EXTENDED TO NOVEMBER 15, 2022

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Inter	nal Reven	ue Service	► Go to www.irs.gov/Form990 for instructions and	the latest	information.	mspection
A	For the	2021 calen	dar year, or tax year beginning and	ending		
В	Check if applicable	C Name	of organization		D Employer identifie	cation number
	Addres change Name	THE	WALDEN WOODS PROJECT		95-42926	E 0
	change	Seesaway-management and published	ousiness as			
	ireturn			Room/suite	E Telephone number	
	Final return/ termin-		BAKER FARM ROAD		781-259-	
	ated Amend	City or	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,248,546.
-	ireturn	E		787	H(a) Is this a group re	
	Applica tion pendin		and address of principal officer: KATHLEEN R. ANDERSO AKER FARM ROAD, LINCOLN, MA 01773	JIN	for subordinates H(b) Are all subordinates in	hammend hammend
T	Tax-exe	mpt status:	X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
			.WALDEN.ORG		H(c) Group exemption	n number >
			X Corporation Trust Association Other	L Year		State of legal domicile; CA
BURNING	art I	Summar	7	and an all the second second second		
9	1	Briefly descr	ibe the organization's mission or most significant activities: PRESI	ERVE I	AND IN ECOL	OGICALLY
Activities & Governance			ANT AREAS. ox if the organization discontinued its operations or dispose			
ern			1 - 1			
30	1	Number of v	3	8 7		
ంఠ			dependent voting members of the governing body (Part VI, line 1b)			16
ries			r of individuals employed in calendar year 2021 (Part V, line 2a)			26
2			r of volunteers (estimate if necessary)			43,922.
Ac	1		ed business revenue from Part VIII, column (C), line 12			0.
-	D 1	Net unrelate	d business taxable income from Form 990-T, Part I, line 11	······	Prior Year	Current Year
				-	803,776.	3,611,341.
9	8		s and grants (Part VIII, line 1h)		0.	2,011,341.
en	9		vice revenue (Part VIII, line 2g)			1 220 262
Revenue	10	investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)	*******	678,080.	1,220,262.
Yoshun	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,035.	50,884.
	and the same of th		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,509,891.	4,882,487.
	1		imilar amounts paid (Part IX, column (A), lines 1-3)		6,500.	0.
			to or for members (Part IX, column (A), line 4)	-	0. 578,262.	0.
9	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		3/0,202.	648,867. 0.
Expenses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)	-	. 0.	U.
XD	b b	Total fundrai	sing expenses (Part IX, column (D), line 25) 71,1	04.	002 625	1 020 270
total	17	moon named dansament e r and d	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	The second second second second	883,635. 1,468,397.	1,028,279.
	1		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	41,494.	3,205,341.
-0	19	Revenue les	s expenses. Subtract line 18 from line 12			
IS OF				D.	eginning of Current Year 31, 144, 806.	End of Year 35,108,433.
Net Assets	20		(Part X, line 16)		148,632.	149,830.
et A	21		s (Part X, line 26)		30,996,174.	34,958,603.
	art II	Net assets of Signatu	r fund balances. Subtract line 21 from line 20		30,330,114.	34,330,003.
			, I declare that I have examined this return, including accompanying schedule	e and etator	ente and to the heet of m	v knowladge and holief it is
			te. Declare that I have examined this return, including accompanying schedule.			y knowledge and belief, it is
Li di	3, 001160	A A	Males of Dudlance 2	non propero	Tabil.	77.
Cie	100	Signatu	ire of officer		Date	K. J. C.
Sig		KAT	HLEEN R. ANDERSON, SECRETARY/EXEC.	DIR.		
He	re		print name and title	27 22 2 4		
**********			eparer's name Preparer's signature	2.1	Date Check	PTIN
Pal	id	JODY K		BUTO (9/14/22 if self-employ	P00963825
	parer	Firm's name	TONNESON & COMPANY, PC		Firm's EIN	04-2943536
	e Only	Firm's addre			i ii ii d sht	
401	. Omy	i nin a duoie	WAKEFIELD, MA 01880-6208		Phone no. 78	1-245-9999
Ma	v the I	RS discuss t	nis return with the preparer shown above? See instructions			X Yes No
× 7.459		THE RESERVE AND ADDRESS OF THE			THE RESIDENCE OF THE PROPERTY	стительных работоруй и продусти по можения в можения в можения продусти по продусти по продусти по продусти по

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 95-4292658 THE WALDEN WOODS PROJECT File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 44 BAKER FARM ROAD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 01773 LINCOLN, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) KATHLEEN R. ANDERSON The books are in the care of ▶ 44 BAKER FARM - LINCOLN, MA 01773 Telephone No. ► 781-259-4700 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions.

