or on its Form 990-PF, m 990, 990-EZ, or 990-PF).
BAA For Paperwork Reduction or 990-PF.	Act Notice, see the Instructions for Form 990, 990EZ,	Schedule B (Form 990, 990-EZ, or 990-PF) (2013

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1	of 4	of Part 1
Name of organization	Employer	identifica	ation number	
WALDEN FAMILY SERVICES FOUNDATION, INC.	91-21	6021	4	

ralli			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BARNEY & BARNEY		Person X
	6150 MISSION GORGE RD. STE 210	\$ 5,100.	Payroll Noncash
	SAN DIEGO, CA 92120		(Complete Part II for
			noncásh contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LISA BEYTAR		Person X
	6150 MISSION GORGE RD. STE 210	\$6,425.	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
3	ARTHUR CANDLAND		Person X
	6150 MISSION GORGE RD. STE 210	\$25,115.	Payroll Noncash
i	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
(a) Number	(b) Name, address, and ZIP + 4 MARYANNE CARLIN	(c) Total contributions	Person X
	Name, address, and ZIP + 4 MARYANNE CARLIN	(c) Total contributions	
	Name, address, and ZIP + 4 MARYANNE CARLIN	contributions	Person X Payroll
	MARYANNE CARLIN 6150 MISSION GORGE RD. STE 210	contributions	Person X Payroll Noncash Complete Part II for
4	MARYANNE CARLIN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b)	\$16,100.	Person X Payroll Noncash Complete Part II for noncash contributions.) (d) Type of contribution Person X
4 (a) Number	MARYANNE CARLIN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4	\$16,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
4 (a) Number	MARYANNE CARLIN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 DOWLING & YAHNKE	\$ 16,100.	Person X Payroll
4 (a) Number	Name, address, and ZIP + 4 MARYANNE CARLIN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 DOWLING & YAHNKE 6150 MISSION GORGE RD. STE 210	\$ 16,100.	Person X Payroll
4 (a) Number 5	Name, address, and ZIP + 4 MARYANNE CARLIN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 DOWLING & YAHNKE 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 (b)	\$ 16,100. Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
4	MARYANNE CARLIN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4 DOWLING & YAHNKE 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120 Name, address, and ZIP + 4	\$ 16,100. Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)

Schedule	В	(Form	990.	990-EZ.	or 990-PF)	(2013)
Concado	_	(1 0 1 1 1 1	,,,	JJU L Z,	01 220 1 1 7	(4010)

4 of Part 1

Name of organization WALDEN FAMILY SERVICES FOUNDATION, INC Page 2 of 4 91-2160214

***************************************	ZIMIZEE DEICHZOND LOUISINIAM, THO.	122 4-	LOOZIA
Part L	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HERVEY FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ <u>30,000</u> .	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
8	ARLENE LIBERMAN 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ <u>5,000</u> .	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
9	ARTHUR Q. JOHNSON FOUNDATION 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$15,000.	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
<u>10</u> _	JOHN & NANCY POUK SCHWEB CHARITABLE 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$ <u>5,000.</u>	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
11_	SDG&E A SEMPRA ENERGY 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$5,000.	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
12_	HARLEY SEFTON 6150 MISSION GORGE RD. STE 210 SAN DIEGO, CA 92120	\$122,870.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	T.	1	i .

7	1		
	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	3 of 4 of Part
Name of org. WALDEN	ANIZATION I FAMILY SERVICES FOUNDATION, INC.	' '	r identification number 160214
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	SOCIAL ENTREPENEURS		Person X
	6150 MISSION GORGE RD. STE 210	\$5,000.	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
14_	SURDNA FOUNDATION		Person X
	6150 MISSION GORGE RD. STE 210	\$55,000.	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
<u>15</u> _	LINDA & JERRY STRICKLAND FOUNDATION		Person X
	6150 MISSION GORGE RD. STE 210	\$ <u>14,775.</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
<u> 16</u>	SAN DIEGO FOUNDATION		Person X
	6150 MISSION GORGE RD. STE 210	\$12,232.	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
<u>17</u> _	HOLIDAY GIFTS FOR FOSTER YOUTH		Person
	6150 MISSION GORGE RD. STE 210	\$5,000.	Payroll X
	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
<u>18</u> _	JEWELERY DONATION		Person

6150 MISSION GORGE RD. STE 210

SAN DIEGO, CA 92120

5,000.

