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)

OMB No. 1545-0047

▶ 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.

B Ghesk Common of organization D Employer Identification number	A	or the	2013 calendar year, or tax year beginning and	ending				
Debrg Business As Norther and store for P.O. best final is not delivered to streat address) Room/sulte	B	Check if applicable:	C Name of organization		D Employer identific	eation number		
Debrg Business As No. The contributions and grants (Part VIII, Into 1s) No. Introduced to street and store (Part VIII, Into 1s) No. Introduced to street and store (Part VIII, Into 1s) No. Introduced to street and store (Part VIII, Into 1s) No. Introduced to street and store (Part VIII, Into 1s) No. Introduced to street and store (Part VIII, Into 1s) No. Introduced to store (Part VIII, Into 1s) No. Introduced (Part VIII, Into 1s) No		Address	The Walden Woods Project					
Monther and stroet for P.O. box finalis and delivered to street addressy Roon/Valida E Telephone number 781-259-4700	-	Name			95-4:	292658		
September 44 Baker Farm 781-259-4700 1		Ilnitia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
City or lown, state or province, country, and ZIP or foreign postal code Lincoln, MA 01773	F	Termin-			781-259-4700			
Lincoln, MA 01773 Help Is this a group return for subordinates of principal officer. Kathleen R. Anderson 44 Baker Farm Road, Lincoln, MA 01773 Help Is this a group return for subordinates of principal officer. Mathleen R. Anderson 44 Baker Farm Road, Lincoln, MA 01773 Help Is the subordinate blookers. We link of subordinates blookers. We link of subordinates. We link of subordinates blookers. We link of subordinates. Pleas blookers. We link of subordinates. Pleas blookers. We link of subordinates. We link of subord	F	lated ∏Amende				4,712,310.		
Fame and address of principal officer Rathileen R. Anderson An		Applica	Lincoln, MA 01773		H(a) is this a group re	turn		
Tax-exempt status:		pending	F Name and address of principal officer. Kathleen R. Anderso	on	for subordinates	? Yes X No		
Toucewarmyst status: \$ 501(a)(3) 501(c) ▼ (neetine.) 4947(a)(1) or 527 If "No," attacha lattic (see histructions)			44 Baker Farm Road, Lincoln, MA 01773		H(b) Are all subordinates in	cluded? Yes No		
J Webster WrWW wal den . org	T .	Tax-exe		or 527	If "No," attach a	list. (see instructions)		
Part I Summary	J	Website	e:▶ www.walden.org		H(c) Group exemption	number >		
Briefly describe the organization's mission or most significant activities: Preserve land in ecologically Important areas.	K	orm of c	organization: X Corporation Trust Association Other	∟ Year	of formation: 1990 M	State of legal domicile: CA		
Important areas.	P	art I	Summary	- 1				
Important areas.	ø	1 E	Priefly describe the organization's mission or most significant activities: ${ t Pres}$	erve T	and in ecol	ogicativ		
B Net unrelated business taxable income from Form 990-1, line 34 Prior Year Current Year	auc	:	important areas.					
B Net unrelated business taxable income from Form 990-1, line 34 Prior Year Current Year	er.				seis. 8			
B Net unrelated business taxable income from Form 990-1, line 34 Prior Year Current Year	Š	1 8			***************************************			
B Net unrelated business taxable income from Form 990-1, line 34 Prior Year Current Year	જ				·····	16		
B Net unrelated business taxable income from Form 990-1, line 34 Prior Year Current Year	ties		13			20		
B Net unrelated business taxable income from Form 990-1, line 34 Prior Year Current Year	₹.	6	otal number of volunteers (estimate ii necessary)			51,883.		
Revenue less expenses. Subtract line 18 from line 12 Part II Signature Block Part II Revenue less expenses. Subtract line 18 from line 12 Part II Signature Block Signature Block Part II Papterer's signature Part II Signature Block Part II Papterer's signature Part II Papterer's signature Part II Papterer's signature Part II Papterer's signature Part II Edgewater Place, Suite 300 Phone no. (781) 245-9999 Properer Firm's address Value Part II Edgewater Place, Suite 300 Phone no. (781) 245-9999 P	Ą			····	7b	-11,263.		
South Distributions and grants (Part VIII, line 2g)		1 0 1	Net difference business taxable income from our our similar or		Prior Year			
9		8 (Contributions and grants (Part VIII, line 1h)		1,333,262.	2,284,551.		
Total revenue (Part VIII, column (A), lines 5, 6d, ag, Vs. (Dec. Ref 18) Total revenue - add lines 8 through 11 (must equal Part VII) column (A), line 12) Total revenue - add lines 8 through 11 (must equal Part VII) column (A), line 12) Total revenue - add lines 8 through 11 (must equal Part VII) column (A), line 12) Total sand similar amounts paid (Part IX, column (A), line 4) Total companies, other compensation, employee benefits (Part IX, column (A), lines 5-10) Total fundralsing fees (Part IX, column (A), lines 11e) Total expenses (Part IX, column (A), line 25) Total expenses (Part IX, line 16) Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) Total liabilities (Part X, line 26) 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 bellef, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Primt Type or print name and title Primt name Pronneson & Company, Inc. Firm's address A 10 Edgewater Place, Suite 300 Wakefield, MA 01880-6208 Phone no. (781) 245-9999	nge	1			T -	0.		
Total revenue (Part VIII, column (A), lines 5, 6d, ag, Vs. (Dec. Ref 18) Total revenue - add lines 8 through 11 (must equal Part VII) column (A), line 12) Total revenue - add lines 8 through 11 (must equal Part VII) column (A), line 12) Total revenue - add lines 8 through 11 (must equal Part VII) column (A), line 12) Total sand similar amounts paid (Part IX, column (A), line 4) Total companies, other compensation, employee benefits (Part IX, column (A), lines 5-10) Total fundralsing fees (Part IX, column (A), lines 11e) Total expenses (Part IX, column (A), line 25) Total expenses (Part IX, line 16) Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) Total liabilities (Part X, line 26) 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 bellef, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Primt Type or print name and title Primt name Pronneson & Company, Inc. Firm's address A 10 Edgewater Place, Suite 300 Wakefield, MA 01880-6208 Phone no. (781) 245-9999	e e				128,789.			
12 Total revenue - add lines 8 through 11 (must equit Part VI) column (A), line 12)	ď	111 (Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9c, 10c, and 11e)					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-13) 0. 0. 0.		12	otal revenue - add lines 8 through 11 (must equa Part VIII column (A), line 12)					
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (D), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 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. Print/Type preparer's name Preparer's signature Cynthia P. Almquist Print/Type preparer's name Preparer Preparer		13 (Grants and similar amounts paid (Part IX, column (Apline 1-3)			2,827.		
16 Salaries, other comparisation, enhanced in the property of the professional fundralising fees (Part IX, column (A), line 11e). 16 Professional fundralising expenses (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), line 11e.11d, 11f.24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 , 581, 943. 24 , 045, 959. Part II Signature Block Under penallies of perjury, I deciare 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. Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Cynthia P. Almquist Print/Type preparer's name Cynthia P. Almquist Print/Type preparer's name Preparer's signature Cynthia P. Almquist Print/Type preparer's name Print/Type preparer's name Preparer's signature Cynthia P. Almquist Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Cynthia P. Almquist Print/Type preparer's name Print/Type preparer's name				- •	FAO 071			
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Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 , 581, 943. 25, 600, 449. 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 Kathleen R. Anderson, Secretary/Exec. Dir. Type or print name and title Print/Type preparer's name Cynthia P. Almquist Cynthia P. Almquist Firm's name Tonneson & Company, Inc. Firm's saddress 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208 Phone no. (781) 245-9999	Š	16a i		2.2	U •			
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19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 28) 22 Net assets or fund balances. Subtract line 21 from line 20 23 , 581 , 943 . 25 , 600 , 449 . 24	ш	77						
Beginning of Current Year 23,581,943. 25,600,449. 1,122,155. 1,554,490. 2, Net assets or fund balances. Subtract line 21 from line 20 22,459,788. 24,045,959. Part						1.066.239.		
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. Sign Signature of officer Date Date		19	Revenue less expenses. Subtract line 18 from line 12	P.				
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Sign Here National Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date	Un	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the best of m	y knowledge and belief, it is		
Sign Here Signature of officer Date	tru	e, correc	t, and complete, Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.			
Here Kathleen R. Anderson, Secretary/Exec. Dir.			Laxum D (Indusm		5118	5/14		
Print/Type or print name and title Print/Type preparer's name Cynthia P. Almquist Firm's name Tonneson & Company, Inc. Firm's address 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208 Proparer Wakefield, MA 01880-6208 Proparer's signature Cynthia P. Almquist Date 05/08/14 Seif-employed P01309212 Firm's EIN 04-2943536 Phone no. (781)245-9999	Sig	gn			Date			
Print/Type preparer's name Cynthia P. Almquist Firm's name Firm's address 401 Edgewater Place, Suite Wakefield, MA 01880-6208 Phone no. (781)245-9999 Phone no. (781)245-9999	Нє	re		Dir.				
Print/Type preparer's name Cynthia P. Almquist Firm's name Tonneson & Company, Inc. Firm's address 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208 Phone no. (781)245-9999					Date lauri	II PTIN		
Preparer Firm's name Tonneson & Company, Inc. Use Only Firm's address 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208 Phone no. (781)245-9999			Ly time to the forest and a second se		3			
Use Only Firm's address 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208 Phone no. (781)245-9999			0_1101100 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	ursc				
Wakefield, MA 01880-6208 Phone no. (781) 245-9999		•	Firm's name Tonneson & Company, Inc.		FIIII S EIN	04 <u>474999</u>		
T. C.	US	e Uniy	Wakefield MA 01880-6208		Phone no (7	81)245-9999		
					7 Hone not ()			