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE PART 1, LINE 1
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's 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 others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$609,324. including grants of \$) (Revenue \$)
	CONSERVATION:
	THE WALDEN WOODS PROJECT PRESERVES AND PROTECTS WALDEN WOODS AND
	THOREAU COUNTRY IN RECOGNITION OF THEIR WORLDWIDE LITERARY, HISTORICAL,
	AND ENVIRONMENTAL SIGNIFICANCE AND THEIR CAPACITY TO MOTIVATE OTHERS TO
	IDENTIFY, STUDY, AND PROTECT THE ENVIRONMENT AND HISTORICALLY
	SIGNIFICANT AREAS THAT EXIST IN THEIR OWN COMMUNITIES.
	LAND MANAGEMENT:
	THE WALDEN WOODS PROJECT OWNS LAND THAT PROVIDES AN IMPORTANT SERVICE
	TO THE PUBLIC AS A HIGHLY SOUGHT-AFTER PASSIVE RECREATION RESOURCE.
	THE MAJORITY OF OUR LAND IS OPEN TO THE PUBLIC YEAR-ROUND, AND OUR
	INTERPRETIVE TRAILS ARE USED EXTENSIVELY BY THE GENERAL PUBLIC AND A
4b	(Code:) (Expenses \$ 311,144. including grants of \$) (Revenue \$)
	EDUCATION:
	THE EDUCATION PROGRAMS OF THE WALDEN WOODS PROJECT SERVE AN AUDIENCE OF
	STUDENTS, EDUCATORS, AND LIFE-LONG LEARNERS AROUND THE GLOBE. OUR
	SIGNATURE PROGRAMS INCLUDE GUIDED TOURS FOR GROUPS VISITING WALDEN
	WOODS; THE GLOBAL LIVE DELIBERATELY ESSAY CONTEST FOR YOUTH AGES 14-19;
	APPROACHING WALDEN, A WEEK-LONG SUMMER PROFESSIONAL DEVELOPMENT PROGRAM
	FOR TEACHERS; OTHER PROFESSIONAL DEVELOPMENT WORKSHOPS THROUGHOUT THE YEAR; SKYPE IN THE CLASSROOM SESSIONS AND THE STEWARDSHIP LECTURE
	SERIES
	<u>DEVIED</u>
	ALL OF OUR PROGRAMS ARE INSPIRED BY THE WRITINGS AND PHILOSOPHIES OF
	HENRY DAVID THOREAU AND ASK PEOPLE TO EXPLORE THEIR OWN SENSE OF
4-	275 066
4c	(Code:) (Expenses \$ 375,966. including grants of \$) (Revenue \$) RESEARCH AND LIBRARY:
	THE THOREAU INSTITUTE LIBRARY/ARCHIVES, IS OWNED AND MANAGED BY THE
	WALDEN WOODS PROJECT AND IS LOCATED AT THE WWP'S CAMPUS IN LINCOLN,
	MASSACHUSETTS. THE LIBRARY HOUSES THE MOST COMPREHENSIVE RESEARCH
	COLLECTION BY AND ABOUT HENRY DAVID THOREAU, AS WELL AS OTHER
	COLLECTIONS BY AMERICAN WRITERS, INCLUDING RALPH WALDO EMERSON.
	STAFFED BY A FULL-TIME CURATOR & THOREAU SCHOLAR, THE LIBRARY IS THE
	PREMIERE RESOURCE ON A GLOBAL BASIS FOR RESEARCH AND SCHOLARSHIP ON
	THOREAU AND HIS CONTEMPORARIES. EACH YEAR, THE INSTITUTE WELCOMES A
	STEADY STREAM OF INTERNS INTERESTED IN PURSUING A CAREER IN LIBRARY
	SCIENCE, AS WELL AS VOLUNTEERS WHO HAVE AN INTEREST IN THE HISTORY AND
	LITERATURE OF THOREAU'S TIME.
	Other program services (Describe on Schedule O.)
÷u	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,296,434.
+€	Form 990 (2021)
	101111000 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8	Х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			· ·	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		7.7	
0.4	contributions? If "Yes," complete Schedule M	30	Х	X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	31		Α_
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			NI.
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

132004 12-09-21

021) THE WALDEN WOODS PROJECT

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.0			
	filed for the calendar year ending with or within the year covered by this return	2a	16		7.7	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				X	
	•			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			X
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		_^
	If "Yes," enter the name of the foreign country		+- (FDAD)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			F-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			C-		x
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contribut		•	CI		
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).	viono n	rouided to the never			x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		_^
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was a file form and the file forms are selected.	-		7-		x
	to file Form 8282?			7с		_^ <u>^</u>
	If "Yes," indicate the number of Forms 8282 filed during the year			7-		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		^
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	-	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.			0-		
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:	40-				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	44.				
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	441.				
	amounts due or received from them.)	11b	`	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
	la tha annonimation linemand to increase distinct banks many in many them are at the C					
	Is the organization licensed to issue qualified health plans in more than one state?			100		
	Note: See the instructions for additional information the organization must report on Schedule O.			104		
)	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the	ı		lou		
)	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		loa		
	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b 13c				v
) ;	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13b 13c		14a		Х
) (2)	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	13b 13c				X
) (2)	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	13b 13c	or	14a 14b		
o a o	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?	13b 13c	or	14a		
) a)	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13b 13c le O	or	14a 14b		х
) (a)	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	13b 13c le O	or	14a 14b		Х
b c a b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment "Yes," complete Form 4720, Schedule O.	13b 13c le O rration	or	14a 14b		х
b c a b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	13b 13c le O ration t inco	or me?	14a 14b 15		х
o a o	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment "Yes," complete Form 4720, Schedule O.	13b 13c le O ration t inco	or me?	14a 14b		X