Payroll

Noncash

(Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	4 of 4 of Part 1
Name of org	anization J FAMILY SERVICES FOUNDATION, INC.	-	r identification number
	Contributors (see instructions). Use duplicate copies of Part I if additional space		160214
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_	BALBOA TRAVEL MANAGEMENT		Person Payroll
	6150 MISSION GORGE RD. STE 210	\$5,000.	
	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
		\$	Person
(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 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 Payroll Complete Part If for noncash contributions,)
ВАА	TEEA0702L 12/27/13	Schedule B (Form 990	, 990-EZ, or 990-PF) (2013)

BAA

L to

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

of Part II

WALDEN FAMILY SERVICES FOUNDATION, INC

Employer identification number

91-2160214 Part II Moncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received HOLIDAY GIFTS 17_ 12/20/13 5,000 (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received **JEWELRY** 18 5,000 8/12/13 (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I TRAVEL 19_ 5,000 8/12/13 (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received from Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I

	3 (Form 990, 990-EZ, or 990-PF) (2013)		Page 1 to 1 of Part III
Name of organ	FAMILY SERVICES FOUNDATION,	TNC	Employer identification number
82am∭∭	Exclusively religious, charitable, etcorganizations that total more than \$ For organizations completing Part III, enter total contributions of \$1,000 or less for the year. (If Use duplicate copies of Part III if additional seconds.)	c., individual contributions to se 1,000 for the year. Complete columns of exclusively religious, charitable, etc., Enter this information once. See instruct	(a) through (a) and the fallenting P
		·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
			-+
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4 R	elationship of transferor to transferee
(2)	45		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<u> </u>		
		(e) Transfer of gift	
-	Transferee's name, address		elationship 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, address,		elationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			+
			
ļ		(e)	
	Transferents name address	(e) Transfer of gift	
	Transferee's name, address,	anu zir + 4 Re	elationship of transferor to transferee

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.

2013

OMB No. 1545-0047

Department of the Treasury internal Revenue Service Name of the organization

WAI	DEN FAMILY SERVICES FOUNDATION	N. INC.		91-2160214	
	Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Funds		
	Complete if the organization answ				
1	Total number at end of year	(a) Donor advised	funds	(b) Funds and other ac	counts
2	Aggregate contributions to (during year)		···		
3	Aggregate contributions to (during year)				
4	Aggregate value at end of year				
7					
5	Did the organization inform all donors and don are the organization's property, subject to the	organization's exclusive legal	control?	Yes	☐ No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writi of the donor or donor adviso	ng that grant funds ca r, or for any other pur	an be used only pose conferring Yes	□ No
Par	Conservation Easements. Complete if the organization answ				Land
1	Purpose(s) of conservation easements held by				
•	Preservation of land for public use (e.g., re		<u> </u>	historically important land	area
	Protection of natural habitat	,		certified historic structure	arca
	Preservation of open space		L	oor and a motorio by ablaic	
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation cor	tribution in the form of	a conservation easement on	the
	last day of the tax year.			2 CONSCIVATION CASCINCITE ON	
				Held at the End of	the Tax Year
	Total number of conservation easements			2a	
	Total acreage restricted by conservation easer			2 b	
•	Number of conservation easements on a certif	fied historic structure included	l in (a)	2 c	
(Number of conservation easements included in structure listed in the National Register			2 d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished,	or terminated by the or	rganization during the	
4	Number of states where property subject to conse	rvation easement is located 🟲			
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitorir	ng, inspection, handlin	ng of violations,	No
6	Staff and volunteer hours devoted to monitoring, i				J
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, and enforcing conservation	on easements during the	e year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of section	n 170(h)(4)(B)(i) Yes	□No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its	revenue and evnence of	tatement and halance cheet	and counting for
-	conservation easements.				
Pai	Organizations Maintaining Colle Complete if the organization answ	wered 'Yes' to Form 990	Part IV, line 8.	her Similar Assets.	
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	on, or research in furthe	statement and balance she rance of public service, provi	eet works of de,
I	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, c	r research in furtherand	ce of public service, provide t	he
	(i) Revenues included in Form 990, Part VIII,	line 1			
	(ii) Assets included in Form 990, Part X	,,,			
2	If the organization received or held works of art, h amounts required to be reported under SFAS	116 (ASC 958) relating to the	se items:	gain, provide the following	
	a Revenues included in Form 990, Part VIII, line	.1			
	Accets included in Form 000. Best V				