	1990 (2013) The Walden Woods Project	t 95-4292658 F	Pag
Pai	rt III Statement of Program Service Accomplishments		,
4	Check if Schedule O contains a response or note to any line in this Briefly describe the organization's mission:	s Part III	
'	See Part 1, Line 1		
			_
		- 11.11	_
2	Did the organization undertake any significant program services during t	· · · · · · · · · · · · · · · · · · ·	V
1 2 3 4 4a 4d 4d	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes 🖸	
3	Did the organization cease conducting, or make significant changes in h	ow it conducts, any program services?	X
-	If "Yes," describe these changes on Schedule O.	on roomaco, any program or noon	
4	Describe the organization's program service accomplishments for each		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the a	mount of grants and allocations to others, the total expenses, and	d
	revenue, if any, for each program service reported.	\$ 2,827.) (Revenue \$ 199,70	<u></u>
4a	(Code:) (Expenses \$1, 108, 583. including grants of Conservation:	\$ 2,027•) (Revenue \$ 133,70	٠.
	The Walden Woods Project preserves a	nd protects Walden Woods and	_
	Thoreau Country in recognition of th	eir worldwide literary, historica	a.
	and environmental significance and t	heir capacity to motivate others	
	identify, study, and protect the env	ironment and historically	
	significant areas that exist in their	r own communities. In 2012, a	_
	significant threat to the integrity State Reservation (a National Histor	of walden woods and the walden re	ر ا
	bus depot and fueling facility were		
	land immediately adjacent to the Res	envation. The Walden Woods Project	œ!
	began a vigorous and ultimately suga	essful national campaign against	
	the proposed facility, incorporating		
4b	(Code:) (Expenses \$including rights) (Revenue \$	_
		V	_
			_
			_
			_
			_
		A Company of the Comp	
			_
4c	(Code:) (Expenses \$ including grants of) (Revenue \$	
			_
			_
	and the second s		_
			_
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 1,108,583.		<u>-</u>
132002	2 Cas Cahadula	Form 990 O for Continuation(s)) (
0-29-	13 See Schedule	2	
10	508 794015 95-4292658 2013.03040 5	The Walden Woods Project 95-42	2 9
_ ~	p-0-0 x-0-000		_

Form 990 (2013) The Walden Woods Project Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
0	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5_		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u>X</u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
	Schedule D, Part III	8	Λ	
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?	9		Х
	If "Yes," complete Schedule D, Part IV	9		
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	
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		Spelvania Medicals	
11	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Party, line 10? If "Yes," complete Schedule D,			
Çī.	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in earl X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Par VII	11b	X	<u> </u>
С	Did the organization report an amount for investments - programmate Part X, line 13 that is 5% or more of its total			٠,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Party/III	11c		X
d	Did the organization report an amount for other assets in Part X, line 1 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Pat X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	, "		-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	X	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	,,,,,		<u> </u>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
h.	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		<u> </u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	 '``
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		† -
19		19		Х
90-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	l	X
20a b	the state of the s	20b		<u> </u>
	11 100 to this Body and the differential entertial poly of the annual management of the state of	Form	990	(2013)

Form 990 (2013) The Walden Woods Project
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 organization 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? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c 24d		
d	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24u		
25a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I	25b		х
26	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,			х
	complete Schedule L, Part II	26		<u> </u>
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 as 5 controlled entity or family member	27		Х
	of any of these persons? If "Yes," complete Schedule L, Part III	21	Filler	anguel
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	eryste.		
	instructions for applicable filing thresholds, conditions, and exceptions	28a		Х
a	A current or former officer, director, trustee, or key employee if "Yes, complete Schedule L, Part IV	28b		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
00	Did the organization receive more than \$25,000 in non-cash ontributions? If "Yes," complete Schedule M	29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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	32		x
	Schedule N, Part II	-02	 -	+
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
04	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34		X
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ova h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			Ī
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	 -	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31	-	122
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O			(2013)

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

Form 990 (2013)

Form 990 (2013) The Walden Woods Project 95-4292658 Page 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	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	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		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a_		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
-	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section &, who cannot be reached at the	1		
Ū	organization's mailing address? If "Yes," provide the names and addresses in Soldedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes." did the organization have written policies and procedure governing the activities of such chapters, affiliates,			}
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form \$20 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	2000000	5.7455749	\$155.00 P
12a	Did the organization have a written conflict of interest policy? Man, go to line 13		X	<u> </u>
h	Were officers, directors, or trustees, and key employees require to declose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			ļ
	in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	100 100 100 A
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2400000		
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>
	Other officers or key employees of the organization	15b	Х	Tile was d
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	. 16a	3,000 - 1,0	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	21.654		
	exempt status with respect to such arrangements?	. 16b	:	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, CT, MA, NY, TN, NC, SC, NH, U	T,PA	, N	, AR
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	/) availal	ole	
-	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zation:	-	
-	Kathleen R. Anderson - 781-259-4700			
	44 Baker Farm, Lincoln, MA 01773			
		Forr	ი 990	(2013)

