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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

Α	For the	2014 calendar year, or tax year beginning and	ending		<u> </u>
В	Check if	C Name of organization		D Employer identification	ation number
	Addre	The Walden Woods Project		AF 40	100CE0
Ĺ	Name chang	Doing business as		· 	92658
Ļ	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	59-4700
L	Final return	44 Baker Farm			6,756,725.
	termir ated Amen			G Gross receipts \$	
F	lreturn		<u></u>	H(a) is this a group ret	Yes X No
L	Applik tion pendi	F Name and address of principal officer: Kathleen R. Anders 44 Baker Farm Road, Lincoln, MA 01773	OII	H(b) Are all subordinates inc	Juded? Yes No
		44 Baker Farm Road, Bincom, MA 01/15	or 527		ist, (see instructions)
<u>.</u>	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) te: \blacktriangleright www.walden.org	01 021	H(c) Group exemption	
<u>J</u>	Websi	organization: X Corporation Trust Association Other	l Year		State of legal domicile: CA
	art I	Summary	[= ,		
_		Briefly describe the organization's mission or most significant activities: Pres	erve]	land in ecolo	gically
Activities & Governance	'	important areas.			
'n	2	Check this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net ass	sets.
ķ	3			3	8
ලි	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
্প গ	5	Tall the control of t		5	19
itie	6	Total number of volunteers (estimate if necessary)		1 _ 1	20
j	7 a			7a	66,432.
⋖	b		Star Star Star Star Star Star Star Star	7b	-13,879.
	1 -			Prior Year	Current Year
es.	8	Contributions and grants (Part VIII, line 1h)		2,284,551.	3,204,737.
ŭ	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 1)	P	270,024.	425,631.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, cc, 9c, 10c, and 11e)		55,262.	209,251.
	12	Total revenue - add lines 8 through 11 (must edual Part VII), column (A), line 12)		2,609,837.	3,839,619.
_	13	Grants and similar amounts paid (Part IX, column A), line 1-3)		2,827.	6,585.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
y,	15			540,071.	598,623.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 54,5		0.	0.
, ac	b	Total fundraising expenses (Part IX, column (D), line 25) > 54,5	79.	4 000 1100	070 000
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,000,700.	978,039.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,543,598.	1,583,247.
	19	Revenue less expenses. Subtract line 18 from line 12		1,066,239.	2,256,372.
ts or	33		В	eginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		25,600,449.	27,365,322.
Net Asset	21	Total liabilities (Part X, line 26)		1,554,490.	936,557. 26,428,765.
		Net assets or fund balances. Subtract line 21 from line 20		24,045,959.	20,420,705.
LF	art II	Signature Block		monte and to the heat of m	thowledge and helief it is
Un	der per	alties of perjury, I declare that I have examined this return, including accompanying schedul	es and state:	Hellis, and to the best of my	A KIIOMIGUYG ANU DÇIIGI, IL IS
trı	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	inch prepart	er lias any knowledge.	
		Significe of officer		Date 1	0
	gn	Kathleen R. Anderson, Secretary/Exec.	Dir.		
Н	ere	Type or print name and title			
				Date Check	PTIN
n.	.5.4	Print/Type preparer's name Cynthia P. Almquist Cynthia P. Almquist	nnist	i	P01309212
	ıld 	Firm's name Tonneson & Company, Inc.	1 ~ ~ ~ ~ _	Firm's EIN	04-2943536
	eparer se Only	Firm's address 401 Edgewater Place, Suite 300		7.7/1110 2.111	·
U	or Unity	Wakefield, MA 01880-6208		Phone no. (7	81)245-9999
-	au He c	IRS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
₩.	ay (116	1HA discuss this return with the preparet shown abover (see instituction)	lions.		Form 990 (2014)

orm:	990 (2014) The Walden Woods Project	95-4292656 Page Z
Par	त III । Statement of Program Service Accomplishments	$\overline{\mathbf{X}}$
	Check if Schedule O contains a response or note to any line in this Part III	41
1	Briefly describe the organization's mission: See Part 1, Line 1	
	000 1440 17	
2	Did the organization undertake any significant program services during the year which were not listed on	[]. [V].
_	the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes 🔼 No
	If "Von " docathe these changes on Schedule ().	
4	Be with the experience program service accomplishments for each of its three largest program services,	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	thers, the total expenses, and
4a	573 508 testuries conto of \$ 0,000 to 1 (Re	venue \$)
	A	
	The Walden Woods Project preserves and protects Walden	manu higtorical
	The second second in waddaynitian at their worldwide lite	TULY, HILDOUTIUM,
	and envisormental gignificance and their capacity to m	MOCTAGE OCHET CO
	14-bifer abudy and protect the environment and misco)T T C G T T A
	The terms around that aviet in their own communitates.	111 2014, 0110
	But I have board two houses and appurtenant Structure	38 Off Ciffee geren -
	- F land that dompleted our acquisition on the faim ac	Maraem Hoogs.
	The lend and atrustured will provide incheased capacity	y tor our organize
	Commission now meeting and program space, [ac]	TITCIES TOT TOTU
	staff, housing for program participants and maintenance	ce facilities for
	Starr, nousing for program pareresses.	
	farm operations. (Code:)(Expenses \$ 262,858. incompany by son) (Recode:)	evenue \$)
4b	(Code:) (Expenses \$ ZOZ, OJO: Informity \$ 300.	
	Education: The Education Programs of the Valden Woods Project ser	rve an audience
	that includes students, educator and life-long learn	ners from around
	that includes students, educators, and ille long relided	tours for groups
	the globe. Our signature programs include our guided	tely Essay Contest
	visiting Walden Woods and he ond; the Live Deliberate	na summer
	for youth ages 13-21 from around the world; a week-long	ching Walden, and
	professional development program for teachers, Approach	ho war. wernal
	other professional development workshops throughout of	ile year, verman
	1 1 t dering in the Claggroom sessions; the	prewaraburb
	Togture Geries, and World Wide Waldens, an on-line con	mmunicy of youth
	working to conserve places in their own communities.	
4c	(Code:) (Expenses \$ 358,443. including grants of \$) (F	Revenue \$ }
	Research and Library:	hr the
	The Thoreau Institute library/archives, is owned and the Institute library/archiv	managed by the
	TT 11 TT A A A DWA LACE AND 10 LOCATED IN WALLEL WOULD!	THE TIPLUT INCOME
	TI t modern collection by and about ne	III A DUATO TITOTOGGI
		INGTHE VETAIL HETEO
	Two cars of the field by a full time curator, the library	TR CHE DIEMICIC
	Thoraga on a global bagic for Thoreau research and B	CHOTATEMED. Back
	the Institute welcomes a steady stream of intern	S THIGHER CON TH
	nunguing a career in library science, as Well as Volu	HICEGIS WICH GH
	To the Land Control of	TIII = •
	Brown was brings new people to the "noreau Institute	TITULATY, WITCOMOT
	in-person or virtually. In 2014, we hosted visitors	from Canada,
-	TIT DET BOTT OF ATT GRATTA and TOTAL	
40	d Other program services (Describe in Schedule O.) (Revenue \$)
_	(Expenses 5	
46	e Total program service expenses ▶ 1,194,809.	Form 990 (2014)
432	See Schedule O for Continuation	
11-0	or-14 2	

Form 9	90 (2014) The Walden Woods Project 95-4292	658	Pa	ge 3
Part	IV Checklist of Required Schedules	— т	v T	NI-
		-+	Yes	No_
1 1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
i	f "Yes," complete Schedule A	2	X	
2	s the organization required to complete Schedule B, Schedule of Contributors	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
	public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	i	X
1	during the tax year? If "Yes," complete Schedule C, Part II	一一		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	Х	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	Х	
	Schedule D, Part III	<u> </u>		
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	-		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	Х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			i
	as applicable.	ľ		
а	Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D,	11a	Х	
	Part VI	1 10		
b	Did the organization report an amount for investments - other securities in 1 rt X, line 12 that is 5% or more of its total	11b		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule III, Pa VII	110	-	
C	Did the organization report an amount for investments - programme ted Part X, line 13 that is 5% or more of its total	11c		х
	possets reported in Part X. line 16? If "Yes." complete Scheolie U, Part XIII *	110	-	
d	Did the organization report an amount for other assets in Pa X, line 1 that is 5% or more of its total assets reported in	11d	Х	
	Part X, line 16? If "Yes," complete Schedule D, Part X		X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	 	
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	1.11		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	Х	1
	Schedule D. Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	_	+	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	┼	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	┼-	12
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	İ		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes " complete Schedule F. Parts I and IV	14b	\vdash	1
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	١		X
	foreign organization? If "Yes." complete Schedule F, Parts II and IV	. 15	+	<u>^</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. <u> 16</u>	+-	<u>^</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
	column (A) lines 6 and 11e? If "Yes." complete Schedule G, Part I	. 17	+	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\ v	
,-	4- and 9-2 If "Vee " complete Schedule G. Part II	. 18	<u> </u>	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 1	1	1.,
	complete Schedule G. Part III	. 19		X
20=	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 208		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 201		1
L		For	m 990	(2014