Schedule D (Form 990) 2013 WALDS Part III Organizations Mainta	EN FAMILY S ining Collecti	ERVICES FOUND ons of Art, Histo	ATION, INC.	91-2160 or Other Similar Ass	0214 Page 2 ets (continued)
3 Using the organization's acquisition items (check all that apply):					
a Public exhibition	-	d Loan d	r exchange programs		
b Scholarly research		e Other	- ' -		
c Preservation for future gener	ations	—			
4 Provide a description of the organiz Part XIII.					
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or rec nan to be mainta	eive donations of art ined as part of the or	, historical treasures, ganization's collection	or other similar assets	Yes No
Part IV Escrow and Custodia line 9, or reported an	l Arrangemer	its. Complete if the	ne organization ar	nswered 'Yes' to For	m 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, o	or other intermediary	for contributions or ot	ther assets not included	Yes No
b if 'Yes,' explain the arrangement	in Part XIII and	complete the following	ng table:	•••••	Yes No
			,g (2.2.2)		Amount
c Beginning balance					Titloan
d Additions during the year					
e Distributions during the year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 e	
f Ending balance		• • • • • • • • • • • • • • • • • • • •		1f	
2 a Did the organization include an a					Yes No
b If 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the explan	tion has been provide	d in Part XIII	
•		•			
Part V Endowment Funds. C	omplete if the	organization an	swered 'Yes' to Fo	orm 990. Part IV. lin	e 10
	(a) Current yea				(e) Four years back
1 a Beginning of year balance		3.7	(b) The Joseph Set	(d) Throo yours basic	(c) Fodi yedis pack
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					<u> </u>
g End of year balance					
2 Provide the estimated percentag		ear end balance (lin	e 1g. column (a)) held	ac'	
a Board designated or quasi-endowm		**************************************	e rg, coldanii (a)) neic	ı as.	
b Permanent endowment		 •			
c Temporarily restricted endowmer		%			
The percentages in lines 2a, 2b,					
3 a Are there endowment funds not in t			re held and administere	ed for the	
organization by:					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations				• • • • • • • • • • • • • • • • • • • •	3a(ii)
b If 'Yes' to 3a(ii), are the related	organizations list	ed as required on So	hedule R?	• • • • • • • • • • • • • • • • • • • •	3b
4 Describe in Part XIII the intende		anization's endowme	nt funds.		
Part VI Land, Buildings, and Complete if the organ		red 'Yes' to Form	n 990, Part IV, line	e 11a. See Form 990), Part X, line 10.
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	.,				
b Buildings					
c Leasehold improvements	,		······································		
d Equipment					
e Other					
Total. Add lines 1a through 1e. (Colum		l Form 990, Part X. d	column (B), line 10(c).), >	0.
ВАА	<u> </u>				ule D (Form 990) 2013

Schedule D (Form 990) 2013 WALDEN FAMILY SERV	TCES FOUNDATIO	N TNC 01_	2160214 Page 3
Investments — Other Securities		NT / 7\	
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11b. See Forr	n 990, Part X, line 12.
(a) Description of security or category (including name of security) (1) Financial derivatives	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(D) (E)			
(F)			
(G)			
(H)			<u> </u>
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►		repail victore marcho de rem profes abre de esse	
Part VIII Investments — Program Related. Complete if the organization answered (a) Description of investment type	'Yes' to Form 990	N/A Part IV line 11c See Form	2000 Dort V line 12
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)			ona or your market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.	N/A	ne chica a duna span della e di des	and the state of the state of the state of
Complete if the organization answered	<u>'Yes' to F</u> orm 990,	Part IV, line 11d. See Form	990, Part X. line 15.
Complete if the organization answered (a) Des	<u>'Yes' to F</u> orm 990,	Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
Complete if the organization answered (a) Des	<u>'Yes' to F</u> orm 990,	Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (2)	<u>'Yes' to F</u> orm 990,	Part IV, line 11d. See Form	
Complete if the organization answered (a) Des	<u>'Yes' to F</u> orm 990,	Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	<u>'Yes' to F</u> orm 990,	Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	<u>'Yes' to F</u> orm 990,	Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	<u>'Yes' to F</u> orm 990,	Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	<u>'Yes' to F</u> orm 990,	Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	<u>'Yes' to F</u> orm 990,	Part IV, line 11d. See Form	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' to Form 990,		(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	'Yes' to Form 990,		(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.	Yes' to Form 990, cription		(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability	Yes' to Form 990, cription		(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes	Yes' to Form 990, cription), line 15.)		(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES	Yes' to Form 990, cription), line 15.)	or 11f. See Form 990, Part X, line	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3)	'Yes' to Form 990, cription 'D, line 15.)	or 11f. See Form 990, Part X, line	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4)	'Yes' to Form 990, cription 'D, line 15.)	or 11f. See Form 990, Part X, line	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B. Part X) Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5)	'Yes' to Form 990, cription 'D, line 15.)	or 11f. See Form 990, Part X, line	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4)	'Yes' to Form 990, cription 'D, line 15.)	or 11f. See Form 990, Part X, line	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7) (8)	'Yes' to Form 990, cription 'D, line 15.)	or 11f. See Form 990, Part X, line	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7) (8) (9)	'Yes' to Form 990, cription 'D, line 15.)	or 11f. See Form 990, Part X, line	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' to Form 990, cription 'D, line 15.)	or 11f. See Form 990, Part X, line	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7) (8) (9) (10) (11)	'Yes' to Form 990, cription 'D, line 15.)	or 11f. See Form 990, Part X, line	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25,)	Yes' to Form 990, cription 2), line 15.)	or 11f. See Form 990, Part X, line	(b) Book value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) DUE TO WALDEN FAMILY SERVICES (3) (4) (5) (6) (7) (8) (9) (10) (11)	Yes' to Form 990, cription 2), line 15.)	or 11f. See Form 990, Part X, line	(b) Book value