332006 10-29-13

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

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

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

Check this box if neither the organization	ion nor any related	orga	aniza	tior	cor	mpei	nsat	ed any current officer, c	lirector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	ition more	than	опэ	Reportable	Reportable	Estimated
	hours per	ьох	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week		Cer an	uau	1	1	(00)	from	from related	other compensation
	(list any	recto		1		1		the organization	organizations (W-2/1099-MISC)	from the
	hours for	ord	8			景		(W-2/1099-MISC)	(44-27 1000-141100)	organization
	related organizations	aste	랿		8	ig d		(44-27 1099-141100)		and related
	below	ual tr	tional	١.	ge	55.55	٠,		,	organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Eprmer			
(1) Kathleen Anderson	40.00		 		1	Ť				
Secretary/Exec. Director		1 x		X		4		95,917.	0.	0.
(2) Donald Henley	6.00							_		
President		X		Σ (0.	0.	0.
(3) Thomas O. Jones	1.00				M				0	0
Treasurer		X.		X		•	<u> </u>	0.	0.	0.
(4) Anna Winter Rasmussen	1.00	\ \		۔ ا			ĺ	0.	0.	0.
Board Member		X			1_	\vdash	ļ		<u> </u>	
(5) John P. DeVillars	1.00	ļ						0.	0.	0.
Board Member	1 00			<u> </u>	┿	↓	<u> </u>	0.		
(6) Ed Begley, Jr.	1.00	١					1	0.	0.	0.
Board Member		X	1	<u> </u>	ــــــ	╀	-			
(7) John H. Tyson	1.00	ļ.,		ļ		1		0.	0.	0.
Board Member		X	<u> </u>	┞	+	╄-	╁	U +	- 0.	
(8) Elizabeth Lack	1.00	١,,		l				0.	0.	0.
Board Member		X	1	├-	╄	╁-	+	· ·		
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332007 10-29-13

Form 990 (2013)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ighe	st C	ompensated Employe		
(A)	(B)			_ (c	•			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per					is boti or/trus		compensation	compensation from related	amount of other
	week (list any	—				Π	Ė	from the	organizations	compensation
	hours for	individual trustee or director				덣		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)		organization
	organizations	al trus	nai tri		la yee	duo.				and related
	below line)	lydu	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former			organizations
	11107	트	Ë	ð	<u>\$</u>	호등	윤			
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MATERIAL DESCRIPTION OF THE PROPERTY OF THE PR			-	-		┼-	 			
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1b Sub-total							▶	95,917.		
c Total from continuation sheets to Part V							>	0.	0	
d Total (add lines 1b and 1c)			.	<u></u>	. J		\triangleright	95,917.		. 0.
2 Total number of individuals (including but	not limited to ti	nose	ist	ed a	bον	/e) w	ho r	eceived more than \$10	0,000 of reportable	0
compensation from the organization										0
										Yes No
3 Did the organization list any former officer	, director, or tr	uste	e, k	ey e	mpl	oyee	, or	highest compensated e	employee on	
line 1a? If "Yes," complete Schedule J for	such individua	١								. 3 X
4 For any individual listed on line 1a, is the s	um of reportat	ole c	omp	ens	atio	n an	d of	ther compensation from	the organization	4 X
and related organizations greater than \$15	50,000? <i>If</i> "Yes	, " cc	ompi	ete -	Sch	iedui	le J	for such individual	** **	. 4 X
5 Did any person listed on line 1a receive or	accrue compe	nsa	tion	from	n an	y un	rela	ted organization or indiv	ridual for services	5 X
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	pei	rson		***************************************		. 5 22
Section B. Independent Contractors								the state of the s	\$100,000 of nompo	prestion from
1 Complete this table for your five highest c	ompensated in	ndep	ena	ent (con	tract	ors 	that received more that	To too, ooo or compe	modilon nom
the organization. Report compensation fo	r the calendar	year	ena	เกฐ	witt	1 OF V	VILLI	(B)	year.	(C)
(A) Name and busines	s address	N	ON	F!				Description of	services	Compensation
Traine and Sacrifo			011					•		
Aller .										
							-			
								1		
								1		
2 Total number of independent contractors	(including but	not	limit	ed to	o th	ose	liste	d above) who received	more than	
\$100,000 of compensation from the orga						0				
A toologg of combanion with an arigin									· —	Form 990 (2013)

		Check if Schedule O conto	аніs a response (on those to drift lift	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
£ 1	a	Federated campaigns	1a					
and Other Similar Amounts		Membership dues						
اَقِ ا		Fundraising events						
ħ d		Related organizations				y: (1000000000000000000000000000000000000		
Ē		Government grants (contributi						
ଡ଼ି		All other contributions, gifts, grant						
je L		similar amounts not included above		2,284,551.				
₫		Noncash contributions included in lines		504,637.				
alc	-	Total. Add lines 1a-1f			2,284,551.			202 200 24 31 1
				Business Code				
,	a							
	b							
됩	c	- Comment of the Comm						
<u></u>	d							
,œ				<u> </u>				
Revenue	f	All other program service reve	nue					
		Total. Add lines 2a-2f	·					
3		Investment income (including						
۱°		other similar amounts)			71,552.			71,552.
4		Income from investment of tax						
5		Royalties			142.			2,142.
1 3	•	noyames	(í) Real	(ii) Personal	AN		(#10000000 -0007015	Yan in the second second
		Crana rente	(ly riodi	(1) 1 01001141				
٥		Gross rents Less: rental expenses			Y			
ļ								
1		Rental income or (loss)			a hadan sa sa mandanin tada masar	este entidici (1975 a un autoria un statoritti e de la conse		
_		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
'	a		2,254,850.	11/0/10/				
	r_	assets other than inventory	2,202,000					
	Ŋ	Less: cost or other basis	2,056,378.					
		and sales expenses						
		Gain or (loss)			198,472.	198,472.	\$20 str get ye kiran 30 hat 00 to 12 hat 14 h	2.6792-000000000000000000000000000000000000
١.		Net gain or (loss)					ASSESSMENT OF THE STREET	
e le	s a	Gross income from fundraisin						
<u> </u>		including \$						
Other Revenue		contributions reported on line						
ğ	_	Part IV, line 18						
ਰੋ		Less: direct expenses		L	Tanana-rangari Tanan		Months of Carlotter (1886)	
١.		Net income or (loss) from fund						
۱	a a	Gross income from gaming ac						
- 1		Part IV, line 19						
		Less: direct expenses						i ilga ja jarga ja para terdah yang kelangan di berangan di
		Net income or (loss) from gan					0.474.75.25.952.953.954.754.952	
10) a	Gross sales of inventory, less		99,215.				
		and allowances		46,095.				
		Less: cost of goods sold		<u> </u>	53,120,	1,237.	51,883,	Spiritage services of the serv
ļ	С	Net income or (loss) from sale		· i	THE STATE OF STREET STREET, ST			
<u> </u>		Miscellaneous Revenu	ue	Business Code				The area of the second state of the second s
1.	1 a						-	
	b					·		
1	C		-		·			
1	d	***************************************				PARKETAN DE PROCESSIONES		
ĺ	е	Total. Add lines 11a-11d			2,609,837	199,709	51,883	73,694
12		Total revenue. See instructions.						