Par	t IV Checklist of Required Schedules (continued)		es l	No.
		<u> </u>	res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Χ.
	demostic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	 -	Δ.
00	Put the average tien report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		1.7
22		22	_	<u>X</u> _
00	Pt-t to a respiration ensurer "Ves" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's content		ľ	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		<u>X</u>
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	Did the organization have a tax-exempt contains with all outstanding purpose lines 24b through 24d and complete last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		Ì	
	last day of the year, that was issued after December 31, 20021 if 700, District Too, D	24a		<u>X</u> _
	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization invest any proceeds of tax-exempt bonus beyond a temporary period should be appropriately period should be a proceed of tax-exempt bonus beyond a temporary period should be appropriately period sh			
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	 		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
	the second transfer of the discussified person during the year? If "Yes," complete scriedule L, rait i	200		
b	the expeniention aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		i	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051	ŀ	Х
	C-b-dd-1 Dart I	25b		
26	State a great ten report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or		i	
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		-	v
	semplete Schodule I Part II	26	\longrightarrow	<u>X</u> _
07	Distribution provide a graph or other assistance to an officer, director, fruitee, key employee, substantial	ļ ļ	1	
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		i	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u> _
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		l	
28	Was the organization a party to a pusitiess transaction with one of the same and are an area of the same and area.		1	
	Instructions for applicable filing thresholds, conditions, and except as).	28a		<u>X</u> _
a	A current or former officer, director, trustee, or key employee? If "Yes, complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	A family member of a current or former officer, director, trushed of keep injury for a family member thereoff was an officer,			
C	A family member of a current of former officer, directly, trustee, once employee (or a family member thereof) was an officer, An entity of which a current or former officer, directly, trustee, once employee (or a family member thereof) was an officer, Schedule L, Part IV	28c		X
	director, trustee, or direct or indirect owner? If "Yes" complete Schedule L, Part IV	29	Х	
29	Did the organization receive more than \$25,000 in no cash ontributions? If "Yes," complete Schedule M			
30	Did the organization receive under that \$25,000 arrive that \$25,000 arrive that the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	'	X
	contributions? If "Yes," complete Schedule M	100		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31	ļ	х
	16 #Von # complete Schedule N. Part I	31	 	 -
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	1	х
01	Schadule N. Part II	32	<u> </u>	<u> </u>
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1	1 77
33	ood 3704 0d 201 7701 22 If "Ves." complete Schedule B. Part I	33_	<u> </u>	X
	and the standard and the specific property of]	
34	Part V, line 1	34	<u> </u>	X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u></u>	X
35	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		1
	b If "Yes" to line 35a, did the organization receive any payment from or engage in any determined by the state of the stat	35b	l	l
	within the meaning of section 512(b)(13)? If *res, *complete screediers, refer to an exempt non-charitable related organization?		T	
36	within the meaning of section 512(b)(15)? If Test, complete competers to an exempt non-charitable related organization? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		X
	If "Yes," complete Schedule R, Part V, line 2	·	1	
37	so that is appropriately conduct more than 5% of its activities through an entity that is not a related organization	1		х
	Little tracked as a portnorship for federal income tax purposes? If "Yes," complete schedule in, i are vi	. 57	1-	
38	Publishe organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 191	38	X	
٠.	Note. All Form 990 filers are required to complete Schedule O			(2014)
-		rom	แซซบ	(2014)

orm '	990 (2014) The Walden Woods Project			
Par	FVI Statements Regarding Utner IRS Fillings and Tax Compilation			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
	1	7 1	100	27
1a	State the number reported in Box 3 of Form 1096, Enter ·0· if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vehicles and 7.5	1c	Х	22
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		:	
2a	5 to the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	.	į.	
		2b	X	1 _
b	. " a Hill- exception the of fonting the individual control to the control of the	F =		T
	at it is a set lines to and 2a is greater than 250, Voli may be required to 5 mg (555 and 451).	3a	Х	l
За	the standard of the standard o	3b	X	\mathbb{L}_{-}
4a		4a	<u> </u>	X
	financial account in a foreign country (such as a bank account, securities account, or other hands			T
b				
	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	<u>L</u> _	_ X
5a		5b	L.	Х
b	Was the organization a party to a prohibited tax shelter trains a train that the organization at any taxable party notify the organization that it was or a party to a prohibited tax shelter transaction?	5c		<u> </u>
C	Did any taxable party notify the organization that it was a second party notify the organization that it was a second party notify the organization solicit. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	If "Yes," to line 5a or 5b, did the organization file Point 6860-17 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a	<u> </u>	X
b	any contributions that were not tax deductions as characters or contributions that such contributions or gifts If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b	<u> </u>	
	were not tax deductible?		1	
7	Organizations that may receive deductible contributions under section 1706c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	⊥_	_ X
ε	Did the organization receive a payment in excess of \$75 made party as a confidence of the goods or sayvices provided?	7b		
ł			1	
(bit "Yes," did the organization notify the during of the value of this government of the value of the value of this government of the value of the valu	7c	$oldsymbol{oldsymbol{oldsymbol{eta}}}$	<u> </u>
	to file Form 8282?	_	1	
(d If "Yes," indicate the number of Forms 8282 filed during the year	7e		_ X
	e Did the organization receive any funds, directly or indirectly, or a personal benefit contract? Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract?	7f		X
1	f Did the organization, during the year, pay premiums directly of manecity, or a personal bottom file Form 8899 as required? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		1/A
	g If the organization received a contribution of qualifier intellectual property, did the organization file a Form 1098-C? If the organization received a contribution of cars, boats, airguanes, or other vehicles, did the organization file a Form 1098-C? N/A	7h	l V	1/A_
	h If the organization received a contribution of cars, boats, algaeres, or other versions of the N/A			
8	h If the organization received a contribution of cars, board and the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A Sponsoring organizations maintaining donor advised funds at any time during the year?	8		
	sponsoring organization have excess business holdings at any		ŀ	İ
9	Sponsoring organizations maintaining donor advised funds. N/A N/A	9a		
	a Did the sponsoring organization make any taxable distributions under section 4966? N/A N/A	. 9b	<u>. -</u>	
	 a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 	1	1	
10	Section 501(c)(7) organizations. Enter: N/A 10a		1	
	a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
	b Gross receipts, included on Form 990, Part VIII, IIII 12, 101 passio 255 of the			1
1	Section 501(c)(12) organizations. Enter: N/A 11a	_		
	a Gross income from members or shareholders N/A 11a 11a 11a 11a 11a 11a 11a 11a 11a 11		1	
	b Gross income from other sources (Do not net amounts due of pale to such a late of pale to	_		
	amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	ża _	
1:	2a Section 4947(a)(1) non-exempt charitable trusts, is the digenization and the year N/A 12b bif "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	_	1	
		_	_	-
1	3 Section 501(c)(29) qualified nonprofit health insurance issuers. N/A a Is the organization licensed to issue qualified health plans in more than one state?	13	3a	$-\!$
	a Is the organization licensed to issue qualified reality plans in more than the organization must report on Schedule O. Note. See the instructions for additional information the organization must report on Schedule O.			
	Note. See the instructions for additional information the organization that organization has been been stated in which the beautiful formation is required to maintain by the states in which the			
	b Enter the amount of reserves the organization is required to maintain y and the state of the s	_		
	100	_ _	_+	 -,
		14	4a	_ 2
1	Use the organization receive any payments for motor tarining services during the tary of the tarining services during the tary of the tarining services during the tary of the tary of the tarining services during the tary of the tary o	14	4b	200 (0)
	ti Tyes, has it filed a Forth 120 to toport allow partial	F	orm t	990 (20

085430_1

Form 990 (2014) 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.

	to line 88, 80, or 100 below, describe the direction that the same and		ſ	$\overline{\mathbf{X}}$
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	
Sect	ion A. Governing Body and Management		Yes	No.
	8	-+	100	,
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
	tribers are material differences in voting rights among members of the governing body, or it the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1.	. [
	The state of voting members included in line 1a, above, who are independent to the line 1a.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer	2	1	Х
	and the tenter as tour amployee?	-		
3	the experimeter delegate control over management duties customarily performed by or under the direct supervision	3		Х
_	to the state of the state of the sempleyees to a management company of other persons	4		X
4	tu tu and all all short abandon to its governing documents since the prior rottle 350 was meet	5		X
5	Did the organization become aware during the year of a significant diversion of the organization is assets:	-		<u>X</u>
_	and the transfer of stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			Х
	1 (1)	7a		
L	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	į		7.7
D		7b		<u> </u>
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	İ		
8	The governing body?	8a	<u> </u>	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section As who cannot be reached at the		.	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_ <u>X</u> _
	organization's mailing address? If "Yes," provide the hames and addressed by the Internal Revenue Code.)			
Sec	tion B. Policies (This Section B requests information about policies		Yes	No_
	the state of the s	10a		X
10a	Did the organization have local chapters, branches, or affiliates?			
b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures exempting the activities of such chapters, affiliates,	10b		
		11a	X	
11a	Has the organization provided a complete copy of this Form 90 to all nembers of its governing body before filing the form?			_
b	Describe in Schedule O the process, if any, used to me organization to review this Form 990.	12a	X	
	the transport of interest policy Agr. "NO." GO (0) III E 13	12b	$\overline{\mathbf{x}}$	
b	Were officers, directors, or trustees, and key employees required to acclose annually interests that could give rise to conflicts?	120	-	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy (11 1765, describe	12c	Х	ļ
	in Schedule O how this was done	13	X	
13	Did the exemination have a written whistlehlower policy?	14	X	
14	Did the execution have a written document retention and destruction policy?	14	 -	├─
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	X	
	The experience CEO, Executive Director, or top management official	15a	+	+-
	Other officers or key employees of the organization	15b	┼≏	
	KRY and to line 15g or 15h, describe the process in Schedule U (see Instructions).	ľ		İ
46.	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1,7
		16a	-	X
	taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	F
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16h		ل
_				
	W. At the common state of the form 000 is required to be filed VA, CT, MA, NI, IN, NC, DC, NII, O	T, P	A, N_{i}	J, AR
17	1000 to 1000 t) availa	ble	
18	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	incial	
19	Describe in Schedule O whether (and it so, now) the organization made its governing documents, our made it so, now) the			
	statements available to the public during the tax year.			
20	statements available to the public during the tax your. State the name, address, and telephone number of the person who possesses the organization's books and records:	<u> </u>		
	Kathleen R. Anderson - 781-259-4700			_
_	44 Baker Farm, Lincoln, MA 01773	Fo	rm 9 9	0 (2014
		, 5		•