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA, CT, MA, NY, TN, NC, SC, NH, AR	D7	NT.T	
17 10	•			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	, avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)			
10	·	d fine	noic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	u iirial	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KATHLEEN R. ANDERSON - 781-259-4700			
	44 BAKER FARM, LINCOLN, MA 01773			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	Position (do not check more than obox, unless person is bott officer and a director/trus				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATHLEEN ANDERSON	40.00	X		Х				122 622	0.	6,131
SECRETARY/EXEC. DIRECTOR (2) DONALD HENLEY	6.00	₽		Δ				122,622.	0.	0,131
PRESIDENT	0.00	X		х				0.	0.	0
(3) THOMAS O. JONES	1.00	<u> </u>						0.	0.	
TREASURER	1.00	x		х				0.	0.	0
(4) ANNA WINTER RASMUSSEN	1.00	Ħ								
BOARD MEMBER		Х						0.	0.	0
(5) JOHN P. DEVILLARS	1.00	Т								
BOARD MEMBER		Х						0.	0.	0
(6) ED BEGLEY, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0
(7) JOHN H. TYSON	1.00								_	_
BOARD MEMBER		Х						0.	0.	0
(8) ELIZABETH LACK	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0
		-								
		<u> </u>								
		<u> </u>								
		1								
		1					ĺ			

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	<u>, and</u>	a Hi	gne	st C	ompensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box,	Position do not check more than one ox, unless person is both an fficer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	com fr org and	pensa om the anizat d relat	e ion ed
		\prod											
		-											
		-											
		-											
		-											
		-						100 600		_		. 1	21
1b Subtotal c Total from continuation sheets to Part V	II, Section A							122,622.		0.		6,1	0.
d Total (add lines 1b and 1c)								122,622. eceived more than \$100	0,000 of reportab			6,1	<u>31.</u> 1
compensation from the organization												Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-				-		elat	ted organization or indiv	idual for services		5		Х
1 Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for (A) Name and business			enai ONE		vitn	or w	ithir	n the organization's tax in the organization's tax in the control (B) Description of s			(C	;)	n
Traine and pasiness	, uddi 000	11/0)INI	<u> </u>				Doddiption of	ioi vioco		Отпро	Toution	
							\dashv						
2 Total number of independent contractors (\$100,000 of compensation from the organ		ot lir	mite	d to		se lis	stec	d above) who received m	nore than				
,	. ,										Form 9	990 (2	2021)

	Part VIII Statement of Revenue									95-4292	658	Page 9
Ра	rt \	VIII	_									
			Check if Schedule O	conta	ains a respo	onse	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	Revenue from tax	excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (control All other contributions, gifts, similar amounts not included in Noncash contributions included in Total. Add lines 1a-1f	ributi grant abov	1b 1c 1d ons) 1e s, and 7e 1f 1g 5		164,600. 3,446,741. 1,173,948.	3,611,341.				
Program Service Revenue	2	a b c d e f	All other program service Total. Add lines 2a-2f	reve	nue		Business Code					
	3 4 5	a b	Investment income (include other similar amounts)	ding of tax	dividends, i	intere	est, and roceeds	161,924. 252.			16	61,924. 252.
venue	7	d a b	Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b	(i) Securit 2,388, 1,329, 1,058,	ties 054. 716.	(ii) Other					
Other Re	8	а	Net gain or (loss)	line	ents (not of 1c). See	8a 8b	4.	1,058,338.			1,05	58,338.
	9	c a b	Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from	fund	raising eve tivities. See	9a 9b	•	-4.				-4.
	10	a b	Gross sales of inventory, and allowances	less	returns	10a 10b	86,975. 36,339.	50,636.	6,714.	43,922.		
iscellaneous Revenue	11		All other revenue		S. AIVOIRO		Business Code	1,110	-,			

12 To

1,220,510. Form **990** (2021)

e Total. Add lines 11a-11d

Total revenue. See instructions

6,714.

4,882,487.

43,922.