Form 990 (2013) The Walden Woods Project
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		nis Part IX (B)	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundralsing 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	2,827.	2,827.		
	the United States. See Part IV, line 22	4,041.	2,021.		
-	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	95,917.	58,210.	19,147.	18,560.
	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	390,736.	304,068.	74,306.	12,362.
8	Pension plan accruals and contributions (include				001
•	section 401(k) and 403(b) employer contributions)	12,920.	9,618.	2,481.	821.
9	Other employee benefits				<u> </u>
10	Payroll taxes	40,498.	30,148.	7,777.	2,573.
11	Fees for services (non-employees):		4	İ	
	Management				
	Legal	814.		814.	
	Accounting	16,890		16,890.	
	Lobbying				<u> </u>
е	Professional fundraising services. See Part IV, line 17		The state of the s	20 125	<u> </u>
f	Investment management fees	38,133	<u> </u>	38,135.	*
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2,450.	863.	1,587.	
17	Travel	<u> </u>			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	105.	105.		
19	Conferences, conventions, and meetings	44,376.	26,625.	8,876.	8,875
20	Interest	44/3/01			
21	Payments to affiliates	331,490.	311,599.	19,891.	
22	Depreciation, depletion, and amortization	160,196.	109,229.	44,336.	6,631
23	Insurance Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line	942			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		Canada de Canada		
_	Contridos	126,343.	40,685.	85,658.	
a b	Utilities	102,270.	99,533.	2,737.	
C	Equipment Rental and Ma	78,031.	72,265.	5,766.	
d	7	33,648.	20,250.	13,398.	
	All other expenses	65,952.	22,558.	43,394.	- 10-000
25	Total functional expenses. Add lines 1 through 24e	1,543,598.	1,108,583.	385,193.	49,822
26	Joint costs. Complete this line only if the organization]	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 10,467. 13,443. 1 Cash - non-interest-bearing 23,243. 17,114. 2 Savings and temporary cash investments 2 2,000. 79,239. 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part il of Schedule L 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 7 8 Inventories for sale or use 52,326. 71,815. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 22,175,630. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 5,637,909. 16,537,721. 16,829,358. 5,231,216. 3,661,495. 11 Investments - publicly traded securities 885,784. 206,265. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets ______ 14 2,780,453. 2,780,453. 15 Other assets. See Part IV, line 11 25,600,449. 23,581,943. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 42,155. 44,490. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Serredule D 21 Escrow or custodial account liability. Complete art IV of 21 Loans and other payables to current and formal officers directors, trustees, key employees, highest compensated employees, and aisqualified persons. Complete Part II of Schedule L 28,000. 42,000. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,482,000. 1,038,000. Schedule D 1,554,490. 1,122,155. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 13,351,544. 13,335,255. 27 27 Unrestricted net assets 1,761,615. 1,159,155. Temporarily restricted net assets 8,949,089. 7,949,089. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 22,459,788. 23,581,943. 24,045,959. 33 Total net assets or fund balances _____ 33 25,600,449. Total liabilities and net assets/fund balances

Form 990 (2013)

If the organization changed either its oversight process or selection pracess during the tax year, explain in Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

underd

3a As a result of a federal award, was the organization required to

Act and OMB Circular A-133?

Х

Form 990 (2013)

3a

an audit or audits as set forth in the Single Audit

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OM8 No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

	_	The Wal	lden Woods Pr	oject					95	-4292	658	
Part I	Reason		rity Status (All organiz		t complet	e this part.) See inst	ructions.				
	anization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one bo	ox.)					
1 🗀			es, or association of churc									
2	_		70(b)(1)(A)(ii). (Attach Sci									
3	_		ital service organization o	-	n section	170(b)(1)(/	A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hosp	pital descr	ibed in se d	ction 170((b)(1)(A)(iii). Enter th	e hospita	l's nam	e,
	city, and stat											
5 🗆	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	describe	d in		
	=	(b)(1)(A)(iv). (Comp										
6	A federal, sta	ite, or local government	nent or governmental unit	described	in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	ion that normally re	ceives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	cribed i	n
		b)(1)(A)(vi). (Compi										
8	A community	trust described in	section 170(b)(1)(A)(vi). (Complete	Part II.)							
9	🛚 An organizati	ion that normally re	ceives: (1) more than 33 1	1/3% of its	support fr	om contrit	outions, m	nembership	fees, an	d gross re	ceipts	from
	activities rela	ted to its exempt fu	ınctions - subject to certa	in exception	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	invest	ment
	income and t	unrelated business	taxable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orgai	nization a	fter June :	30, 197	75.
		509(a)(2), (Complet										
10 🖳	🚽 An organizati	ion organized and c	perated exclusively to te	st for publi	c safety. E	See section	n 509(a)(4	1).				
11 🗀	」 An organizati	ion organized and o	perated exclusively for the	ne benefit d	of, to perfo	rm the fun	ctions of,	or to carry	out the p	ourposes	of one	or
	more publicly	y supported organiz	ations described in section	on 509(a)(1) Francisco	n 509(a)(2)). See se c	tion 509(a)(3). Che	ck the box	k that	
	describes the		g organization and comple	ete lines	Tethrough	N≱1h.					II 1 I -	
_	_ a Ll Type I	ı b∐7	Type II c L ☐ Ty	pe III Fur	nationally i	ntegrated		Туре				
e L	By checking	this box, I certify th	at the organization is not	controlled	directly o	r indirectly	by one of	r more disc	lnauteo b	ersons ot	ner ina	ın
	foundation m	nanagers and other	than one or more public	supporte	d organiza	itions desc	ribed in s	ection 509	(a)(1) or s	ection bu	9(a)(2).	
f	if the organiz	ation received a wr	itten determination from	the IRS tha	atitis a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check	this box	a								. 🖳
g	Since Augus	t 17, 2006, has the	organization accepted ar	gift or co	ontribution	from any	of the folk	owing pers	ions?		Yes	No
			directly controls, either							11g(i)		140
			supported organization?									-
	(ii) A family	member of a person	on described in (i) above?					•••••				
			a person described in (i)							. [119611		
h	Provide the f	following informatio	n about the supported or	ganizationi	(S).							
				that lo the c	raanization	(v) Did you	notify the	(vi) Is	the I	(vii) Amour	at of mo	notanı
	me of supported	(II) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis			ion in col.	organizátio (i) organize U.S.	n in col.		n or mo pport	ilotal y
0	rganization		above or IRC section			(i) of your		U.S.	?	50	pport	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1								
					1							
								1				
								<u> </u>				
•												
					<u> </u>							
		300000000000000000000000000000000000000				49.455.445.444	Gallan Green Berger		(America)		-	
						8 8 6 6						
Total		 ************************************		: PE-028100000000000000000000000000000000000	100000000000000000000000000000000000000	1966266000000	F440,447-000-000		world spages \$472.1			