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 VI	 ᆜ

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. the second second and second s

Check this box if neither the organization	ation nor any related	orga	ıniza	tion	cor	nper	ısat	ed any current officer, o	director, or trustee.	
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi beck r	tion	than	one	Reportable	Reportable	Estimated
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours per	hox.	. unle:	ss per	son	is boti v/trus	h an	compensation	compensation	amount of
	week	<u> </u>	ceran	oacı	recic	7/005	(ee)	from	from related	other compensation
	(list any	ector						the	organizations (W-2/1099-MISC)	from the
	hours for	or dir	g .			atted		organization (W-2/1099-MISC)	(44.57 1099-141190)	organization
	related	1366	Tags Tags		φų	bens		(44-5) (099-141190)		and related
	organizations	를	ELE		play	150	l .			organizations
	below line)	Individual trustee or director	institutional trustoe	Officer	Key emplayee	Highest compensated employee	Former			
(1) Kathleen Anderson	40.00		┤▔			Alson	PRINT			•
Secretary/Exec. Director		Х		X	4			96,367.	0.	0.
(2) Donald Henley	6.00									_
President		X		X			_	0.	0.	0.
(3) Thomas O. Jones	1.00	1			1		ļ			0.
Treasurer		Х		X		*		0.	0.	<u> </u>
(4) Anna Winter Rasmussen	1.00			۱,	Į	ļ	ļ	0.	0.	0.
Board Member		X,			_	\vdash	<u> </u> _	U •	- 0.	
(5) John P. DeVillars	1,00	\x						0.	0.	0.
Board Member	1 00		-		-	╀	├-			
(6) Ed Begley, Jr.	1.00	$ _{\mathbf{x}}$				1	1	0.	0.	0.
Board Member	1.00		┼-	\vdash	├-	╁	-			
(7) John H. Tyson	1.00	$ _{\mathbf{x}}$				1		0.	. 0.	0.
Board Member (8) Elizabeth Lack	1.00		+	╁╌		╁╴	+			
(8) Klizabeth hack Board Member	1.00	$\forall_{\mathbf{x}}$						0.	0.	0.
Board Member		+	+	1	T	1	十			
	<u></u>	1								
		_		Τ						
		上		<u> </u>		╄	1			<u> </u>
		_	ı			1	1			
		_	1	1	ļ.	┶	4			
		4				Ì				
		+		+	+	+-	+	1		
		1			ŀ					
		┪		1		┪	1			
		l								<u> </u>
		_								
		+	-	+	+-	+	+			
	<u> </u>	\dashv								
		+		+	╁╌	+	+			
	 	\dashv								
	, <u>, </u>	<u> </u>					-			Form 990 (2014

eart VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average		ı	(C Posi	;) tion	ı		(D) Reportable	(E) Reportable	1	(F) Estimate	
Name and the	hours per week (list any hours for related organizations	tee or director	ยกใคร	s per dadi	son i recto	Highest compensated employee	ee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	CC	other other ompensa from th organizat and relat	tion e ion ed
	below line)	Individual	institution	Officer	Кеу ещрі	Highest c employed	Former		<u> </u>	01	ganizati	ons ——
												<u>. </u>
										ļ		
		_			_		_			-	 -	
		_	<u> </u>		-		1			-	<u></u>	
		-	-									
1b Sub-total		<u> </u>					<u> </u> ▶	96,367.	0			0
c Total from continuation sheets to Par	rt VII, Section A	(A	96,367.	_0			0
Total number of individuals (including becompensation from the organization)	out not limites to t	hos	e 139	-	lbo	/e) W	no	received more than \$10	0,000 of reportable		Yes	No
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J	icer, director, or ti for such Individua	ruste /	ee, k	еу е	mpl	loyee	e, or	highest compensated	employee on		3	Х
4 For any individual listed on line 1a, is the	e sum of reportal \$150.000? If "Yes	ble o	omp	pens lete	atio Sci	on an hedu	id o le J	ther compensation from for such individual	the organization	è	4	X
5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"	or accrue compl complete Schedu	ensa ule J	ition for:	fror such	n ar 1 pe	ny ur rson	rela	ted organization or Indi	vidual for services		5	X
Section B. Independent Contractors 1 Complete this table for your five higher the organization. Report compensation	st compensated in	nder	oenc	ient	cor	ntraci	ors	that received more tha	1 \$100,000 of compo	ensat	ion from	
the organization, Report compensation (A) Name and busin)		101		VIII	1101		(B) Description of	4	Cor	(C) npensat	ion
·											.	
							_			·		
2 Total number of independent contract	tors (including bu	t not	 t limi	ted	to ti	hose	list	ed above) who received	more than			
\$100,000 of compensation from the o	rganization 🕨					0				F	orm 9 90) (20·

raii	-VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts	b i c i d i e i	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1a 1b 1 1,090,776. 1d 1e 2,113,961.				
50		Noncash contributions included in lines 1a-1f: \$ 534,044.	3,204,737.	ļ		İ
اة دَ	h	Total. Add lines 1a·1fBusiness Code	5,002,000			
Program Service Revenue	c d e f	All other program service revenue Total, Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)	9,768.			90,768.
	4 5	Royalties (i) Real (ii) Personal	1,116			1,116.
	b ¢	Gross rents 5,075. Less: rental expenses 4,694. Rental income or (loss) 381. Net rental income or (loss)	381		381	
	b	Gross amount from sales of assets other than inventory Less; cost or other basis and sales expenses Gain or (loss) Net gain or (loss) (i) Securities (ii) Othe 2,822,738 2,487,875. 334,863.	334,863	334,863.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ 1,090,776. of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events	143,233			143,233
	9 a	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities			3	
	10 a	Gross sales of inventory, less returns and allowances a 121,170 Less: cost of goods sold b 56,649 Net income or (loss) from sales of inventory	64,521	-1,530	66,05	1.
	<u></u>	Miscellaneous Revenue Business Cod	2		"	
	11 a					
	0					
	12	Total revenue. See instructions.	3,839,619	333,333	. 66,43	2. 235,117 Form 990 (2014

m 990 (2014) The Walden Wo	oods Project		95-429	2658 Page 10
art IX Statement of Functional Expense	State all askumno. All otho	r organizations must cor	nolete column (A).	
ction 501(c)(3) and 501(c)(4) organizations must compl	ete ali columns. Ali otne	organizations must con	npioto commit y	
Check if Schedule O contains a response	e or note to any line in tr		(C) Management and	(D) Fundraising
o not include amounts reported on lines 6b,	Total expenses	Program service expenses	Management and general expenses	expenses
b, 8b, 9b, and 10b of Part VIII.		exherises	gonoraronpon	
Grants and other assistance to domestic organizations	3,500.	3,500.		
and domestic governments. See Part IV, line 21	3,500.	3,3001		
Grants and other assistance to domestic	3,085.	3,085.		
individuals. See Part IV, line 22		3,003.		
Grants and other assistance to foreign		ļ		
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members	 +			
5 Compensation of current officers, directors,	06 260	58,403.	19,282.	18,683
trustees, and key employees	96,368.			
6 Compensation not included above, to disqualified		•		
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	12222	221 060	88,786.	19,215
7 Other salaries and wages	439,969.	331,968.		17/017
8 Pension plan accruals and contributions (include		42 405	2 720	1,308
section 401(k) and 403(b) employer contributions)	18,521.	13,475.	3,738.	1,500
9 Other employee benefits			- 0 024	3,091
0 Payroll taxes	43,765.	31,840.	8,834.	3,031
1 Fees for services (non-employees): a Management				
	513		513.	
b Legal	17,49		17,499.	
c Accounting				
d Lobbyinge Professional fundraising services. See Part IV, line 17				
	47,80		47,807.	
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,			· ·	
column (A) amount, list line 11g expenses on Sch 0.)	1,060.		1,060.	
12 Advertising and promotion	1,000.	-		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1 720	1,367.	371.	
17 Travel	1,738.	1,301.	37.27	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials			120.	
19 Conferences, conventions, and meetings	120.	10 000	4,426.	4,42
20 Interest	22,131.	13,279.	4,440.	4,44
21 Payments to affiliates			02 020	
22 Depreciation, depletion, and amortization	339,695.	316,663.		7,85
23 Insurance	166,065.	112,217.	45,992.	1,65
Other evenness Itemize evenness not covered	-2			
above (List miscellaneous expenses in line 248. If life				
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().		1		
Ecuipment Rental and Ma	140,861.	134,039	6,822.	
TTL 2 1 4 4 2 0 0	101,639		2,607.	
b Utilities	49,544	38,542	11,002	
c Services	36,321	24,100		
d Supplies	53,046	13,299		
e All other expenses	1,583,247			54,57
25 Total functional expenses, Add lines 1 through 24e		1,151,005	1	
26 Joint costs. Complete this line only if the organization			1	
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Fig. if following SOP 98-2 (ASC 958-720)		<u> </u>		Form 990 (20