Schedule D (FORTH 990) 2013 WALDEN FAMILY SERVICES FOUNDATION, INC.	91-2160214	Page 4
Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
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	531,710.
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	16	
d Other (Describe in Part XIII.) SEE FART ATTI e Add lines 2a through 2d.		60 116
3 Subtract line 2e from line 1		60,146.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	471,564.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		471,564.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		7/1,304.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	por itotaiiii	
1 Total expenses and losses per audited financial statements	1	745,059.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		7-10,000.
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	745,059.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	ii	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		745 050
Part XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·	745,059.
	. Dort V	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, ran v, e any additional info	ormation.
	-	
PART X - FIN 48 FOOTNOTE		
WALDEN FAMILY SERVICES FOUNDATION IS A PUBLIC CHARITIY AND IS EXEM	MPT FROM INCO	OME
TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND SEC	CTION 23701(I	O) OF
		·
THE CALIFORNIA REVENUE AND TAXATION CODE. WALDEN FAMILY SERVICES	FOUNDATION _	
BELIEVES THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS	TAKEN, AND A	<u> </u>
SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO	THE FINANC	[AL
CTATEMENTS WAIDEN FAMILY SEDUTORS TO MOR DETURNE ROTHER PARTY.		
STATEMENTS. WALDEN FAMILY SERVICES IS NOT PRIVATE FOUNDATIONS.	· 	.
RAA	Calandula B (C	000) 0010

Part XIII Supplemental Information (continued)	INC.	91-2160214	Page 5
PART X - FIN 48 FOOTNOTE (CONTINUED)			
THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT F			NDED
DECEMBER 31, 2013, 2012, 2011 AND 2010 ARE SUBJECT	TO EXAMINATION	N BY THE INTERNA	T
REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENE	RALLY THE THREE	TO FOUR YEARS	
AFTER THE RETURNS WERE FILED.			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		~ <b>~~~</b>	
		<del></del>	
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			· <del></del>

2013

# SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

**CLIENT 11-015** 

WALDEN FAMILY SERVICES FOUNDATION, INC.

91-2160214

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENT EXPENSE....

TOTAL \$ 60,146.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

Open to Rubilc Inspection

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

Sch	nedul I <b>rt II</b>	<ul> <li>G (Form 990 or 990-EZ) 2013 WALDEN</li> <li>Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gr</li> </ul>	the organization a	nswered 'Yes' to F		160214 Page 2 line 18, or reported Z, lines 1 and 6b.
REVENU		gradition, pic gr	(a) Event #1 WINE D'VINE (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
E N U E	1	Gross receipts	331,969.			331,969
_	2	Less: Charitable contributions	141,530.			141,530
	3	Gross income (line 1 minus line 2)	190,439.			190,439
	4	Cash prizes				
D	5	Noncash prizes				
D I R E C T	6	Rent/facility costs	37,775.			37,775.
	7	Food and beverages	8,308.			8,308.
EXPENSES	8	Entertainment	1,500.			1,500.
N S E	9	Other direct expenses	12,563.			12,563.
	10 11 1   11	mark authorises equitation by Man 111162 # [1]	om line 3, column (d)			60,146.
REVENUE		Ф10,000 0111 01111 990-E2, IIIIe ба.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
ρX	2					
DIRENSE	3	Noncash prizes				
T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes %	
_	8	Direct expense summary. Add lines 2 thro				
9 a	ls th	er the state(s) in which the organization opne organization licensed to operate gaming lo,' explain:	erates gaming activities activities in each of the	s: _ ese states?		Yes No
10 a	Wer	e any of the organization's gaming licenses	revoked, suspended o	r terminated during the	tax year?	Yes No
BAA			TEEA3702L 06/	/26/13	Schedule & /Form	n 990 or 990 E73 2012