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 The Walden Woods Project 95-42926 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not]	
	include any *unusual grants.*)	1,770,612.	1,534,084.	534,818.	1,333,262.	2,284,551.	7,457,327.
2	Tax revenues levied for the organ-						
	ization'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			F24 040	4 055 54-	2 251 551	7 457 207
4	Total. Add lines 1 through 3	1,770,612.	1,534,084.	534,818.	1,333,262.	2,284,551.	7,457,327.
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,						3 636 750
	column (f)					CONTRACTOR SOCIETY	3,626,759.
	Public support, Subtract line 5 from line 4.						3,830,568.
	etion B. Total Support	(-) 0000	(h) 0010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009 1,770,612.	(b) 2010 1,534,084.	4534 818.	1,333,262.	2,284,551.	7,457,327.
	Amounts from line 4	1,770,012.	1,334,004.	0.10.	2,400,000	, , , , ,	
8	Gross income from interest,)) •			
	dividends, payments received on						
	securities loans, rents, royalties	82,005.	8, 36	75,721.	84,621.	73,694.	396,408.
_	and income from similar sources	02,003.	0,30	V 13,1210	01/0111	,0,0	
9	Net income from unrelated business						
	activities, whether or not the		4				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				1		
	assets (Explain in Part IV.)						7,853,735.
	Total support. Add lines 7 through 10	oto (oco instructi	one)	a for an anti-analy and was sound any ore-	and the second s	12	316,153.
12	Gross receipts from related activities First five years. If the Form 990 is fo	, etc. (see instruction)s	e firet eacond thir	d fourth or fifth to			
13	organization, check this box and sto						▶□
Se	ction C. Computation of Pub	ic Support Pe					
	Public support percentage for 2013 (column (f))		14	48.77 %
	Public support percentage from 2012					15	43.79 %
16:	a 33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
•	and stop here. The organization qua						
17:	10% -facts-and-circumstances tes	st - 2013. If the ord	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "far	cts-and-circumstan	ices" test, check t	his box and <mark>stop h</mark>	tere. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"						
Ł	10% -facts-and-circumstances tes	st - 2012. If the org	anization dld not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
_	more, and if the organization meets t	he "facts∙and∙circu	ımstances" test, c	heck this box and	stop here. Explain	in Part IV how the	•
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ind see inst <u>ruction</u>	s ▶└
					Sche	dule A (Form 990	or 990-EZ) 2013

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

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

Se	ction A. Public Support						· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			,]
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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 bus-	Í					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	Į.					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			4			
ŧ	Amounts included on lines 2 and 3 received			N N			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1	}				
	amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support			*			1
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	ļ ·					
	and income from similar sources						
1	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,
	check this box and stop here						<u></u> ▶ <u>∟</u>
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
	Public support percentage for 2013			, column (f))		15	%
16						16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	013 (line 10c, colu	mn (f) divided by	line 13, column (f))		17	%
18	Investment income percentage from	2012 Schedule A	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2013. If the	e organization did	not check the bo	x on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. Th	e organization qu	alifies as a publicly	supported organi	zation	▶□
	b 33 1/3% support tests - 2012. If the	e organization did	not check a box	on line 14 or line 19	9a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The or	ganization qualifies	s as a publicly sup	ported organizatio	n ▶∐
20		on did not check a	box on line 14, 1	9a, or 19b, check	this box and see in	nstructions	>
						Lastela A (Carra O	00 or 000-E7\ 2015

edule A	(Form 990 or 990-	EZ) 2013 The W	<i>l</i> alden Woo	ds Project		95-4292658 Pag
irt IV	Supplementa	al Information.	Provide the explan	ations required by Part II,	line 10; Part II, line	95-4292658 Pag 17a or 17b; and Part III, line 12.
	Also complete thi	is part for any additi	ional information (See instructions)		
	A30 complete till	is part for any additi	torial introduction y	000 11011 4011011011		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 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/form9990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The Walden Woods Project

Employer identification number 95-4292658

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, fine	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?	***************************************	Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	X Preservation of land for public use (e.g., recreation or e	education) X Preservation of an h	iistorically important land area
	X Protection of natural habitat	Preservation of a ce	rtified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	n of a conservation easement on the last
	day of the tax year.	4	
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total number of conservation easements Total acreage restricted by conservation easements		2b 61.10
c	Number of conservation easements on a certified historic st	ructure included in (a)	
d	Number of conservation easements included in (c) acquired	after 8/17/46, and not on a historic structure	cture
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	vear > 0		
4	Number of states where property subject to conservation ea	asgnent is located 🕨	_
5	Does the organization have a written policy regarding the pe	dodic monitoring, inspection, handling o	of ☐ Yes 【X】No
	violations, and enforcement of the conservation easements	it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements duri	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 1	70(h)(4)(B)(i) X Yes No
	and section 170(h)(4)(B)(ii)?		. , , , , , , , , , , , , , , , , , , ,
9	In Part XIII, describe how the organization reports conserva-	tion easements in its revenue and expen	ise statement, and balance sneet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	es the organization's accounting for
	conservation easements.	A A L III La La L Tura a Luca a Ru	Other Similar Assats
Pa	rt III Organizations Maintaining Collections	or Art, Historical Treasures, or	Ottlet Sittliai Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.	the state of the s
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stat	tement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	erance of public service, provide, in rait Am,
	the text of the footnote to its financial statements that desc	ribes these items.	t and between about under of out historical
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statem	ent and balance sneet works of ait, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public service, provide the following amounts
	relating to these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		
	(iii) Assets included in Form 990, Part X		► \$ 333,114.
2	If the organization received or held works of art, historical tr	easures, or other similar assets for finan	cial gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$ 218,000.
b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		► \$ <u>∠10,000</u> .

Schedule D (Form 990) 2013

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value (c) Accumulated (a) Cost or other (b) Cost or other Description of property depreciation basis (other) basis (investment) 13,105,466. 13,105,466. 1a Land 3,374,729. 32,709. 5,103,880. 8,478,609. b Buildings 17,640. 50,349. c Leasehold improvements 24,817. 541,206. 516,389. d Equipment 16,537,721. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013	woods Projec		4272030 Fage 0
Complete if the organization answered "Yes" t		11b. See Form 990, Part X, line 12.	of waar market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1) Financial derivatives	· · · · · · · · · · · · · · · · · · ·		
(2) Closely-held equity interests			
(3) Other			
(A)			·
(B)			
(C)			
(D)	L1147		
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		[2] S. Linkong (2) 2000 (2) 2000 (2) 11 (2) 20 (2)	
Complete if the organization answered "Yes" 1	to Form 990 Part IV line	a 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)		4	
(7)			
(8)	A. C.		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 90, Part V, Inc	e 11d. See Form 990, Part X, line 15.	
(a) l	Description		(b) Book value
(1) Collections			353,114.
(2) Conservation Restriction-	R		2,000,000.
(3) Other Assets			221,000.
(4) Conservation Restriction-	FH		206,339.
(5)			
(6)			
(7)			
(8)			
(9)			2,780,453.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	<u> </u>	2,700,455
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) Line of Credit		1,482,000.	
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013

(9)

1,482,000.

Schedule D (Form 990) 2013		Woods Project	
Part XI Reconciliation of	f Revenue per A	udited Financial State	ments 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	3,163,940.
•	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-40.000		
a	Net unrealized gains on investments	a	519,932.		
b	Donated services and use of facilities	b	28,738.		
c	Recoveries of prior year grants	c			
d	Other (Describe in Part XIII.)	d	43,568.	35, V. S.	
	Add lines 2a through 2d			2e	592,238.
3	Subtract line 2e from line 1			3	2,571,702.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			50) A	
	Investment expenses not included on Form 990, Part VIII, line 7b	a	38,135.	\$2.55a \$2.65a	
		b		Nonetal Nonetal	20 125
c	Add lines 4a and 4b			4c	38,135.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,609,837.
<u> </u>	Total Control of Francisco new Audited Eineneigh Statement	e Mil	h Evnenses ner	Retu	rn_

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			- 4 EDB BCO
1	Total expenses and losses per audited financial statements		1	1,577,769.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	28,738.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d		2d	43,568.	77 206
е	Add lines 2a through 2d			72,306.
3	Subtract line 2e from line 1			T,303,403.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 1	20 125	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,135	
b	- 1	4b		38,135.
С			<u>4c</u>	' l
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Mine 8.)	<u></u>	5	1,543,598.
Da	+ VIII Cumplemental Information			

Part XIII Supplemental Information.

nes 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, Provide the descriptions required for Part II, lines 3, 5, and Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also completathis patto provide any additional information.