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

_	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
- 5	Compensation of current officers, directors,				
J	trustees, and key employees	128,752.	90,514.	13,208.	25,030
6	Compensation not included above to disqualified	120,732.	50,511.	13,200.	25,050
6	persons (as defined under section 4958(f)(1)) and				
	navaga dagarihad in agatian 40F0(a)(0)(D)				
_	F	449,276.	350,591.	75,948.	22,737
7	Other salaries and wages	449,270.	330,391.	73,340.	22,131
8	Pension plan accruals and contributions (include	21,553.	15,723.	4,127.	1,703
_	section 401(k) and 403(b) employer contributions)	41,333.	13,143.	4,14/•	1,703
9	Other employee benefits	49,286.	38,418.	6,708.	4,160
0	Payroll taxes	43,400.	30,410.	0,700.	4,100
1	Fees for services (nonemployees):				
а	Management				
b	Legal	24 142		24 142	
С	Accounting	24,142.		24,142.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	70 206		70.006	
f	Investment management fees	79,206.		79,206.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	111	111		
12	Advertising and promotion	111.	111.		
13	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	600	000	200	100
7	Travel	698.	220.	378.	100
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4.5			
9	Conferences, conventions, and meetings	695.	695.		
20	Interest	14,589.	10,089.	2,250.	2,250
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	355,338.	352,982.	2,356.	
3	Insurance	175,857.	106,468.	61,147.	8,242
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	160,062.	159,420.	642.	
a	REPAIR AND MAINTENANCE UTILITIES	69,470.	69,470.	044.	
b			-	1 705	
С.	SERVICES	51,030.	49,325.	1,705.	
d	SUPPLIES	39,187.	28,193.	10,994.	6 000
_	All other expenses	57,894.	24,215.	26,799.	6,880
5	Total functional expenses. Add lines 1 through 24e	1,677,146.	1,296,434.	309,610.	71,102
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			33,554.	1	129,114.
	2	Savings and temporary cash investments			47,681.	2	523,289.
	3	Pledges and grants receivable, net				3	60,613.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described		6			
şts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			17,900.	9	20,846.
	10a	Land, buildings, and equipment: cost or other		25 222 542			
		basis. Complete Part VI of Schedule D	10a	25,988,749.	16 610 000		15 554 660
	b	Less: accumulated depreciation		8,434,087.	16,610,027.	10c	17,554,662.
	11	Investments - publicly traded securities	10,865,963.	11	13,246,211.		
	12	Investments - other securities. See Part IV, line 1	582,538.	12	522,305.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	0 007 142	14	2 051 202		
	15	Other assets. See Part IV, line 11	2,987,143. 31,144,806.	15	3,051,393.		
	16	Total assets. Add lines 1 through 15 (must equa			58,632.	16	35,108,433.
	17	Accounts payable and accrued expenses		30,034.	17	149,830.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		10 1 1 1 5		20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form					
bili		trustee, key employee, creator or founder, subsi				22	
Lia	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela			90,000.	23	0.
	24	Unsecured notes and loans payable to unrelated			30,000	24	•
	25	Other liabilities (including federal income tax, pa				27	
		parties, and other liabilities not included on lines					
		of Schedule D		, complete rule x		25	
	26	Total liabilities. Add lines 17 through 25			148,632.	26	149,830.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.		·			
lan	27	Net assets without donor restrictions			16,572,713.	27	19,775,624.
Ba	28	Net assets with donor restrictions			14,423,461.	28	15,182,979.
pur		Organizations that do not follow FASB ASC 9					
rFι		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Ne	32	Total net assets or fund balances			30,996,174.	32	34,958,603.
	33	Total liabilities and net assets/fund balances			31,144,806.	33	35,108,433.

Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,88		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,67		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,99		
5	Net unrealized gains (losses) on investments	5	75	7,0	88.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	34,95	8,6	03.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE WALDEN WOODS PROJECT 95-4292658 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support	, p		···· ,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(-)	(-/	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	1,318,908.	1,099,098.	3,161,348.	803,776.	3,611,341.	9,994,471.
2	Tax revenues levied for the organ-					, ,	· · ·
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,318,908.	1,099,098.	3,161,348.	803,776.	3,611,341.	9,994,471.
	The portion of total contributions						· · ·
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,170,165.
6	Public support. Subtract line 5 from line 4.						5,824,306.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,318,908.	1,099,098.	3,161,348.	(d) 2020 803,776.	3,611,341.	9,994,471.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	132,093.	146,261.	180,219.	169,312.	162,176.	790,061.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10,784,532.
12	Gross receipts from related activities,					12	477,355.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor		<u></u>				<u></u> ▶□
	ction C. Computation of Publ					 	E 4 01
	Public support percentage for 2021 (14	54.01 %
	Public support percentage from 2020					15	43.65 %
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact			=		_	
	meets the facts-and-circumstances to	-		* * * * * * * * * * * * * * * * * * * *	-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circ		-				~
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17b	o, cneck this box a	ina see instruction	s

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 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	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			` '	,	, ,	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					+	
are not an unrelated trade or bus-						
in						
					+	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person	s					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504()(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u>
Section C. Computation of Pul			. (2)		11	
15 Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and s	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 controls 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 supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) 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 on line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	۵h		
	9b		
	9с		
	10a		
	10b		
41		~ 000	0004

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
		D. All Type III Supporting Organizations			
		J1 11 0 0		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	ison of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization evergise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2021 THE WALDEN WOODS PROJE	\mathtt{CT}		95-4292658 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ū		n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

__ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

THE WALDEN WOODS PROJECT

Employer identification number 95-4292658

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds or	Accounts. Complete if the	_
	organization answered "Yes" on Form 990, Part IV, line				
		(a) Donor advise	ed funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	vriting that the assets h	eld in donor advised	funds	
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$	exclusive legal control?		Yes L	No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that g	rant funds can be use	ed only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose cor	ferring	
_	impermissible private benefit?				No_
Pai	1 0		· · · · · · · · · · · · · · · · · · ·	IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	· · ·	_		
	X Preservation of land for public use (for example, recreat	ion or education)		storically important land area	
	X Protection of natural habitat		☐ Preservation of a co	ertified historic structure	
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contri	oution in the form of a	conservation easement on the last	
	day of the tax year.				-a1
	Total number of conservation easements			28	
b					—
C	Number of conservation easements on a certified historic strund Number of conservation easements included in (c) acquired a			20 0	—
d				2d 0	
3	listed in the National Register				—
Ü	year > 0	casca, extinguished, or	terrimiated by the ort	garnzation during the tax	
4	Number of states where property subject to conservation eas	ement is located	1		
5	Does the organization have a written policy regarding the peri		ction, handling of		
_	violations, and enforcement of the conservation easements it			Yes X	No
6					
	▶ 200	,	· ·	,	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and e	nforcing conservation	easements during the year	
	▶\$ <u>4,220.</u>				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation	on easements in its rev	enue and expense sta	tement and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	s financial statements	s that describes the	
Day	organization's accounting for conservation easements.	Aut Historiaal To		w Cincilar Assats	
Pai	t III Organizations Maintaining Collections of	•	easures, or Othe	er Similar Assets.	
	Complete if the organization answered "Yes" on Form				—
та	If the organization elected, as permitted under FASB ASC 956	, .			
	of art, historical treasures, or other similar assets held for pub	*	·	erance of public	
h	service, provide in Part XIII the text of the footnote to its finan			unas shoot works of	
D	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	evilloiri education, (o researon in futulera	ince of public service,	
				▶ ¢	
	(ii) Revenue included on Form 990, Part VIII, line 1				2 -
2	If the organization received or held works of art, historical trea				<u></u>
_	the following amounts required to be reported under FASB AS		-	, 5.04140	
а	Revenue included on Form 990, Part VIII, line 1			> \$	
	Assets included in Form 990, Part X				0.
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 20	<u></u>