n 9	90 (20				
irt	ΧĮΙ	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X		·····	<u></u>
		Check if Schedule O contains a response of note to any line in the contains	101	- 1	(B) End of year
		<u>·</u>	Beginning of year		9,037.
$\overline{}$		Cash · non-interest-bearing	10,467.	1	23,679.
1	1 (Savings and temporary cash investments	23,243.	2	60,342.
	2 3	Pledges and grants receivable, net	79,239.	3	00,344
		Accounts receivable net		4	
	,-	Leans and other receivables from current and former officers, directors,		-	
1	5	trustees, key employees, and highest compensated employees. Complete		: _ [:	
		Doct II of Schedule I		5	
-	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			•
-		employers and sponsoring organizations of section 501(c)(9) voluntary			
-		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	Ω	Inventories for sale or use	52,326.	8	163,123
- 1	9	Prepaid expenses and deferred charges	32,3201	3	
		· · · · · · · · · · · · · · · · · · ·		!	
-		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Less: accumulated depreciation 10a 23,309,910. 10b 5,964,198.	16,537,721.	400	17,345,712
-	b	Less: accumulated depreciation 10b 5,964,196.	5,231,216.	11	5,799,296
- 1	11	Investments - DUDICIV traded Secondes	885,784.	12	832,470
-	12	Investments other securities. See Part IV, line 11	003,704.	13	
i	13	Investments - program-related. See Part IV, line 11		14	
1	14	Intangible assets	2,780,453.		3,131,663
	15	Other assets. See Part IV, line 11	25,600,449	16	27,365,322
	16	Total assets. Add lines 1 through 15 (must equal line 34)	44,490		47,557
	17	Accounts payable and accrued expenses		18	
	18	Grants payable	<u> </u>	19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complet Part IV of Seredule D			
S	22	Loans and other payables to current and former officer directors, trustees,		1 1	
Ě		key employees, highest compensated employees, and disqualified persons.		22	
Liabilities	1	Complete Part II of Schedule L	28,000	• 23	214,000
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties			
	25	Other liabilities (Including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	1,482,000	• 25	675,000
	1	Schedule D Total liabilities. Add lines 17 through 25	1,554,490	• 26	936,55
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and		_ [
		Organizations that follow SFAS 117 (AGO 300), should be a second lines 33 and 34.		1	45 505 00
ès	1	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	13,335,255		15,587,89
au	27	Unrestricted net assets Temporarily restricted net assets	1 11/02/020		1,866,77
Net Assets or Fund Balances	28	a	8,949,089	29	8,974,08
Βū	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here			
Ţ		and complete lines 30 through 34.			
S O		and the standard or current funds		30	ļ
set	30	the principle of land building or equipment fund		31	
AS	31			32	26 420 76
let	32		44/020/20		26,428,76
-	33	Total liabilities and net assets/fund balances	25,600,449	34	27,365,32 Form 990 (20

	990 (2014) The Walden Woods Project	95-429	2658	Page	12
orm !	EVIL D History of Not Accets			r	
Par	Check if Schedule O contains a response or note to any line in this Part XI		· · · · · · · · · · · · · · · · · · ·	<u> L</u>	<u>_</u> _
	Check it Schedule O contains a response of note to any			- 1	0
_	Total revenue (must equal Part VIII, column (A), line 12)		3,839		
1	Total expenses (must equal Part VIII, column (A), line 25)	2	1,583	, 24	7 •
2	Revenue less expenses, Subtract line 2 from line 1		2,256		
3	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4,045	, 95	9.
4	Net assets or fund balances at beginning of year (most equal) with a second of the sec	5	<u> 126</u>	,43	4.
5	Net unrealized gains (losses) on investments Donated services and use of facilities	6			
6	Donated services and use of facilities	7			
7	Investment expenses	8			
8	Prior period adjustments	9			0.
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10 2	6,428	3,76	55 <u>.</u>
	column (B)	<u> </u>			
Par	rt XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		*******		
	Check if Schedule O contains a response or note to any line in this Park XII			Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other Opposition Schedule			1	
1	Accounting method used to prepare the Form 990: Light Cash Cash Cash Color "Other " explain in Schedule		1 1	1	
	Accounting method used to prepare the Form sold and		2a		<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	d on a			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe			.	•
	separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Both consolidated and separate basis			·	
	Separate basis Consolidated basis Both consolidated and separate basis		2b	Х	
b	Were the organization's financial statements audited by an independent accountent?	ite hasis	"		
	Were the organization's financial statements addited by at medium the very were audited on a separa if "Yes," check a box below to indicate whether the financial statements for the very were audited on a separa	tto basio,	1 1	ļ	
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both ansolidated and separate basis	ha audit		. !	
c	If "Yes" to line 2a or 2b, does the organization have a committee that some responsibility for oversight of the some standard of the committee that some responsibility for oversight of the committee that	ne audit,	2c	х	l
	the standard statements and selection of an added and accountants		20		$\overline{}$
	t at the state of the control of the	ileadie O.			ĺ
3a	If the organization changed either its oversight process of sections and additional and a set forth in the Section and the section of the sec	single Auort	3a		x
			<u>Sa</u>		 -
t	the condition undergo the required audit or a lite? If the organization did not undergo the rec	uirea audit	3b		
~	or audits, explain why in Schedule O and describe an steps aken to undergo such audits		J OU	990	(2014
			1 0111		,⊶∨.⊤

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.frs.gov/form990. OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 95-4292658

	ጥሎ የ	alden Wood	s Project			93	-4292030
Part I	Reason for Public Cl	narity Status (All	organizations must con	plete this	part.) See	instructions.	
Marti	ization is not a private foundat	lon boouse it is: (FC	or lines 1 through 11, ch	eck only o	ne box.)		
	ization is not a private iduituat A church, convention of chur	ion because it is, (i c	of churches described i	n section	170(b)(1)(A)(i).	
1	A church, convention of chur	CHES, OF ASSOCIATION	tooh Schodule E)				
2	A school described in section	n 170(a)(1)(A)(1) (a)	lauli Sulleudie Lij Listina described in sec	tion 170ft	ACTACANTIN		
з 🖳	A hospital or a cooperative he	ospital service organ	ization described in sec	incoribad i	n section	170(b)(1)(A)(iii). Enter th	ne hospital's name,
4	A medical research organizat	tion operated in conju	unction with a nospital c	iescribed i	1136011011	Holok Mush and	•
	city, and state:				d by a gay	voramental unit describe	nd in
5	An organization operated for	the benefit of a colle	ege or university owned	or operate	a by a gov	/emmember dance describe	
	section 170(b)(1)(A)(iv). (Co	mplete Part II.)					
6 🔲	A federal state or local dove	roment or governme	ental unit described in se	ection 170	(b)(1)(A)(v).	111 1 . 25 . al la
7 X	An organization that normally	y receives a substant	tial part of its support fro	om a gove	mmental u	init or from the general p	oublic described in
	section 170(b)(1)(A)(vi). (Con	mplete Part II.)					
. 🗀		tip section 170/b)/1)(A)(vi). (Complete Part	II.)			
8 📇			han 33 1/3% of its supr	ort from c	ontributio	ns, membership fees, ar	id gross receipts from
9 📖		-+ 6 motions outlinet	to cortain exceptions. ?	and (2) no l	more tnan	92 1/9% of its anbhour	Holli Brood miredini
	income and unrelated busing	oon tavahin income (i	less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
	income and unrelated busine	ess taxable incomo (033 4504011 011 1447 01-	4	•		
_	See section 509(a)(2). (Com An organization organized a	ipiere Pari III.)	oly to toot for public saf	ety Reas	ection 509	3(a)(4).	
10 🖳	An organization organized at An organization organized at	na operated exclusiv	ely to test for public our	ner rm th	ne function	ns of, or to carry out the	purposes of one or
11 📖	An organization organized a	nd operated exclusiv	ely for the benefit of	200	00(a)(2) 5	tee section 509(a)(3). C	heck the box in
	more publicly supported org	janizations described	IN Section Socialist bu	Sections	عارهار <i>دا، د</i> معمل معمل	110 11f and 11a	
	lines 11a through 11d that d	lescribes the type of	supporting organization	and com	biete iities	- 116, 111, and 119.	alvina
a	Type I. A supporting organ	nization operated, su	pervised, or controlled	oy its supp	ortea orga	anization(s), typically by	unnortina
	the supported organization	n(s) the power to reg	ularly appoint or elect a	majority o	tine airea	tors or trustees of the s	upporting
		omplete Part IV Sec	ctions®A and B. Wa 🐣				
ь <u>Г</u>	7 - 22 4	nization curonicad	or controlled in all anect	ion with its	s supporte	d organization(s), by ha	ving
	control or management of	the supporting or	nization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
	111(a) Mara marant	Loomalata Dart INNS	Rection∰A and C.				
, T	Type III functionally integ	grated. A supporting	organi ation operated	in connect	ion with, a	and functionally integrate	ed with,
c L	Un accounted proprietion	nte) teas instructions)	. Y ou must complete F	art IV, Se	ctions A,	D, anu ⊑.	
. [Town Ill non functionally	interrated Asunna	ortina organization oper	ated in cor	mection v	uth its supported organi	zation(s)
d L	that is not functionally into	ograted The organiz	ation generally must sat	isfv a distr	ibution red	quirement and an attent	iveness
	requirement (see instructi	egrated. The organiz	miete Part IV Sections	A and D.	and Part	V.	
_	requirement (see instruction Check this box if the organization)	ons). You must con	udition determination fro	m the IRS	that it is a	Type I. Type II, Type III	
e L	Check this box if the orga	inization received a v	Vitten determination no	laa araanis	rotion	1.1) Por 13.10 Pro 10.10 P	
	functionally integrated, or		naliy integrated support	ing organiz	ation		
f Er	iter the number of supported o	organizations				*******	· [
g Pr	ovide the following information	about the supporte	d organization(s).	(îv) Is the o	rgentzetion	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1.9	listed i	n your	support (see	other support (see
	organization		above or IRC section		document?	Instructions)	Instructions)
			(see instructions))	Yes	No		
]			
		İ					
		 					