Part II, line 9:

Explanation: Conservation easements are reported in the financial statements at appraised value. Appraised value is based on the difference of the estimated value of the related conservation land before and after the restriction is granted.

Part III, line 4:

Explanation: The Thoreau Institute Library at The Walden Woods Project houses the world's most comprehensive collection of material related to In order to fulfill our educational mission, all Henry David Thoreau. materials are freely accessible by visitors and many are being made virtually accessible through the internet to serve those who are not able Schedule D (Form 990) 2013

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to visit the library in person. In addition, our Curator of Collections is available to answer reference questions, help with research and give talks to visiting students and other groups.

Part V, line 4:

Explanation: The Walden Wood Project intends to continue to solicit contributions to build its endowment fund. Ultimately, earnings from the endowment will be applied to offset annual operating costs.

Part X, Line 2:

Explanation: The Project is a non-profit corporation organized under the laws of Massachusetts and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, the financial statements do not reflect a provision or income taxes. This determination has been reviewed according to guidance in a Financial Accounting Standards Board prenouncement related to accounting for In determining the recognition of uncertain uncertainty in income taxes. tax positions, the Project now applies a more-likely-than-not recognition threshold and determines the measurement of uncertain tax positions by considering the amounts and probabilities of the outcomes that could be realized upon ultimate settlement with taxing authorities. As of December 31, 2013, the Project has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. The Project is generally subject to potential examination by taxing jurisdictions for the prior three years.

The Project is potentially subject to Unrelated Business Income Tax (UBIT)
relating to the sale of produce at a farm stand, which is not related to
Schedule D (Form 990) 2013

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2013

Open to Public Inspection

Name of the organization

The Walden Woods Project

Employer identification number 95-4292658

Par	Types of Property							
P. C. P. C.		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			
1	Art · Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications			0 100	Dutinahad T	BATZ		
5	Clothing and household goods	Х		8,168.	Estimated F	MV		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			105 160	FMV at time	o f	-dor	
9	Securities - Publicly traded	Х	1	496,469.	rmv at time	: OI	uoi	<u>iac</u>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or				ļ			
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -			4				
	Historic structures					- -		
14	Qualified conservation contribution · Other							
15	Real estate - Residential							
16	Real estate - Commercial				<u></u>			
17	Real estate - Other				<u> </u>			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies					·		
21	Taxidermy							
22	Historical artifacts	-			<u> </u>	-	***	
23	Scientific specimens							
24	Archeological artifacts				- 			
25	Other • ()							
26	Other ()							
27	Other ()							
28	Other (<u> </u>	<u> </u>					
29	Number of Forms 8283 received by the organ	nization duri	ng the tax year for	contributions				
	for which the organization completed Form 8	283, Part IV,	Donee Acknowled	dgement 29		1	Yes	No
					that it must hold for	常装装		
30a	During the year, did the organization receive	by contribut	ion any property re	eported in Part I, lines 1 - 20,	mpt purposes for	30.000	10001105 10001105	
	at least three years from the date of the initia					30a	VARIATE	Х
	the entire holding period?							1500 (S)
b	If "Yes," describe the arrangement in Part II.			u of any non atondard contri	hutions?	31	To Early uses 8	X
31	Does the organization have a gift acceptance	policy that	requires the reviev	y of any non-standard contri	bullons:	101		
32a	Does the organization hire or use third parties					32a		Х
	contributions?				***************************************	7 <u>2</u> 0		
b	If "Yes," describe in Part II.			auto favordalah aaluma (a) la s	shocked			
33	If the organization did not report an amount i	n column (c)	for a type of prop	erty for which column (a) is c	MIGORGU,			
	describe in Part II.	_ = = 1 2 2	aliana fay Earra C	100	Schedule N	1 (Form	990)	2013
LHA	For Paperwork Reduction Act Notice, se	e tne Instru	ictions for Form 9	90.	Joneane II	. ,, 5,,,,,	, (

Schedule M (Form 990) (2013)

332142 09-03-13

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 95-4292658

Name of the organization The Walden Woods Project Form 990, Part III, Line 4a, Program Service Accomplishments: print and social media outreach, and active work with Town boards, commissions, and leaders. Land Management: The Walden Woods Project manages nearly 61 acres of land through Conservation Restrictions, which prevent development of sites not owned in fee. In 2013, the Walden Woods Project continued work with the Town of Concord to develop the first handicapped accessible trail in Concord over a portion of one of our conservation sites. Handicapped access to woodlands and natural trails is very limited in this region, and this for users with mobility project provides an accessible trail limitations, and has served as a model for similar improvements on Land stewardship activities included ongoing efforts other properties. to control invasive, exotic plants that threaten the ecological and recreational integrity of many of the properties we steward. In collaboration with the Toni Morrison Society, the Walden Woods Project placed a "Bench by the Road" in 2013 along Thoreau's Path on Brister's Hill, a self-guided interpretive trail. The bench and accompanying interpretive information honors Brister Freeman, the second black landowner in Concord and former slave who, after fighting in the American Revolutionary war, cultivated land on the Brister's

Thoreau celebrated Freeman's legacy in Walden and visitors to Brister's Schedule O (Form 990 or 990-EZ) (2013) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Hill site in historic Walden Woods.

Schedule O (Form 990 or 990-EZ) (2013)	raye z
Name of the organization The Walden Woods Project	Employer identification number 95-4292658
Hill will now be able to learn about the contributions of	this
extraordinary man. The Bench by the Road Project was laun	
Toni Morrison Society in honor of Nobel Laureate Toni Mor	
Education:	
World Wide Waldens is a global web based environmental pr	ogram for
youth that invites young people from around the world to	
environmental ethic and become better environmental stewa	
Participants are encouraged to undertake an environmental	
project, submit entries to an essay contest and share the	
via Skype and online.	
Approaching Walden is a summer professional development s	eminar that
provides high school teachers with the skills needed to 1	
students in a study of their home community using Henry E	
writings and philosophy as a model. In 2013, the Walden W	
hosted 22 high school teachers from across the U.S. for t	
program.	
The Stewardship Lectures in 2013 - the series included co	-hosting a
talk by Tim Simmons entitled "Taking on Invasives" and a	
Cramer entitled "Thoughts from a Life with Thoreau".	
Visiting school groups in 2013 - The Walden Woods Project	hosted
hundreds of students who participated in environmental ar	
programs related to Thoreau's philosophies on social refo	
Paragrams and an arrangement of the state of	

natural history of Walden Woods, and journal writing.

Research and Library:

The Thoreau Institute library/archives, is owned and managed by the Walden Woods Project and is located at the WWP's campus in Walden The library houses the most complete research collection by and about Henry David Thoreau, as well as other collections by American writers, including Ralph Waldo Emerson. Staffed by a full time curator, the library is the premiere resource on a global basis for Thoreau research and scholarship. The Institute welcomed a steady stream of volunteers and interns interested in pursuing a career in library science.