Page 2

31 Does the	rm 990 or 990-EZ) 2 prganization operate	2013 WALDEN FA	MILY SERV	ICES FOUNDA	TION, INC.	91-21	60214	Page :
	5	garring activities v	And Holymelline	::Sr			Yes	No
administer	nization a grantor, be r charitable gaming?	neficiary or trustee of	a trust or a me	mber of a partnersh	nip or other entity	formed to	— — v	— — ,,
13 Indicate th a The organi b An outside	ne percentage of gar ization's facility facility	ning activity operate	ed in:	•••••••		13a		∐ No
14 Enter the n	ame and address of t	he person who prepa	res the organiza	ition's gaming/spec	ial events books	and records:		
Name ► _								
Address ►								
of gaming	organization have a deter the amount of gar revenue retained by ter name and addre	contact with a third aming revenue rece the third party	party from who ived by the org \$	una klasa suurii 1900 (1900)				No
Name ►		•						
Address ►								· <b>-</b>
16 Gaming ma	anager information:							
Name ► _			<b>-</b>					
Gaming ma	anager compensation				—			
Description	of services provided	rl ▶						
Director	r/officer	Employee		Independent of				
17 Mandatory	distributions							
<b>a</b> is the organi state gamin	ization required under ng license?	state law to make ch	naritable distribu	tions from the gam	ing proceeds to re	tain the		
<b>b</b> Enter the am	nount of distributions (	required under state i	aw to be distribu				Yes	No
organization	is own exempt active	VITIES during the tax	vear ► S					
and infor	<b>plemental Inforr</b> Part III, lines 9, mation (see inst	<b>nation.</b> Provide 9b, 10b, 15b, 15 tructions)	the explanation in the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contrac	tions required 17b, as applica	by Part I, line ble. Also pro	2b, columns vide any addit	(iii) and (v) ional	),
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BAA								
			TEEA3703L	Hb/26/13	c	chodulo C (Form C	^^	

# SCHEDULE L (Form 990 or 990-EZ)

(10)

**Transactions With Interested Persons** 

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schodule I. (Form 990 or Separate instructions.

OMB No. 1545-0047

2013

Schedule L (Form 990 or 990-EZ) 2013

Department of the Treasury Internal Revenue Service	- Jnic	rmation abou	t Sched a	ule L (Fo t <i>www.ir</i>	orm 99 's <i>.gov/</i>	0 or 990-EZ) form990.	and its instr	uctions	is		C	Open Insp	o Pub ection	lic
Name of the organization								Em	ployer	dentific	ation n	100000000000000000000000000000000000000	<u> </u>	
WALDEN FAMILY S	ERVICES F	OUNDATION	, INC	J				9:	1-21	6021	.4			
Part J Excess B Complete if the	<b>enefit Trans</b> he organization	actions (se answered 'Yes'	ction 5 on Form	01(c)(3 1990, Pa	3) and irt IV, li	d section 5 ne 25a or 25i	501(c)(4) o c, or Form 990							
(a) Name of disqua			Relationshi	p between	disqualifi			Description					(d) Co	rrected?
(1)		_	person a	and organiz	ation								Yes	No
(1) (2)														<u> </u>
(3)	<del></del>													
(4)		<del></del> -		<del>-</del>										
(5)														
(6)					<del>.</del>									
	-												<u>L.,_</u>	
2 Enter the amount of section 4958										<b>.</b>				
3 Enter the amount of	of tax, if any, o	п line 2, above	e, reimb	ursed by	the o	manization				7				<u> </u>
Part II Loans to a	and/or From	Interested	Perco	ne						. ▶\$				
Complete if t	the organization	answered 'Yes	' on For	rm 990.F	Z. Pag	e V. line 38a	or Form 990	Part IV	lino 2	Con 14	i tha			
organization	reported an am	ount on Form 9	990, Par	t X, line	5, 6, oi	22.	01 1 01111 000,	raitiv,	IIIIG Z	o, ui ii	HIE			
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or m the ization?	prh	e) Original cipal amount	(f) Balanc	e due	(g) In	default?	by bo	proved pard or nittee?		ritten ment?
			То	From					Yes	No	Yes	No.	V	
(1)							<del>                                     </del>		,,,,	"	105	INO	Yes	No
(2)												<del> </del> -		
(3)									<del> </del>					
(4)											<del></del>	-	_	
(5)			<u> </u>											
(6)												<del>                                     </del>	ļ <del></del>	<u> </u>
(7)														
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	Assistance	Popofition I		4 - J D		▶\$						Pri sala		
	Assistance he organization	answered 'Yes	on For	m 990, P	art IV,	s. line 27.							. <u>.</u>	
(a) Name of interes	sted person	( <b>b)</b> Relationship and	between i the organi	interested p zation	erson	(c) Amount	of assistance	<b>(d)</b> Typ	e of Ass	istance	(e)	Purpose	of assi	stance
(1)					<b></b>			·			-			
(2)											+			
(3)											-			
(4)											+			
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(7)							·				+-			
(8)									-	-	+-			
(9)	:													