		1		1			<u> </u>
		 		 	 	t	
		<u> </u>		 		 	
	-	ļ.					
T-4-1		I	1		1	<u> </u>	<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 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.)

	fails to qualify under the tests	listed below, pleas	30 domptoto : Latta	<u>, , , , , , , , , , , , , , , , , , , </u>			
Sec	tion A. Public Support			<u> </u>	(1) 0070	(0) 2014	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	u) rotai
1	Gifts, grants, contributions, and		1				
	membership fees received. (Do not	ļ	E24 010	1 222 262	2,284,551.	3,347,970.	9 034 685
	include any "unusual grants.")	1,534,084.	534,818.	1,333,262.	2,204,331.		
2	Tax revenues levied for the organ-				1	İ	
	ization's benefit and either paid to					ļ	
	or expended on its behalf						
	The value of services or facilities					!	
Ū	furnished by a governmental unit to		İ	į			
	the organization without charge				2,284,551.	3,347,970.	9,034,685.
	Total. Add lines 1 through 3	1,534,084.	534,818.	1,333,262.	2,204,331.	5,041,570	
5	The portion of total contributions	₹ 	·				
3	by each person (other than a		·				-
	governmental unit or publicly			4		į	
	supported organization) included			i i			
	on line 1 that exceeds 2% of the				ļ		
	amount shown on line 11,						3,836,937.
							5,197,748.
^	Public support. Subtract line 5 from line 4.						5,197,140.
=	ction B. Total Support						
360	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
		1,534,084	534,818	1,35 262.	2,284,551.	3,347,970.	9,034,685.
	Amounts from line 4						
8	Gross income from interest,	1					
	dividends, payments received on						406 007
	securities loans, rents, royalties	80,367	76.72	84 ,621.	73,694.	91,884.	406,287.
	and income from similar sources					[
9	Net income from unrelated business	•			[•	
	activities, whether or not the		•				
	business is regularly carried on	ļ V	 				
10	Other income. Do not include gain	`				1	
	or loss from the sale of capital	1					
	assets (Explain in Part VI.)			<u> </u>			9,440,972.
11	Total support. Add lines 7 through 10		_l			12	365,849.
12	Gross receipts from related activitie	s, etc. (see instruc	tions)	t t tth == 6fth 4	av voar as a secti		
13	Gross receipts from related activities First five years. If the Form 990 is f	or the organization	n's first, second, in	iro, iourus, or situ i	ax year us a scou	o., (,(,	>
	stop, shock this boy and st	on here			*******************		
S	ection C. Computation of Pul	olic Support F	ercerrage	(0)		14	55.06 %
1	Public support percentage for 2014	l (line 6, column (f)	divided by line 11	, column (1))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		48.77 %
						more check this b	ox and
16		ο οτασρίσοτέου ΑΙΔ	not check the box	Oll fills 10, sale mis	, , , , , , , , , , , , , , , , , , , ,	•	\triangleright [X]
	stop here. The organization qualific			n line 13 or 16a. สก	0 1116 10 10 00 170	70 01 1110101 0110111	
	stop here. The organization qualific b 33 1/3% support test - 2013. If th	a arganization did	not check a box of				
	b 33 1/3% support test - 2013. If th	e organization did	not check a box of	ization		and line 14 is 10%	
4	b 33 1/3% support test - 2013. If the and stop here. The organization quantum of the stop here.	e organization did ualifies as a public	not check a box of ly supported organ	t check a box on li	ne 13, 16a, or 16b	, and line 14 is 10%	6 or more,
1	 b 33 1/3% support test - 2013. If the and stop here. The organization quality of the stop here. 7a 10% -facts-and-circumstances to the stop here. 	e organization did ualifies as a public est - 2014. If the	not check a box of by supported organ organization did no	t check a box on li	ne 13, 16a, or 16b here. Explain in P	, and line 14 is 10% art VI how the orga	6 or more, anization
1	b 33 1/3% support test - 2013. If the and stop here. The organization of 10% -facts-and-circumstances that if the organization meets the "	e organization did ualifies as a public est - 2014. If the offacts and circums	not check a box of ty supported organ organization did no tances" test, check	t check a box on ling this box and stop	ne 13, 16a, or 16b here. Explain in P ed organization	, and line 14 is 10% art VI how the orga	6 or more, anization
1	b 33 1/3% support test - 2013. If the and stop here. The organization of 10% -facts-and-circumstances that and if the organization meets the "meets the "facts-and-circumstance."	e organization did ualifies as a public est - 2014. If the of facts and circums est test. The organ	not check a box of the supported organication did no tances test, check tization qualifies as	t check a box on ling this box and stop a publicly support of the check a box on line.	ne 13, 16a, or 16b here. Explain in P ed organization ne 13, 16a, 16b, o	, and line 14 is 10% art VI how the orga r 17a, and line 15 i	6 or more, anization s 10% or
1	 b 33 1/3% support test - 2013. If the and stop here. The organization of the 10% -facts-and-circumstances that the organization meets the "facts-and-circumstances that the "facts-and-circumstances that the 10% -facts-and-circumstances that the 10% -facts-and-circumstances that the 10% -facts - and - circumstances that the 10% -facts - and - circumstances that the 10% - facts - and - circumstances the 10% - facts - and - circumstances the 10% - facts - and - circumstances the 10% - facts - and - circumstances the 10% - facts - and - circumstances the 10% - facts - and - circumstances the 10% - facts - and - circumstances the 10% - facts - and - circumstances the 10% - circumstance	e organization did ualifies as a public est - 2014. If the of facts and circums! es" test. The organ	not check a box of ty supported organization did no tances" test, check dization qualifies as proganization did no	t check a box on ling this box and stop a publicly support the check a box on ling the check this box and the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check th	ne 13, 16a, or 16b here. Explain in P ed organization ne 13, 16a, 16b, o d stop here. Expla	, and line 14 is 109 art VI how the orga r 17a, and line 15 i ain in Part VI how ti	or more, anization s 10% or
	 b 33 1/3% support test - 2013. If the and stop here. The organization of 10% -facts-and-circumstances that the organization meets the "facts and circumstances to 10% -facts-and-circumstances that the organization meets the organization meets. 	e organization did ualifies as a public est - 2014. If the of facts-and-circums! ss" test. The organ est - 2013. If the s the "facts-and-cit.	not check a box or by supported organization did no cances" test, check dization qualifies as proganization did no rocumstances" test,	t check a box on ling this box and stop a publicly support of the check a box on ling check this box and a publifies as a public of the check this box and a publifies as a public of the check this box and a publifies as a public of the check this box and a publifies as a public of the check this box and a publifies as a public of the check this box and a publifies as a public of the check this box and a public of the check this box and a public of the check this box and a public of the check a box on line of the check a box on l	ne 13, 16a, or 16b here. Explain in P ed organization ne 13, 16a, 16b, o d stop here. Expla bliciy supported or	, and line 14 is 109 lart VI how the orga r 17a, and line 15 i ain in Part VI how ti ganization	or more, anization s 10% or
	b 33 1/3% support test - 2013. If the and stop here. The organization of 10% -facts-and-circumstances that and if the organization meets the "meets the "facts-and-circumstance."	e organization did ualifies as a public est - 2014. If the of facts-and-circums! ss" test. The organ est - 2013. If the s the "facts-and-cit.	not check a box or by supported organization did no cances" test, check dization qualifies as proganization did no rocumstances" test,	t check a box on ling this box and stop a publicly support of the check a box on ling check this box and a publifies as a public of the check this box and a publifies as a public of the check this box and a publifies as a public of the check this box and a publifies as a public of the check this box and a publifies as a public of the check this box and a publifies as a public of the check this box and a public of the check this box and a public of the check this box and a public of the check a box on line of the check a box on l	ne 13, 16a, or 16b here. Explain in P ed organization ne 13, 16a, 16b, o d stop here. Expla blicly supported or 7b, check this box	, and line 14 is 109 lart VI how the orga r 17a, and line 15 i ain in Part VI how ti ganization	ons