Pai	t III Organizations Maintaining C	collections of A	rt, Historica	l Treasures,	or Othe	er Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of	the following th	nat make s	significant u	se of its		
	collection items (check all that apply):								
а	Yublic exhibition	d	Loan or	exchange prog	ram				
b	X Scholarly research	е	Other_						
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furtl	ner the organiza	tion's exe	mpt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical	treasures, or ot	her similar	r assets		_	
	to be sold to raise funds rather than to be m	aintained as part of t	he organization	's collection? .			L	Yes	X No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the organi	zation answered	l "Yes" on	Form 990,	Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contrib	utions or other a	assets not	included		_	
	on Form 990, Part X?						\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custodial acc	ount liabil	lity?	L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" o						
		(a) Current year	(b) Prior yea	r (c) Two ye	ars back	(d) Three ye	ars back	(e) Four	years back
	Beginning of year balance	10,676,484.	8,754,3	6,79	99,977.	7,64	2,433.		659,904.
b	Contributions						5,000.		100,155.
С	Net investment earnings, gains, and losses	1,977,350.	1,988,7	732. 2,00	09,295.	-44	8,813.	1,	133,234.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs						358.		1,375.
f	Administrative expenses	79,206.	68,1		56,812.		8,285.		49,175.
g	End of year balance	12,574,628.	10,676,4		54,359.	6,79	9,977.	7,	642,433.
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, colur	nn (a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are he	eld and administ	tered for th	he organiza	ition	г	V N-
	by:							-	Yes No
	(i) Unrelated organizations								X
	(ii) Related organizations								^_
_	If "Yes" on line 3a(ii), are the related organiza			e R?				3b	
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.						
i ai	Complete if the organization answere) Part IV line 1	1a See Form 90	n Part X	line 10			
		1	1		1			/d\ Dool	· value
	Description of property	(a) Cost or o basis (investre		Cost or other asis (other)		ccumulated oreciation	'	(d) Book	value
	Lond	- ` ` 	, I	623,053		Jieciation	1	5 623	3,053.
	Land			636,537		704,92			,609.
	Buildings		 	93,124.	-	93,12		<u> </u>	0.
	Leasehold improvements		+	636,035		$\frac{33,12}{536,03}$			0.
	Equipment Other			000,000	+		- 		
	Other		X column (R)	ine 10c l	1		1	7.554	1,662.
TOLA	. Add inles Ta tribugit Te. (Columni (a) Must e	quai i Oiiii 330, Pail	л, сошни (<i>b),</i> г						990) 2021

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE	WALDEN WO	ODS PROJECT	95	-4292658 Page 3
Part VII Investments - Other Se	curities.			
Complete if the organization as	nswered "Yes" on F	orm 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including	name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col.	(B) line 12.)			
Part VIII Investments - Program				
		Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)		` ,		,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(D) line 12 \			
Total. (Col. (b) must equal Form 990, Part X, col. Part IX Other Assets.	(b) lille 13.)			
	newered "Vec" on F	Form 900 Part IV line	11d. See Form 990, Part X, line 15.	
- Complete it the organization at	(a) Desc		Tra. See Form 990, Fart X, line 13.	(b) Book value
(1) COLLECTIONS	(a) Desc	эприон		815,262.
COMMEDIA MICH DECEM	TCTTON_DD			2,000,000.
CONCERNIA DECE				206,339.
				29,792.
	7515			29,192•
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	ut V and (D) line 15	1		3,051,393.
Total. (Column (b) must equal Form 990, Pa	ITL X, COI. (B) IIITE 15.	·)		3,031,333.
	aswored "Vee" on F	Form 000 Port IV line :	11e or 11f. See Form 990, Part X, line 25	
· (a) Description o		orm 990, Part IV, line	The or Th. See Form 990, Part X, line 25	
1. (a) Description o	і паріпту			(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

X

Schedule D (Form 990) 2021

(8) (9)

Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,581,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	, ,			
а	Net unrealized gains (losses) on investments	2a	757,088.	<u>-</u>	
b	Donated services and use of facilities	2b	21,175.	<u>-</u>	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	778,263.
3	Subtract line 2e from line 1			3	4,803,281.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,206.	<u>-</u>	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	79,206.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,882,487.
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	itements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	1,619,115.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	21,175.		
b	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	21,175.
3	Subtract line 2e from line 1			3	1,597,940.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,206.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	79,206.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	.)		5	1,677,146.
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional infor	mation.		
PAI	RT II, LINE 9:				
COI	NSERVATION EASEMENTS ARE REPORTED IN THE	E FINANCI	AL STATEME	ENTS	AT
API	PRAISED VALUE. APPRAISED VALUE IS BASEI	ON THE	DIFFERENCE	OF	THE
EST	PIMATED VALUE OF THE RELATED CONSERVATION	ON LAND E	SEFORE AND	AFT	ER THE
RES	STRICTION IS GRANTED.				
PAI	RT III, LINE 4:				
THE	E THOREAU INSTITUTE LIBRARY AT THE WALD!	EN WOODS	PROJECT HO	USE	S THE