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

Schedule L (Form 990 or 990-EZ) 2013 WAI Part IV Business Transactions Inv Complete if the organization answer	DEN FAMILY SERVICE	ES FOUNDATION,	91-2160214	Page
Complete if the organization answer	ered 'Yes' on Form 990, Part	IV. line 28a. 28b. or 28c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization' revenues?
(1) JOSE RUIZ DE CASTILLA	BOARD MEMBER	14 000		Yes No
(2)	DOARD MEMBER	14,093.	IT SUPPORT	X
(3)				
(4)				<del>-   .  </del>
(5)				
(6)				
(7) (8)				
(9)				
(10)				
Part V Supplemental Information Provide additional information for re-				
additional internal for the	sponses to questions on some	udle L (see instructions).		
				. – – – – .
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				<u>-</u>
				<u>-</u>
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## **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Employer identification number

Open to Public Inspection

WALDEN FAMILY SERVICES FOUNDATION, INC.	91-2160214
FORM 990, PAGE 5, PART V, LINE 1A	
WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT FILE 1099	
CONTRACTORS EXPENSES ARE PAID BY ITS PARENT COMPANY WALDEN	ENVIRONMENT, INC.
FORM 990, PAGE 5, PART V, LINE 1A	
WALDEN FAMILY SERVICES FOUNDATION, INC. DOES NOT HAVE ANY E	
DOES NOT FILE W-2'S.	
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
THE SOLICITATION, RECEIPT, AND ADMINISTRATION OF CONTRIBUTI	ONS FOR THE BENEFIT OF
WALDEN ENVIRONMENT, INC. DBA WALDEN FAMILY SERVICES. THE F	OUNDATION'S SUPPORT IS
MAINLY FROM CONTRIBUTIONS RECEIVED FROM BUSINESSES AND INDI	VIDUALS IN SOUTHERN
CALIFORNIA.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE CONTROLLER REVIEWS THE 990 TAX RETURN FOR ACCURACY AND	THEN THE CHAIRPERSON
REVIEWS AND SIGNS RETURN.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFOR	CEMENT OF CONFLICTS
ANNUALLY EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT O	F INTEREST POLICY. BOARD
MEMBERS ARE REQURIED TO DISCLOSE ANY POSSIBLE CONFLICTS THR	OUGHOUT THE YEAR AND
REFRAIN FROM VOTING ON ANY TRANSACTION OR MATTER BEFORE THE	BOARD IN WHICH A
CONFLICT OR POSSIBLE CONFLICT EXISTS.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROC	ESS - CEO, TOP MANAGEMENT
ALL PAYROLL IS PAID BY WALDEN ENVIRONMENT, INC., A RELATED	ENTITY, AND ALLOCATED TO
WALDEN FAMILY FOUNDATION. WALDEN ENVIRONMENT, INC. HAS A CO	MPENSATION SALARY RANGE
GUIDE FOR ALL JOB TITLES AND NEW HIRES SIGN AN OFFER LETTER	DETAILING SALARY AND
BENEFITS. WALDEN ENVIRONMENT, INC. ALSO USES NON-PROFIT SA	LARY PROFILES AS A
BENCHMARK.	
THE BOARD OF DIRECTORS FOR WALDEN ENVIRONMENT, INC. MAKES H	IRING AND COMPENSATION