085430_1

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						ļ
membership fees received. (Do not						Ì
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						j
organization's tax-exempt purpose			<u> </u>			
3 Gross receipts from activities that						
are not an unrelated trade or bus-]	ļ			
iness under section 513		<u> </u>		 		
4 Tax revenues levied for the organ-		1	1 .			
ization's benefit and either paid to			}			
or expended on its behalf	<u> </u>	 	 			
5 The value of services or facilities						
furnished by a governmental unit to			Ì			
the organization without charge						
6 Total. Add lines 1 through 5		 		 	<u> </u>	
7a Amounts included on lines 1, 2, and			4			
3 received from disqualified persons		 			· · · · · · · · · · · · · · · · · · ·	
Amounts included on lines 2 and 3 received from other than disqualified persons that				1		
exceed the greater of \$5,000 or 1% of the		1				
amount on line 13 for the year						
c Add lines 7a and 7b				-		
8 Public support (Subtract line 7c (rom line 6.)	<u> </u>				<u> </u>	
Section B. Total Support		<u> </u>	1	(4) 0040	(e) 2014	f) Total
Calendar year (or fiscal year beginning in)	(a) 2010	2011	(c) 2012	(d) 2013	(8) 2012	(1) Total
9 Amounts from line 6					 	
10a Gross income from interest, dividends, payments received on				1		
securities loans, rents, royalties	1 .				-	
and income from similar sources					<u> </u>	
5 Unrelated business taxable income	-					
(less section 511 taxes) from businesses						
acquired after June 30, 1975					 	
c Add lines 10a and 10b	<u> </u>		<u> </u>	 	 	
11 Net income from unrelated business activities not included in line 10b,	:]				İ	
whether or not the business is						
regularly carried on					-	
12 Other income. Do not include gain or loss from the sale of capital		ļ	1			
assets (Explain in Part VI.)						
42 Total support (Additions 9, 10c, 11, and 12)	. 1	<u> </u>			F04/-\/0\ 4	
14 First five years. If the Form 990 is f	or the organization	n's first, second, '	third, fourth, or fifth	tax year as a secti	on 50 ((c)(3) (organization,
check this box and stop here		<u></u>		*******************	***************	
Section C. Computation of Pul	olic Support P	ercentage			417	%
15 Public support percentage for 2014	(line 8, column (f)	divided by line 1	3, column (f))		15	
16 Public support percentage from 20	13 Schedule A, Pa	art III, line 15	<u> </u>	<u></u>	16	
Section D. Computation of Inve	estment Inco	me Percenta	ge ·		1491	
17 Investment income percentage for	2 014 (line 10c, col	umn (f) divided b	y line 13, column (f))	17	<u>%</u>
40 January mont income percentage from	n 2013 Schedule A	A. Part III. line 17			18	
19 23 1/3% support tests - 2014. If the	ne organization did	d not check the b	ox on line 14, and li	ine 15 is more than	33 1/3%, an	™e 1 / is not
more than 33 1/3% check this box	and stop here. T	he organization q	jualifies as a publici	y supported organ	zadon	
h 22 1/3% support tests # 2013. If th	ne organization did	d not check a box	on line 14 or line 1	9a, and line 16 is n	nore than 33	1/3%, and
ling 18 is not more than 33 1/3%, c	heck this box and	stop here. The o	organization qualifie	is as a publicly sup	porteo organ	ization
20 Private foundation. If the organizar	tion did n <u>ot check</u>	a box on line 14,	, 19a, or 19b, check	this box and see i	nstructions	
400000 00 17 14				Sc	chedule A (Fo	orm 990 or 990-EZ) 201

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what control the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supporter organizations during the tax year? If "Yes," cluding (i) the names and EIN answer (b) and (c) below (if applicable). Also, provide detail is Part VI, numbers of the supported organizations added, substituted, removal, (ii) the reasons for each such action, (iii) the authority under the organization's organizing occument authority under the organization's organizing was accomplished (such as by amendment to the denaizing the cument).
- b Type I or Type II only. Was any added or substituted supposed organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No	
-	ংকৰ্ম, জ	Yes		
	4		Ŷ	
-	_1		Ċ2' -	
+		The second	-	•
	3a		<u> </u>	_
			1	
	3b	l _	<u> </u>	_
}	3c	╁╌	+-	-
	4a			_
	4b			_
]				
	4c			_
	ľ			
	5a	_		<u></u>
	5b			
	5c		_	_
			Ì	
	<u>6</u>	┪	_	_
			ļ	
	7	-		
	8	_		
			alte.	
	98			
	91	<u> </u>		
	99	<u>. </u>		
			1	
	10)a		
	10)b	LEZ) 2	014

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

UH	nizations Nov. 20, 1970. See instru ections A through E. (A) Prior Year	(B) Current Year (optional)
e Se	ections A through E.	(B) Current Year
2	ECHOILO / Canoager as	(B) Current Year
! ! }	(A) Prior Year	
3 3		
3 3		
;		
5		+
;		1
3		
3		
7 1		
7		+
_		
-		(B) Current Year
	(A) Prior Year	(optional)
لب_		
_		
		
a		
_		
2		
3		
_	 	+
	<u> </u>	
_		
	 	
8		
	,	Current Year
		
_4		
5	 	
6		
nteg		
	grated Type III supporting o	organization (see
	5	b c d d 2 3 4 5 6 6 7 8 8 4 5 6 6 6 7 8 6 6 6 6 7 8 6 6 6 7 8 7 8 7 8

Schedule A (Form 990 or 990-EZ) 2014

and 4c.

a b c Breakdown of line 7:

d Excess from 2013 e Excess from 2014

Sahadula A (Farm 990 or 990-F7) 2014 T	he Walden Woods Project	95-4292658 Page 8
Part VI Supplemental Informa	ation. Provide the explanations required by Part II, line 10; P.	art II, line 17a or 17b; and Part III, line 12.
Also complete this part for a	ny additional information. (See instructions).	
Alab complete this part to a		-
		_
		·
A		
(a)	•	
		-
		·
_		
	•	
	A	
	Attition	
<u> </u>		
		•
	<u> </u>	
	<u> </u>	

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/form990.

Open to Publication

OMB No. 1545-0047

Name of the organization

The Walden Woods Project

Employer identification number 95-4292658

_	The Walden Woods Pro	Funda or Other Similar Fund	s or Accounts.Complete if the
Part	The Walden Woods Fit Organizations Maintaining Donor Advised	runas or Other Similar Fund	io di Nobbalitatoolipida ii iio
	organization answered "Yes" to Form 990, Part IV, line 6.		(b) Funds and other accounts
		(a) Donor advised funds	(b) Tarido da la cario, del la
1 1	otal number at end of year		
2 /	ggregate value of contributions to (during year)		
3 /	ggregate value of grants from (during year)		<u> </u>
	will a second attention informal donors and donor advisors in wil	ting that the assets held in donor adv	rised funds
	upper to the organization's ex	clusive legal control r	
- 1	and denot adv	isors in writing that grant iulius can c	de dated only
	1	CONDITION OF BUILDING PROPERTY	
	and the transfer		
Part	II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990,	, Part IV, line 7.
Part	Purpose(s) of conservation easements held by the organization	ı (check all that apply).	
1	Surpose(s) of conservation easements need by the digateration of Expression of land for public use (e.g., recreation or education of education or ed	ication) X Preservation of a hi	storically important land area
		Preservation of a ce	ertified historic structure
	X Protection of natural habitat		·
	X Preservation of open space Complete lines 2a through 2d if the organization held a qualifie	d concentration contribution in the for	m of a conservation easement on the last
2	Complete lines 2a through 2d if the organization neith a qualifie	d Conservation odd and discuss as are ver	
	day of the tax year.		Held at the End of the Tax Year
			2a 4
а	Total number of conservation easements		2b 61.10
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic struc	cture in tuged in (a)	
d	Number of conservation easements included in (c) acquired a	er 8. 7/0. and not on a historic stro	2d0
	and the second s	N •	
3	listed in the National Register Number of conservation easements modified, transferred, re-	ased, extinguished, or terminated by	the organization during the tax
	vear > 0		
4	Number of states where property subject to conservation eas	ment is located 🚩	- _
5	Door the organization have a written policy regarding the part	odic monitoring, inspection, nanoling	of Yes X No
Ū		holds?	
6	and the state of the state of the monitoring inspecting is	and enforcing conservation easement	s during the year P
7	s and at automorphic incurred in monitoring, inspecting, and e	nforcing conservation easements do	ing are year P 4
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section "	11 O(1)(1)(2)(4)
0			
_		on pacements in its revenue and expe	rise statement, and balance choose
9	In Part XIII, describe how the organization reports conservate include, if applicable, the text of the footnote to the organization.	ion's financial statements that descrit	ses the organization's accounting for
Da	conservation easements. Till Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Similar Assets.
Ц.	The state of the second and the state of the	990. Part IV. line 8.	
-	24.914.9479.544.944.94	C 059) not to report in its revenue sta	atement and balance sheet works of art,
1a	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh	sibition, education, or research in furth	nerance of public service, provide, in Part XIII,
	doodri	hae thaca itams	
	21 1 OFAC 416 (AC	C OEQL to report in its revenile state:	ment and balance sheet works of art, historical
b	If the organization elected, as permitted under SFAS TTO (AS treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance o	f public service, provide the following amounts
	treasures, or other similar assets neig for public exhibition, ec	ducation, of recourse in the territoria	•
	relating to these items:		> \$
	relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$ 704,324.
	(ii) Assets included in Form 990, Part X		incial gain, provide
2	If the organization received or held works of art, historical tre	asures, or other similar assets for the	atotal Band branes
	to be reported under SEAS 1	16 (ASC 958) relating to these items:	
ε	Revenue included in Form 990, Part VIII, line 1		\$ 218,000.
ŀ	Luludia Farm 000 Dart V		
_	_		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