Schedule D (Form 990) 2021

IN ORDER TO FULFILL OUR EDUCATIONAL MISSION, ALL MATERIALS ARE

WORLD'S MOST COMPREHENSIVE COLLECTION OF MATERIAL RELATED TO HENRY DAVID

FREELY ACCESSIBLE BY VISITORS AND MANY ARE BEING MADE VIRTUALLY ACCESSIBLE

THROUGH THE INTERNET TO SERVE THOSE WHO ARE NOT ABLE TO VISIT THE LIBRARY

THOREAU.

Part XIII Supplemental Information (continued)

IN PERSON. IN ADDITION, OUR CURATOR OF COLLECTIONS IS AVAILABLE TO ANSWER

REFERENCE QUESTIONS, HELP WITH RESEARCH AND GIVE TALKS TO VISITING

STUDENTS AND OTHER GROUPS.

PART V, LINE 4:

THE WALDEN WOODS PROJECT INTENDS TO CONTINUE TO SOLICIT CONTRIBUTIONS TO

BUILD ITS ENDOWMENT FUND. ULTIMATELY, EARNINGS FROM THE ENDOWMENT WILL BE

APPLIED TO OFFSET ANNUAL OPERATING COSTS.

PART X, LINE 2:

THE PROJECT IS A NON-PROFIT CORPORATION ORGANIZED UNDER THE LAWS OF MASSACHUSETTS AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES. THIS DETERMINATION HAS BEEN REVIEWED ACCORDING TO GUIDANCE IN A FINANCIAL ACCOUNTING STANDARDS BOARD PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. IN DETERMINING THE RECOGNITION OF UNCERTAIN TAX POSITIONS, THE PROJECT NOW APPLIES A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND DETERMINES THE MEASUREMENT OF UNCERTAIN TAX POSITIONS BY CONSIDERING THE AMOUNTS AND PROBABILITIES OF THE OUTCOMES THAT COULD BE REALIZED UPON ULTIMATE SETTLEMENT WITH TAXING AUTHORITIES. AS OF DECEMBER 31, 2021, THE PROJECT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE PROJECT IS GENERALLY SUBJECT TO POTENTIAL EXAMINATION BY TAXING JURISDICTIONS FOR THE PRIOR THREE YEARS.

THE PROJECT IS POTENTIALLY SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT)

RELATING TO THE SALE OF PRODUCE AT A FARM STAND, WHICH IS NOT RELATED TO

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)
THE PROJECT'S PRIMARY PURPOSE OF PRESERVING CONSERVATION LAND. FOR THE
YEARS ENDED DECEMBER 31, 2020 AND 2019, THE PROJECT DID NOT INCUR ANY UBIT
RELATED TO ITS FARM STAND OPERATION.
SCHEDULE D, PAGE 4, PART XII AND XIII, LINE 2D
COST OF GOODS SOLD RELATED TO THE WALDEN WOODS PROJECT'S FARMSTAND
ACTIVITY AND EXPENSES RELATED TO SPECIAL EVENTS ARE CATEGORIZED AS
EXPENSES FOR FINANCIAL STATEMENT PURPOSES AND INCLUDED IN REVENUE FOR 990
FILING PURPOSES.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE WALD!	EN WOODS P	ROJECT					Employer identification number 95-4292658
Part I General Information on Grants							
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's presented. 	istance? rocedures for moni	toring the use of grant	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) Enter total number of other organization 							

95-4292658 THE WALDEN WOODS PROJECT Schedule I (Form 990) 2021 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: THE PROJECT IS A PARTY TO A CONTRACTUAL AGREEMENTS CONCERNING THE CONVEYANCE OF FUNDS FOR PURPOSES CONSISTENT WITH THE PROJECT'S MISSION. THE AGREEMENT IS WITH THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF CONSERVATION AND RECREATION (DCR). THE PROJECT RAISES RESTRICTED DONATIONS TO SUPPORT THE STEWARDSHIP AND EDUCATION PROGRAMS AT WALDEN POND STATE

SUCH FUNDS ARE CONVEYED TO DCR.

RESERVATION.

Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: COMMONWEALTH OF MASSACHUSETTS
(H) PURPOSE OF GRANT OR ASSISTANCE:
ERROR
THIS RETURN HAS BEEN LOCKED. NO CHANGES CAN BE MADE UNLESS IT IS UNLOCKED
BY THE USER WHO LOCKED IT OR AN ADMIN USER
OK
ERROR
THIS RETURN HAS BEEN LOCKED. NO CHANGES CAN BE MADE UNLESS IT IS UNLOCKED
BY THE USER WHO LOCKED IT OR AN ADMIN USER
OK
FOR USE AT THE WALDEN POND STATE RESERVATION

Schedule I (Form 990)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

2021

OMB No. 1545-0047

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

Noncash Contributions

Attach to Form 990.