Schedule <b>O</b> (Form 990 or 990-EZ) 2013  Name of the organization	Page 2
WALDEN FAMILY SERVICES FOUNDATION, INC.	Employer identification number 91–2160214
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL	PROCESS - CEO. TOP MANAGEMENT (CONTIN
DECISIONS FOR THE EXECUTIVE DIRECTOR	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PU	BLICLY AVAIL ARLE
THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM	
YEARS, WILL BE AVAILABLE (FOR INSPECTION OF COPYING) AT	
OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE.	THE ORGANIZATION 5 MAIN
FORM 990, PART VII - COMPENSATION EXPLANATION	
TERESA STIVERS	
ALL PAYROLL IS PAID BY WALDEN ENVIRONMENT, INC., A RELI	ATED_ENTITY, AND ALLOCATED_TO
WALDEN FAMILY FOUNDATION.	
·	·
<u> </u>	

2013 SCHEDULE O - SUPPLEMENTAL INFORMATION PAGE 1
CLIENT 11-015 WALDEN FAMILY SERVICES FOUNDATION, INC. 91-2160214

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

SPECIAL EVENT EXPENSES. \$ 60,146.

TOTAL \$\frac{\pmathbf{5}}{5}\$ 60,146.

**SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

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. P See separate instructions.

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

201

OMB No. 1545-0047

(g) Sec 512(b)(13) controlled entity? (f) Direct controlling entity ŝ Schedule R (Form 990) 2013 × Parily Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes Employer identification number (f) Direct controlling entity 91-2160214 N/A (e) End-of-year assets Public charity status (if section 501(c)(3)) **Eart** Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. 501 (C) 3 (d) Total income (d) Exempt Code section TEEA5001L 06/26/13 (c) Legal domícile (state or foreign country) O) (c)
Legal domicile (state or foreign country) S (b)
Primary activity FOSTER FAMILY AND ADOPTION (b) Primary activity AGENCY BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity INC. WALDEN FAMILY SERVICES FOUNDATION, (a) Name, address, and EIN of related organization ] Name of the organization 111 ε¦ 8 ୍ଡି | ල <u>|</u> ₹

Page 2

a 7

91-2160214

Schedule R (Form 990) 2013 WALDEN FAMILY SERVICES FOUNDATION, INC.

(k) Percentage ownership (1) Sec 512(b)(13) controlled entity? ŝ 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. **Parents** 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. Yes **(i)** General or managing partner? ŝ (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(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 PartiV ୍ର ' E **3** E  $\mathfrak{S}_{|}$ 

Schedule R (Form 990) 2013

TEEA5002L 06/27/13

BAA

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91-2160214

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

2013	Schedule R (Form 990) 2013	Schedule		TEEA5003L 06/27/13
				(9)
				(5)
				(4)
	GAAP	535, 431.GA	Сı	(3) WALDEN ENVIRONMENT, INC.
	GAAP	155,169.GP	0	(2) WALDEN ENVIRONMENT, INC.
Ī	GAAP	467,325.62	æ	(1) WALDEN ENVIRONMENT, INC.
nining ed	Method of determining amount involved	Amount involved Me	Fransaction type (a-s)	Name of related Organization
	,	isaction thresholds.	eu reiagoriships and tran	(a)
×	15		or the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line including countries.
×	11			r Other transfer of cash or property to related organization(s)
×	1 q			y residibutestificity paid by related organization(s) for expenses
	1p X			p Reimbursement paid to related organization(s) for expenses.
	V 01 .			
<u> </u>	= 6	•		o Sharing of paid employees with related organization(s).
×	E .			n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
×	-			In Performance of Services or membership or fundraising solicitations by related organization(s)
×	. 1k			R Lease of lacilides, equipment, or other assets from related organization(s).
				To a constant of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
< ×	= =			J Lease of facilities, equipment, or other assets to related organization(s)
× :	<u> </u>			i Exchange of assets with related organization(s).
×:	- 1g			
×	:			
				f Dividends from related organization(s)
X	1e			E Logins of total gual affects by felated of garnization(s)
×	1 d			a Loans or loan grantees to of for felated organization(s)
×	1c			
	1b X			
×	1a			
			listed in Parts II-IV?	Forming the tax year, and the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
N .	Yes			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