			anda Brojec	+	95 <u>-</u> 4	1292658 Page 3
Schedule D	(Form 990) 2014 T	he Walden V	Voods Projec	<u></u>		
Part VIII	Investments - Other	er Securities.	w . 11.4 P	11h Con Form 990 Part	X. line 12.	
	Complete if the organizat	tion answered "Yes" t	o Form 990, Part IV, line	11b. See Form 990, Part (c) Method of valuation	ion: Cost or end-o	f-year market value
(a) Descrip	tion of security or category (in	ctuding name of security)	(b) Book value	(c) Method of valua		
(a) costing	al derivatives			<u> </u>		
(1) Financia	al denvalives					
	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)			<u> </u>			
<u>(F)</u>			<u> </u>			
(G)						
(H)	(b) must equal Form 990, Par	t X. col. (B) line 12.)				
Total. (Col.						
Part VII	I Investments - Pro	grafif fromton	to Form 990. Part IV. li	ne 11c. See Form 990, Par (c) Method of valu	t X, line 13.	f
	Complete if the organiz	ation answered Yes	(b) Book value	(c) Method of valu	ation: Cost or end	of-year market value
	(a) Description of inve	estment	(b) Book to			
(1)			 			
(2)			<u> </u>			
(3)			l			
(4)			T			
(5)			 			
(6)						
(7)						
(8)			 		·	
(9)						
Total, (Co	l. (b) must equal Form 990, P	art X, col. (B) line 13.) ▶				
Part I	/ Other Assets.			ne 11d. See Form 990, Pa	ort X. line 15.	
[•	Complete if the organ	zation answered "Ye		me 110. See Folin 990, 1 c	ar y y mile i e i	(b) Book value
	00111511111		a) Description			704,324.
	Collections					2,000,000
(1)	Conservation	Restriction	PR			221,000.
(2)(Conservation.	(CBCT TO TO				
(3)	Other Assets	n - to a at i or	- FI			206,339.
(4)	Conservation	Restriction				L
(5)						
(6)						
(7)						
(8)						3,131,663.
(9)	at the section	m 000 Part X col /B	line 15.)		<u></u>	3,232,00
	Column (b) must equal Por	11 930, 1 4177, 001. (2)				
Part	X Other Liabilities): : 8V	oo" to Form 990 Part IV	, line 11e or 11f. See Form	990, Part X, line 2	5
-	Complete if the orga	nization answered 1	es to rolling soft are to	(b) Book value	 -	•
1.	(a) Des	scription of liability				
/1\	Federal income taxes			675,000.		
	Line of Credi	.t	·	013,000		
(2)	11110 01 01					
(3)_						
(4)						
(5)						
(6)						
(7)					1	
(8)				 	1	

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 X Schedule D (Form 990) 2014

675,000.

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) 2014

The state woods Drodest	95-4292658 Page 5
Schedule D (Form 990) 2014 The Walden Woods Project Part XIII Supplemental Information (continued)	
the Project's primary purpose of preserving conservation lan	nd. For the
years ended December 31, 2014 and 2013, the Project did not	incur any UBIT
related to its farm stand operation.	
Part XI, Line 2d - Other Adjustments:	
Cost of Good Sold- Farmstand	51,874.
Special Event Costs	367,888.
Rental Expenses	4,694.
Total to Schedule D, Part XI, Line 2d	424,456.
Part XII, Line 2d - Other Adjustments:	
Cost of Goods Sold- Farm Stand	51,874.
Special Event Costs	367,888.
Rental Expenses	4,694.
Total to Schedule D, Part XII, Live 2d	424,456.
TOCAL CO DOMESTICA CONTRACTOR OF THE PROPERTY	
Schedule D, Page 4, Part XII and XIII, line 2d	
Cost of goods sold related to The Walden Woods Project's f	armstand
activity and expenses related to special events are catego	rized as
expenses for financial statement purposes and included in	revenue for 990
filing purposes.	
filing purposes.	
	Schedule D (Form 990) 2014

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	Schedule G (Form 990 or 990-E2		-			tification number : ⊏ o
ne of the organization The Walde	n Woods Project		_		95-42926	
Fundraising Activities. Co	mplete if the organization ansv	vered "Yes"				
Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations	f Solici	tation or the	vem	ment grants		
d In-person solicitations a Did the organization have a written or o key employees listed in Form 990, Part b If "Yes" list the ten highest paid individ	vii) or entities (fundralsers) pu	ual (including n profession ursuant to a	g off ial fu gree	ficers, directors, trus undraising services? ements under which	stees or Yes	☐ No
compensated at least \$5,000 by the or (i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraist have custo or control contributio	ogy	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount pald to (or retained by) organization
		Yes !	No.			
-	· · · · · · · · · · · · · · · · · · ·					
Total 3 List all states in which the organizatio		-lieit contrib	. ▶	ns or has been notif	led it is exempt fron	n registration
3 List all states in which the organizatio or licensing.	n is registered or licensed to si	Olicit continu		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
·						
LHA For Paperwork Reduction Act No						m 990 or 990-EZ)