Every year brings new people and new acquistions to the Thoreau Institute Library. In 2013, on-site distors included people from Canada, Europe and Asia. Translators of Thoreau's works in China, Curator to provide accurate and Poland, and Iran, have worked with Skype in the Classroom" sessions representative translations. Dur bring our Curator into classrooms around the country via Skype, reaching more than 1,000 students in 2013. We continue to publish many works electronically. Finding aids to our collections continue to be updated.

Form 990, Part VI, Section B, line 11:

Explanation: Draft copies of the Federal Form 990 for the year ended December 31, 2013 were provided via e-mail and paper copy to all members of the Board of Directors for their review. All comments and suggested changes from members of the Board of Directors were gathered, reviewed and when deemed appropriate the Federal Form 990 was modified to include these

comments and changes. 332212 09-04-13

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2013

Prepared for	
	The Walden Woods Project 44 Baker Farm Lincoln, MA 01773
Prepared by	Tonneson & Company, Inc. 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service tenter Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2014
Special Instructions	
	The return should be signed and dated.
	We recommend all mailings to taxing authorities be made by certified mail, return receipt requested. Please retain the receipt as proof of timely filing.
	Please review your return for completeness and accuracy.
	A copy of the return is enclosed for your files. We suggest that you retain the copy indefinitely.
	We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions at 781-245-9999.

Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							
	Forcal	endar year 2013 or other tax year beginning		, and ending		<u> · </u>	20 13	
Department of the Treasury Internal Revenue Service		Information about Form 990-T and its instruction to not enter SSN numbers on this form as it may	tions is be mad	available at _{WWW.irs.g} le public if vour organiz	gov/form990t. ation is a 501(c)(3)	Ope 501	en to Public Inspection (c)(3) Organizations (on for Onty
A Check box if	····	Name of organization (Check box if name c	III Employed	r identification number es' trust, see ons.)	ਵ			
address changed	4	mi vy 13 Brada Dwado	a+			i	-4292658	<u> </u>
B Exempt under section	Print	The Walden Woods Proje				E Unrelated	d business activity of	
X 501(C)(3) 408(e) 220(e)	Type	Number, street, and room or suite no. If a P.O. box 44 Baker Farm	c, see in	structions.		(See instr	uctions.)	
408A 530(a) 529(a)		City or town, state or province, country, and ZIP o Lincoln, MA 01773	r foreigr	postal code		4452	00 4451	.00
C Book value of all assets	E Groun	p exemption number (See instructions.)	<u> </u>					
		k organization type X 501(c) corporatio	n L	501(c) trust	401(a) trust		Other trust	
U Describe the organization	n'e nrim	ary unrelated business activity. ► Sale of	fa:					
1 During the tay year was	s the corr	poration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?		Yes	X No	
If "Vee " enter the name	and iden	tifying number of the parent corporation.						
.I The books are in care of	f 🕨]	Kathleen R. Anderson		Telept	ione number 🕨 🕹		<u>59-4700</u>	
Part Unrelate	d Tra	de or Business Income		(A) Income	(B) Expense	38	(C) Net	
1a Gross receipts or sa		95,451.	Γ				ga aras granti	
b Less returns and allo			10	95,451 <u>.</u>				
		A, line 7)	2	43,568.				
		rom line 1c	3	51,883.			51,88	<u> </u>
		ch Form 8949 and Schedule D)	4a					
		Part II, line 17) (attach Form 4797)	4b	4		1		
		sts	4c					
5 Income (loss) from	nartnerst	nips and S corporations (attach statement)	-					
7 Unrelated debt-finan	nced Inco	me (Schedule E)	7.				<u></u>	
8 Interest, annuities, r	nvalties.	and rents from controlled organizations (Sch						
9 Investment income	of a secti	ion 501(c)(7), (9), or (17) organization (Se tedule G	3				·	
10 Exploited exempt ac	stivity inc	ome (Schedule I)	10					
11 Advertising income	(Schedul	le J)	11				<u></u>	
12 Other income (See i	instructio	ns; attach schedule.)	12					
13 Total, Combine line	es 3 throi	ugh 12	13	51,883	•		51,88	<u>83.</u>
Port II Doducti	one N	of Taken Fisewhere (See instructions f	or limit	ations on deductions	.)			
(Except for	r contrib	outions, deductions must be directly connecte	d with	the unrelated busine	ss income.)	1441		
14 Compensation of c	officers, c	lirectors, and trustees (Schedule K)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14	35,74	<u> 44</u> .
15 Salaries and wages	s		•••••			·	2,00	13.
16 Repairs and maint	enance					· 	2,00	
17 Bad debts			•			·		
18 Interest (attach sc	hedule)		• • • • • • • • • • • • • • • • • • • •			18		
19 Taxes and licenses	s					· -		
20 Charitable contribu	utions (S	ee instructions for limitation rules.)			10,148	• 1——1		
21 Depreciation (attac	ch Form 4	4562)		21	10,140	22b	10,1	48.
22 Less depreciation	claimed (on Schedule A and elsewhere on return				-	10,1	
23 Depletion				• • • • • • • • • • • • • • • • • • • •		·		
		ompensation plans				` -		
25 Employee benefit	programs	s		***************************************		· 		
		Schedule I)				·		
27 Excess readership	costs (S	Schedule J)		a a	tomost 1	- 27	15,2	51
28 Other deductions	(attach s	chedule)		See Sta	cement T	. 28	63,1	
29 Total deduction	ns. Add l	ines 14 through 28				·	-11,2	
30 Unrelated busines	s taxable	income before net operating loss deduction. Subtr	act line 2	29 from line 13	tomont ?	•	- 4 1 1 2	
31 Net operating loss	s deductio	on (limited to the amount on line 30)		see sta	cement 4	. 31	-11,2	63
32 Unrelated busines	ss taxable	income before specific deduction. Subtract line 31	trom un	e 30		- 02		00.
33 Specific deduction	n (Genera	ally \$1,000, but see instructions for exceptions.)			llar -f	33	1,0	
34 Unrelated busine	ss taxab	le income. Subtract line 33 from line 32. If line 33 i	s greate	r tnan line 32, enter the	smaker of zero or	. 34	-11,2	63
line 32	<u></u>					. 04	Form 990-T	

323701 12-12-13 LHA For Paperwork Reduction Act Notice, see instructions.