91-2160214

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

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

(k) al or Percentage ging ownership er?	No																								
(i) General or managing partner?	Yes						<u> </u>																		
Code V-UBI amount in box 20 of Schedule K-I					· · · · · · · ·																				
(h) Dispropor- tionate allocations?	No												·												
Dispr tior alloca	Yes																								
(g) Share of end-of-year assets																									
(f) Share of total income																									
(e) Are all partners section 501(c)(3) organizations?	ν																								
Are all p sect 501(c	Yes																								
(d) Predominant income (related, unrelated, excluded	from tax under section 512-514)																								
(c) domicile or foreign intry)																									
(b) Primary activity																30									
Name, address, and EIN of entity Primary activity (state of continuous)				                 					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				_
Name, 6		(E)		       	(2)	i       		(3)	1		(£)	1	1 1	(5)	1 1 1	1 1	(9)			6			(8)		

Schedule R	(Form 990) 2013	WALDEN FAMILY	SERVICES FOUNDATI	ON. TNC.	91-2160214	Page 5
Part VIII	Supplementa	Information		ON, INO.	<u> </u>	rage 3
	Provide additi	onal information fo	or responses to question	ne on Schodulo	P (coo instructions)	
	T TOVIGE additi	onal information to	responses to question	ns on Schedule	K (See Instructions).	
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Department of the Treasury

# 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

<ul> <li>If you ar</li> <li>Do not com</li> <li>Electronic f</li> <li>corporation</li> </ul>	e filing for an Automatic 3-Month Extension, co e filing for an Additional (Not Automatic) 3-Mon plete Part II unless you have already been grant iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (not all parts)	eth Extension ed an autom be if you need of automatic)	a, complete only Part II (on page 2 of the atic 3-month extention on a previously folial and a 3-month automatic extension of time 3-month extension of time. You can elegate the exception of Form 8870. Information	is form). filed Form 8868. In to file (6 months fo ectronically file Form The Return for Transfers	or a n 8868 to
	xtension of time to file any of the forms listed to have With Certain Personal Benefit Contracts, which r ling of this form, visit <i>www.irs.gov/efile</i> and click			ions). For more deta	ails on the
Part I	Automatic 3-Month Extension of Time			,	
	on required to file Form 990-T and requesting an	automatic 6	-month extension - check this box and	complete Part I only	<i>↓</i> ►
All ather co	rporations (including 1120-C filers), partnerships	. REMICs. ar	nd trusts must use Form 7004 to reques	t an extension of tin	ne to file
income tax	returns.	,		ifying number, see i	
	Name of exempt organization or other filer, see instructions.		Enter there stuent	Employer identification r	number (EIN) or
T	Name of exempt organization of other files, see instructions.			-	
Type or print	TOTAL BANKIN CERUICEC ECUND	אידריות דו	MC	91-2160214	
•	WALDEN FAMILY SERVICES FOUNDARY Number, street, and room or suite number. If a P.O. box, see	instructions.	NC,	Social security number	(SSN)
File by the due date for	6150 MISSION GORGE ROAD #210				
filing your return, See	City, town or post office, state, and ZIP code. For a foreign a	ddress, see instru	uctions.	<del></del>	
instructions.	SAN DIEGO, CA 92120				
Enter the F	Return code for the return that this application is	for (file a se	parate application for each return)		01
Application is For	n	Cotte	Application Is For		Return Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-	787	02	Form 1041-A		08
Form 4720	52/904	03	Form 4720 (other than individual)		09
Form 990-	PF	04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
Teleph  If the  If this check the ex  1 I req until The	one No. • 619-584-5777  organization does not have an office or place of is for a Group Return, enter the organization's for this box •	business in tour digit Group, check this ion required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization required to organization r	up Exemption Number (GEN) box ► and attach a list with the restriction of time return for the organization named above	If this is for the who names and EINs of a	ole group,
non	is application is for Forms 990-BL, 990-PF, 990- refundable credits. See instructions		, , , , , , , , , , , , , , , , , , , ,		0.
tax	nis application is for Forms 990-PF, 990-T, 4720, payments made. Include any prior year overpay	ment anower	ras a cicuit	., 3ь\$	0.
F-F-	ance due. Subtract line 3b from line 3a. Include IPS (Electronic Federal Tax Payment System).	366 111311 46116	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3c \$	0.
Caution. payment	If you are going to make an electronic funds wit instructions.	hdrawal (dire	ect debit) with this Form 8868, see Form	6405-EU and Form	00/3-EO 101

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