432081 08-28-14

	Fundraising Events. Complete if to	T 000 F	Yes" to Form 990, Pa	irt IV, line 18, or reported t events with gross recei	ots greater than \$5,000.
	Fundraising Events. Complete if the of fundraising event contributions and g	ross income on Form 990-E	(b) Event #2	(c) Other events	(d) Total events
		(a) Event #1	(b) Evolte #E	None	(add col. (a) through
ĺ		Environmenta			1 '
		1 Leadership		(total number)	col. (c))
		(event type)	(event type)	(total fluttion)	
					1,601,897.
	Gross receipts	1,601,897		 	+ - 100-1
1	Gloss teceipte	1 1			1,090,776.
	Less: Contributions	1,090,776.			270007
2	Less: Conditions				511,121.
	Gross income (line 1 minus line 2)	511,121.			71111111
13	Gross income fine 1 marco are 27				
1	Cash prizes	.			
4	Odsii piizos				
5	Noncash prizes				
1 -	Notices prizes	1 .			125,328
۱,	Rent/facility costs	125,328.			
6	Retit/facility coats	·			126,927
	7 Food and beverages	126,927.			120,527
6	7 Food and beverages	i i	-		75,021
i		75,021.	·		40,612
8	3 Entertainment	40,612.			267 000
ξ	Other direct expenses			<u> </u>	367,888
1	O Direct expense summary. Add lines 4 thro	ugh a in commu (a)			143,233
1	Net income summary. Subtract line 10 from Hill Gaming. Complete if the organization.	m ime 3, column (a)	990 Part V. line 19,	or reported more than	
	[III] Gaming, Complete if the organization	on answered tes to rott		·	
	\$15,000 on Form 990 EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
\top		(a) Bingo	bingo/progressive bin	(c) Other gaming	col. (a) through col. (c
∄			unigo/progradare am		
Revenue					
꽃	1 Gross revenue				
┽	1 Gloss levelido,		l .		
- 1			1	1	
ı	a Out with an	1			
Sa	2 Cash prizes				
enses	, ,				
xbenses	Cash prizes Noncash prizes				
x Expenses	3 Noncash prizes				
irect Expenses	, ,				
Sel	3 Noncash prizes				
Direct Expenses	Noncash prizes Rent/facility costs			04 Yes	%
Direct Expenses	3 Noncash prizes	Yes%		%Yes	.%
Direct Expenses	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	Yes %	YesNo	%	.%
Direct Expenses	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes%	No No	No No	·
Direct Expenses	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes%	No No	No No	·
Direct Expenses	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 the	Yes% No rough 5 in column (d)	No	No	>
Direct Expenses	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 the	Yes% No rough 5 in column (d)	No	No	>
Direct Expenses	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 the 8 Net gaming income summary. Subtract	Yes % No rough 5 in column (d)	No No	No	>
Direct Expense	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 the 8 Net gaming income summary. Subtract	Yes % No rough 5 in column (d) line 7 from line 1, column (d)	No No	No	>
Direct Expense	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 the 8 Net gaming income summary. Subtract	Yes % No rough 5 in column (d) line 7 from line 1, column (d)	No No	No	>
Direct Expense	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 thr 8 Net gaming income summary. Subtract Enter the state(s) in which the organization of the organization licensed to conduct gam	Yes % No rough 5 in column (d) ine 7 from line 1, column (d) conducts gaming activities: ing activities in each of these	No Se states?	No	>
Direct Expense	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 thi 8 Net gaming income summary. Subtract Enter the state(s) in which the organization of a is the organization licensed to conduct game.	Yes % No rough 5 in column (d) line 7 from line 1, column (d) conducts gaming activities: ling activities in each of these	No Se states?	No	>
Direct Expense	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 thi 8 Net gaming income summary. Subtract Enter the state(s) in which the organization of a is the organization licensed to conduct game.	Yes % No rough 5 in column (d) ine 7 from line 1, column (d) conducts gaming activities: ing activities in each of these	No Se states?	No	>
Direct Expense	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 the 8 Net gaming income summary. Subtract Enter the state(s) in which the organization of a is the organization ficensed to conduct game of if "No," explain:	Yes % No rough 5 in column (d) line 7 from line 1, column (d) conducts gaming activities: ing activities in each of these	No No	No	Yes
Orect Expense	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 the 8 Net gaming income summary. Subtract Enter the state(s) in which the organization of a is the organization licensed to conduct game of if "No," explain:	Yes % No rough 5 in column (d) line 7 from line 1, column (d) conducts gaming activities: ling activities in each of these ses revoked, suspended or	No se states?	No No e tax year?	Yes
Direct Expense	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 the 8 Net gaming income summary. Subtract Enter the state(s) in which the organization of a is the organization licensed to conduct game of if "No," explain:	Yes % No rough 5 in column (d) line 7 from line 1, column (d) conducts gaming activities: ling activities in each of these ses revoked, suspended or	No se states?	No No e tax year?	Yes
Direct Expense	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 the 8 Net gaming income summary. Subtract Enter the state(s) in which the organization of a is the organization ficensed to conduct game of if "No," explain:	Yes % No rough 5 in column (d) line 7 from line 1, column (d) conducts gaming activities: ling activities in each of these ses revoked, suspended or	No se states?	No No e tax year?	Yes
Direct Expense	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 the 8 Net gaming income summary. Subtract Enter the state(s) in which the organization of a is the organization licensed to conduct game of if "No," explain:	Yes % No rough 5 in column (d) line 7 from line 1, column (d) conducts gaming activities: ling activities in each of these ses revoked, suspended or	No se states?	No No e tax year?	Yes

mb - Waldon Woods Project	95	-4292658 Page 3
Does the organization conduct gaming activities with nonmembers?		Yes No
Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed.		
Is the organization a grantor, beneficiary of trustee of a trust of a trust of trust of a trust of		
		138
a The organization's facility b An outside facility	de	[100]
b An outside facility	300103.	·
Name		
Address		
5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
6 Gaming manager information:		
Name >		
Gaming manager compensation ▶ \$		
Employee Independent contractor		
☐ Director/officer ☐ Employee ☐ Independent contractor		
17 Mandatory distributions:		
the design of the state to the state of the		Yes No
	epent in	*****
h Enter the amount of distributions required under state law to be distributed to differ exempt organized	Spentin	
organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)), and Pa	rt III, lines 9, 9b, 10b, 15b,
Supplemental Information. Provide the explanations required by Fact, the Edystantian Supplemental Information. Provide the explanations required by Fact, the Edystantian Supplemental Information. Provide the explanations required by Fact, the Edystantian Supplemental Information. Provide the explanations required by Fact, the Edystantian Supplemental Information. Provide the explanations required by Fact, the Edystantian Supplemental Information. Provide the explanations required by Fact, the Edystantian Supplemental Information. Provide the explanations required by Fact, the Edystantian Supplemental Information (see Instructions).		
15c, 16, and 17b, as applicable. Also provide any additional information (
		<u>. </u>
· · · · · · · · · · · · · · · · · · ·	hedule	G (Form 990 or 990-EZ) 2
432083 08-28-14	,,,oauio	

Schedule G (Form 990 or 990 FZ) The Walden Woods Project	95-4292658 Page 4
Schedule G (Form 990 or 990 EZ) The Walden Woods Project Part IV Supplemental Information (continued)	
	•
	· .
	·
	<u> </u>

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

95-4292658

The Walden Woods Project Part I Types of Property (d) (a) (c) Noncash contribution Method of determining Number of Check if contributions or amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g items contributed Art · Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications 5,477. Estimated FMV X Clothing and household goods 5 Cars and other vehicles _____ 6 Boats and planes 7 Intellectual property 8 FMV at time of donat 528,567 X Securities · Publicly traded 9 Securities - Closely held stock _____ 10 Securities · Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures _____ Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies _____ 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 Other > Other > 26 27 Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Х 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2014) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

LHA

الماملية مناما	(Form 990) (2014) The Walden Woods Project	95-4292050 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a comthis part for any additional information.	, and whether the organization bination of both. Also complete
		· .
		•
		•
		Schedule M (Form 990) (2014

432142 08-12-14

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service Name of the organization

The Walden Woods Project

Employer identification number 95-4292658

Form 990, Part III, Line 4a, Program Service Accomplishments:
Land Management:
The Walden Woods Project manages conservation restrictions on 61 acres
of land, which prevents development of sites not owned in fee. Annual
conservation restriction monitoring is done to ensure that the
protections prescribed in the conservation restrictions are in effect.
Invasive exotic plants are a major threat to the ecological integrity
of our land. The Project actively manages our properties to reduce the
prevalence of invasive plants and to min mize the threat they
represent.
The Project's programs suppost ontoing collaboration between a wide
variety of civic and environmental groups who regularly provide
volunteer invasive species management to our organization.
VOILITECEL LITTUDE I
Form 990, Part III, Line 4b, Program Service Accomplishments:
All of our programs are inspired by the writings and philosophies of
Henry David Thoreau and ask people to explore their own sense of
place-their connection to their own community and other places in the
world-and to develop an environmental ethic. As Thoreau himself is a
highly interdisciplinary subject, we address the topics of
transcendentalism, social reform, writing, natural history and
19-century history in our programs, as well.

In the 2014/15 academic year, we hosted over 600 students (plus nearly 100 teachers/coordinators with them) in our guided tours of the Walden Woods area (including the Pond). We also host groups in our Library at the Thoreau Institute at Walden Woods, which maintains the world's largest collection of Thoreau-related documents, books, and artifacts, and serve approximately 1,000 students each year through our Skype in the Classroom program (for those who are too far away to visit the Woods).

Our Approaching Walden summer professional development program brings in 25 educators from across the country each year for an intensive, immersive study in Thoreau's words and place. There is a competitive process to attend this program that regives high acclaim each year from its participants, with the 2014 needback being no exception.

Participants have the option of completing additional readings and assignments to receive 3 graduate level credits for the course through Fitchburg State University.

Our 2014 Stewardship Lectures Series included the following

presentations: "Walden's Shore:

Henry David Thoreau and Nineteenth Century Science," with author of the book of the same title, Robert M. Thorson; "Who's Watching You?: Owls of the World," a presentation for all ages with live owls conducted by Mark and Marcia Wilson of Eyes on Owls; "The Transformation of American Community," with Mark Dunkelman, author of The Vanishing Neighbor (this event was a Festival Forum as part of the Concord Festival of Authors).

Form 990, Part III, Line 4c, Program Service Accomplishments:

32212
32212
Schedule O (I

Europe and Asia. Translators from China, Czechoslovakia, and Iran have worked with the Curator to provide accurate and representative translations. "Skype in the Classroom" sessions bring our Curator into classrooms around the country via Skype, reaching more than 1,000 students in 2014. We continue to publish many works electronically and update finding aids to our collections. In 2104 we acquired The Kevin MacDonnell Collection, adding rare and unique items to our library.

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

Draft copies of the Federal Form 990 for the year ended December 31, 2014
were provided via e-mail and paper copy to 111 members of the Board of
Directors for their review. All comments and suggested changes from
members of the Board of Directors were cathered, reviewed and when deemed
appropriate the Federal Form 990 was modified to include these comments and changes.

Form 990, Part VI, Section B, Line 12c:

On an annual basis the Project provides a copy of its conflict of interest policy to all members of the Board of Directors. The Executive Director reviews with the Board any potential conflicts of interest that may arise and the impact, if any, such conflicts may have upon the organization. For the year ended December 31, 2014, no such conflicts of interest were reported by any member of the Board of Directors.

Form 990, Part VI, Section B, Line 15:

The Board of Directors of the Walden Woods Project meets without Kathleen

Anderson, Executive Director, being present to discuss her compensation and

any related salary and benefit issues. The Treasurer then forwards all

Schedule O (Form 990 or 990-EZ) (2014)