Part I	Tax Computation							
35	Organizations Taxable as Corporati	ons. See ins	tructions for tax com	putation.			100 (100 ft) 100 (100 ft)	
00	Controlled group members (sections	1561 and 1	563) check here	See Instruction	ns and:			
•	Enter your share of the \$50,000, \$25						1950 PER	
a	(1) \$	(2) \$	0,020,000 (20.00.0 11.1	(3) \$, -	1		
h	Enter organization's share of: (1) Ad		tay (not more than \$,		_ 	100 miles	
U	(2) Additional 3% tax (not more than					_ 	A000 00-0	
	Income tax on the amount on line 34					- ▶	35c	0.
	Trusts Taxable at Trust Rates. See i	netruotione	for tay computation	Income tay on the am-	nunt on line 34	from:		
36	Tax rate schedule or S						36	
07	tax rate scriedule or 5	ប្រទេសមាន ២ (រ	гопи 1041)	***************************************	*****************		<u> </u>	
37	Proxy tax. See instructions		***************************************	***************************************	*****************		38	
38								0.
39	Total. Add lines 37 and 38 to line 35	C Or 30, WITE	citeaet abhuez			***************************************	· 1*	
Parti	V Tax and Payments	L. C 444	Outrook Form	1116)	40a		Vort.4-522	
	Foreign tax credit (corporations attac					<u> </u>		
	Other credits (see instructions)				*****		- WEE	
	General business credit. Attach Form							
	Credit for prior year minimum tax (at						40e	
e	Total credits. Add lines 40a through						12	0.
41	Subtract line 40e from line 39 Other taxes. Check if from: For	<u></u>	——————————————————————————————————————			Othan	42	
42							43	0.
43							. 40	
	Payments: A 2012 overpayment cre							
	2013 estimated tax payments							
C	Tax deposited with Form 8868	*********			44c		170.70	
C	Foreign organizations: Tax paid or w	ithheld at so	ource (see instruction	(8)				
6	Backup withholding (see instruction	s)			448		The state of the s	
f	Backup withholding (see instruction Credit for small employer health inst	rance prem	iums (Attach Form 8	941)	44f		198. 202.20 202. 202.	
	Other credits and payments:		Form 2439]		44-14-15-15-15-15-15-15-15-15-15-15-15-15-15-	
	Form 4136		Other	Total	► 44g		10000000	
45	Total payments. Add lines 44a throu	igh 44g		<u>]</u>			45	
46	Estimated tax penalty (see instruction	ns). Check i	f Form 2220 is attac	1800			46	
47	Tax due. If line 45 is less than the to	tal of lines 4	13 and 46 enter am	unt owed			47	0.
48	Overpayment, If line 45 is larger tha	in the total o	f lines 43 and 46 cm	ter amount overpaid		,)	<u>48</u>	0.
49	Enter the amount of line 48 volustrati	t Credited	to 2014 estimated to	ax 🕨		Refunded 🕨	49	
Dart	V Statements Regardin	ig Certa	in Activities a	nd Other Inforr	nation (see	instructions)		
1 Δt:	any time during the 2013 calendar yea	ar. did the or	ganization have an is	nterest in or a signatur	e or other autho	ority over a financial	account (ba	nk, Yes No
000	surities, or other) in a foreign country?	If YES, the	organization may ha	ve to file Form TD F 90)-22.1, Report o	f Foreign Bank and f	Financia1	1,600,700 1 ,600,700
Ac	counts. If YES, enter the name of the ting the tax year, did the organization receive ES, see instructions for other forms the organization.	oreign coun	try here				um	X
2 Du	ing the tax year, did the organization receive	a distribution	from, or was it the grant ave to file.	or of, or transferor to, a for	eiga ชบริโ7			X
3 En	ter the amount of tax-exempt interest	received or	accrued during the to	ax year ▶\$				1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Sche	dule A - Cost of Goods S	old. Enter	method of invento	ory valuation	N/A			
	rentory at beginning of year	1	0.1	6 Inventory at end	of year		6	0.
	rchases	2	43,568.	7 Cost of goods s	old. Subtract lir	ne 6	53355	
	st of labor	3	,	from line 5. Ente			7	43,568.
• ••	ditional section 263A costs (att. schedule)	4a		8 Do the rules of s				Yes No
		4b				for resale) apply to		
	her costs (attach schedule)	5	43,568.					X
5 To	tal. Add lines 1 through 4b		.t d thirt categor in about	an accompanying schedul	e and statements	and to the best of my	knowledge and	d belief, it is true,
Sign	Under penalties of perjury, I declare the correct, and complete. Declaration of	preparer (other	r than taxpayer) is based	on all information of which	h preparer has any	knowledge.		discuss this return with
Here			i i	N Secr	etary/E	xec Dir		shown below (see
11010	Signature of officer	<u></u> ,	Date	Title	<u> </u>		instructions)	? X Yes No
			Preparer's sign	ature	Date	Check	if PTIN	
	Print/Type preparer's name		Cynthia		5410	self- employ	·	
Paid	Vienthia D 31	mand a			05/08/	, ,		1309212
Prep	arer Cynthia P. Al	udars,			00/00/	Firm's EIN	1	1-2943536
Use	Only Firm's name Tonne	BOIL &	Company,	ce, Suite	300	(iiii o cili	·	
	Firm's address ► Wak	Edge ofici	Macer Era	80-6208		Phone no.	(781)	245-9999
	IIIIII S GUUIDSS P WCLK	ニエエニエ	CL PER OIG				, – ,	

323711 12-12-13

Form 990-T (2013) 95-42921

323721 12-12-13

Page 4

schedule G - Investme (see instr			~\~J\·J	, (-), -, (-,) -,				5. Total deductions
1. Description of income			2	. Amount of income	 Dedu directly co (attach so 	nnected	4. Set-asides (attach schedule)	and set-asides (col. 3 plus col. 4)
(1)		-						
(2)							4	
(3)							· · · · · · · · · · · · · · · · · · ·	
(4)				nter here and on page 1,				Enter here and on page 1,
				art I, line 9, column (A).				Part I, line 9, column (B).
Totals			▶	0.				0.
Schedule I - Exploited	Exempt Activity	Income, C	Other '	Than Advertisi	ng Inco	ne		
(see instru					4			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expensed directly connect with production of unrelated business inco	on i	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross from activ is not un business	ity that related	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)	F.1	Enter here and	I on					Enter here and
	Enter here and on page 1, Part I,	page 1, Part line 10, col. (I,					on page 1, Part II, line 26.
W.1.7.	line 10, col. (A).	mia to, cos. (0.					0.
Schedule J - Advertision		nstructions)	<u> </u>					
Part I Income From	Periodicals Rep	orted on a	Cons	olidated Başis				
[33-645]	·							
1. Name of periodical	2. Gross advertising income	3. Dia advertisin	rect g cost	Ad frising gain clos) (col. 2 minus J. 3) if a gain, comput ols. Through 7.		culation ome	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)			70.47					
(4)								
		, ا	٥					0.
Totals (carry to Part II, line (5)) Part II Income From	▶ Daviadiaala Ban	0.	Sona	rato Basis /For	each perio	dical listed in	Part II fill in	
	Periodicais Rep 7 on a line-by-line ba		Sepa	late Dasis (FOI	each peno	ulcai iistea iii	i i aicii, iiirii	
- Columns 2 through		1		4. Advertising gain				7. Excess readership
1. Name of periodical	2. Gross advertising income	3. Dì advertisin		or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		culation come	6. Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)		0.	0					0.
Totals from Part I	Enter here and	on Enter here	e and on					Enter here and on page 1,
	page 1, Part t line 11, col. (A). tine 11, 4	col. (B).					Part II, line 27.
Totals, Part II (lines 1-5)		0. ro Directo	0.		inetructio	nel		
	Name	rs, Directo	11 5, all	2, Title	FIJSHUOHO	 Percent of time devoted t 		pensation attributable pretated business
l. i						business	0/	
(1)							%	<u> </u>
(2)							%	
(3)							%	
(4) Total. Enter here and on page 1,	Part II. line 14						>	0
Total and Horo and on page 13								Form 990-T (2013

Form 990-T	990-T Other Deductions			Statement
Descriptio	n			Amount
Seed Supplies Equipment Rental Fuel Expense Utilities Miscellaneous Restroom				10,037 1,500 1,169 1,339 714 492
				15 251
Total to F	orm 990-T, Page 1,	line 28		15,251
		line 28 Operating Loss D	eduction	Statement
Form 990-T			eduction Loss Remaining	
Total to F Form 990-T Tax Year 12/31/08 12/31/10 12/31/11 12/31/12	Net	Operating Loss D Loss Previously	Loss	Statement Available