THE WALDEN WOODS PROJECT

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number 95-4292658

Pa	rt I Types of Property									
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts report Form 990, Part VII	ed on	Meth noncash	(d) od of det contribut		_	s
1	Art - Works of art				.,e					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	48	1,173	,948.	FMV AT	TIME	OF	DO	\overline{NAT}
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz		•							
	for which the organization completed Form 828	83, Part V, L	onee Acknowledg	gement [29			- 1	V	NI-
20-	Devices the constraint the constraint as a section by			anded in Ded Line	4	-h 00 th-t:t	Г		Yes	No
30a	During the year, did the organization receive by									
	must hold for at least three years from the date						- 1	200		Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	·						30a		
31	Does the organization have a gift acceptance p	nolicy that re	equires the review	of any nonetandar	d contribu	ıtions?	- 1	31		Х
	Does the organization have a gift acceptance p							31		
02d	contributions?		_	· ·				32a		х
h	If "Yes," describe in Part II.						·····	JEU		= =
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	v for which column	(a) is che	cked				
	describe in Part II.			.,	,2, .5 0,10	,				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	00.		Sch	nedule M	(Forn	n 990)	2021

132142 11-17-21

SCHEDULE O (Form 990)

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 Form 990-EZ.

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE WALDEN WOODS PROJECT

Employer identification number 95-4292658

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WIDE VARIETY OF ORGANIZED GROUPS, INCLUDING SCHOOL GROUPS, ELDER

SERVICES GROUPS, AND TOURISTS. MANAGEMENT ACTIVITIES INCLUDE

MAINTENANCE OF EXISTING TRAILS, TRAIL DESIGN, INTERPRETATION AND

CONSTRUCTION, MAINTENANCE OF TRAIL HEAD PARKING FACILITIES, AND

ECOLOGICAL IMPROVEMENTS INTENDED TO BENEFIT WILDLIFE AND THE NATURAL

VALUE OF OUR LAND.

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 MINIMIZE THE THREAT THEY

REPRESENT. THE PROJECT'S LAND MANAGEMENT PROGRAMS SUPPORT

COLLABORATION BETWEEN A WIDE VARIETY OF CIVIC AND ENVIRONMENTAL GROUPS

WHO REGULARLY PROVIDE VOLUNTEER INVASIVE SPECIES MANAGEMENT TO OUR

ORGANIZATION.

THE WALDEN WOODS PROJECT MANAGES CONSERVATION RESTRICTIONS ON 67.8

ACRES OF LAND, WHICH PREVENTS DEVELOPMENT OF SITES NOT OWNED IN FEE

(TOTAL ACRES OWNED IN FEE: 115.1). ANNUAL CONSERVATION RESTRICTION

MONITORING IS DONE TO ENSURE THAT THE PROTECTIONS PRESCRIBED IN THE

CONSERVATION RESTRICTIONS ARE IN EFFECT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization THE WALDEN WOODS PROJECT **Employer identification number** 95-4292658

TRANSCENDENTALISM, SOCIAL REFORM, WRITING, NATURAL HISTORY AND 19-CENTURY HISTORY IN OUR PROGRAMS.

WE HAVE HAD SEVERAL YEARS OF RECORD-BREAKING NUMBERS FOR STUDENT GROUPS VISITING US HERE IN WALDEN WOODS. WE WORKED WITH 769 STUDENTS IN 2014-2015, 1101 STUDENTS IN 2015-2016, 1411 STUDENTS IN 2016-2017, 1439 IN 2017-2018 AND 1512 IN 2018-2019. IN 2019-2020 MANY OF OUR GROUP VISITS WERE CANCELED DUE TO THE COVID-19 PANDEMIC; HOWEVER, BEFORE POSTPONING IN-PERSON GROUP VISITS, WE WORKED WITH 526 STUDENTS. WHEN GROUPS COME FOR A VISIT, WE PUT TOGETHER A CUSTOMIZED EXPERIENCE, WHEREBY THEY EITHER PARTICIPATE IN A GUIDED EDUCATIONAL WALK THROUGH AREAS OF WALDEN WOODS, AN INTERACTIVE LESSON AT A VERNAL POOL, AND/OR A SESSION WITH OUR CURATOR OF COLLECTIONS IN THE THOREAU LIBRARY, WHICH HOUSES THE WORLD'S MOST EXTENSIVE COLLECTION OF THOREAU-RELATED MATERIAL. ADDITIONALLY, WE CONTINUE TO SERVE SEVERAL HUNDRED 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 TWO DOZEN EDUCATORS FROM ACROSS THE COUNTRY FOR A 6-DAY, IMMERSIVE STUDY OF THOREAU'S WRITINGS AND THE PLACE THAT INSPIRED HIM. ACCEPTANCE TO THIS PROGRAM IS BECOMING INCREASINGLY MORE COMPETITIVE. IT RECEIVES CONSISTENTLY HIGH ACCLAIM EACH YEAR FROM PARTICIPANTS. PARTICIPANTS HAVE THE OPTION OF COMPLETING ADDITIONAL READINGS AND ASSIGNMENTS TO RECEIVE 3 GRADUATE-LEVEL CREDITS FOR THE COURSE THROUGH FITCHBURG STATE UNIVERSITY. DUE TO THE COVID-19 PANDEMIC, OUR 2020 PROGRAM WAS RESCHEDULED FOR 2021.

OUR 2020 STEWARDSHIP LECTURE SERIES INCLUDED VIRTUAL PRESENTATIONS FROM

Schedule O (Form 990) 2021 Page 2

Name of the organization THE WALDEN WOODS PROJECT **Employer identification number** 95-4292658

DAHR JAMAIL, BILL MCKIBBEN, DAVID GESSNER, NATHANIEL POPKIN, CAROLYN DENARD, MARLOW MILLER, AND JEFFREY CRAMER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EVERY YEAR BRINGS NEW PEOPLE TO THE THOREAU INSTITUTE LIBRARY, WHETHER IN-PERSON OR VIRTUALLY. IN 2020, VIRTUAL VISITORS AND RESEARCHERS CAME FROM CANADA, SOUTH AMERICA, EUROPE, ASIA AND AUSTRALIA. TRANSLATORS FROM AROUND THE WORLD HAVE WORKED WITH THE CURATOR TO PROVIDE ACCURATE AND REPRESENTATIVE TRANSLATIONS. OUR VIRTUAL CLASSROOM SESSIONS BRING OUR CURATOR INTO SCHOOLS AROUND THE WORLD, REACHING HUNDREDS OF STUDENTS IN 2020. WE CONTINUE TO PUBLISH MANY WORKS ELECTRONICALLY. IN 2020 WE BECAME THE OFFICIAL REPOSITORY FOR THE MARGARET FULLER SOCIETY'S COLLECTIONS. IN 2021 THE THOREAU INSTITUTE LIBRARY PURCHASED THE ROBERT GALVIN COLLECTION, ADDING MANY RARE ITEMS TO ITS COLLECTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT COPIES OF THE FEDERAL FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2021 WERE PROVIDED VIA E-MAIL AND PAPER COPY TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW. ALL COMMENTS AND SUGGESTED CHANGES FROM MEMBERS OF THE BOARD OF DIRECTORS WERE GATHERED, REVIEWED AND WHEN DEEMED APPROPRIATE THE FEDERAL FORM 990 WAS MODIFIED TO INCLUDE THESE COMMENTS AND CHANGES.

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

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Schedule O (Form 990) 2021 Page **2**

Name of the organization THE WALDEN WOODS PROJECT

Employer identification number 95-4292658

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, 2021, 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
RELATED DOCUMENTATION AND APPROVAL TO THE ACCOUNTING MANAGER DIRECTLY AND
THE RELATED PAYROLL IS ADJUSTED ACCORDINGLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE WALDEN WOODS PROJECT'S ANNUAL AUDITED FINANCIAL STATEMENTS AND

GOVERNING DOCUMENTS ARE AVAILABLE AT THE ATTORNEY GENERAL'S OFFICE OF THE

COMMONWEALTH OF MASSACHUSETTS OR UPON DIRECT REQUEST TO THE WALDEN WOODS

PROJECT.

FORM 990, PART XII, LINE 2C:

THERE WERE NO CHANGES WITH REGARDS TO THE PROCESS OF APPROVING THE

ANNUAL AUDITED FINANCIAL STATEMENTS AND/OR THE SELECTION OF THE

INDEPENDENT AUDIT FIRM.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

CARRIOVER DATA TO 2022	
Name THE WALDEN WOODS PROJECT	Employer Identification Number 95-4292658
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - SALE OF FARM I	PRODUCE 126,378.
FEDERAL NET POSITIVE ACE ADJUSTMENT	11,351.
FEDERAL PRE-2018 NET OPERATING LOSS	217,798.
CA NET OPERATING LOSS	267,548.
MA NET OPERATING LOSS	184,294.
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Year Origi- ated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amoun Used fo
2018 2019 2020	47,973. 40,047. 32,245. 6,113.										
2021	6,113.										
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ype and	Entity: NET Annual Limitation	POSITIVE ACE	ADJUSTMENT F		DETAIL C	ARRYOVER SCH	EDULE				
Year Drigi- ated	Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for	Amoun Used fo						
2020 2021	6,945. 4,406.										
etail S	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amou Used f
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/ear Drigi- ated	Original Carryover	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for	Amour Used fo						
2008 2009	Amount 28,147. 19,699. 4,793. 16,905. 26,582. 11,263. 13,879. 23,479. 29,986. 27,930. 9,260. 5,875.										
2009	4.793										
2011	16,905.										
2012 2013	26,582.										
2014	13,879										
2015	23,479.										
2016 2017	29,986.										
2020	9,260										
2021	5,875.										
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Type and	Entity: NOL				DETAIL C	ARRYOVER SCH	EDULE				
Section 382 A	Annual Limitation		Section 382 Carryover Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amoun
Year	Original	Total	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used fo
Origi-	Carryover	Amount	12/31/21								
ated	Amount	Used									
2016	Amount 29,986. 57,916. 105,889. 40,047.	7,795.	7,795.								
2017	57,916.										
2018	105,889.										
2019 2020	41,505.										
2020	41,303.										
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etail S	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amour
etail S	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used f
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	DEN WOODS PROJEC	_							FEIN:	95-42926
Type and Entity:	NOL MA	0 " 0		DETAIL C	ARRYOVER SCH	IEDULE				
Section 382 Annual Lin		Section 382 Carryove Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Year Origin	al Total	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used fo
Origi- Carryo	ver Amount									
ated Amou	nt Used									
2016 2 2017 2	Ver Amount Used 9,986. 7,930. 7,973. 0,047. 2,245. 6,113.									
2018 4	7 973									
2019 4	0,047.									
2020 3	2,245.									
2021	6,113.									
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