

Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**

Under section 501(c)(1), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2008**Department of the Treasury  
Internal Revenue Service▶ Nonprofit organizations of donor advised funds and contributing organizations as defined in section 1720(d)(2) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,000,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<b>A</b> For the 2008 calendar year, or tax year beginning and ending		<b>D</b> Employer identification number	
<b>B</b> Check if applicable: <input type="checkbox"/> Multiple copies <input type="checkbox"/> Form 990-B <input type="checkbox"/> Form 990-E <input type="checkbox"/> Form 990-T <input type="checkbox"/> Form 990-T-EZ <input type="checkbox"/> Form 990-T-ES <input type="checkbox"/> Form 990-T-ES-EZ <input type="checkbox"/> Form 990-T-ES-EZ-EZ		<b>C</b> Name of organization <b>WALKBOSTON, INC.</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>OLD CITY HALL, 45 SCHOOL STREET</b> City or town, state or country, and ZIP + 4 <b>BOSTON, MA 02108</b>	<b>E</b> Telephone number <b>(617) 367-9255</b>
* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		<b>F</b> Group Exemption Number ▶	
<b>I</b> Website: ▶ <b>WWW.WALKBOSTON.ORG</b>		<b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
<b>J</b> Organization type (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(29) <input type="checkbox"/> 501(c)(28) <input type="checkbox"/> 501(c)(27) <input type="checkbox"/> 501(c)(26) <input type="checkbox"/> 501(c)(25) <input type="checkbox"/> 501(c)(24) <input type="checkbox"/> 501(c)(23) <input type="checkbox"/> 501(c)(22) <input type="checkbox"/> 501(c)(21) <input type="checkbox"/> 501(c)(20) <input type="checkbox"/> 501(c)(19) <input type="checkbox"/> 501(c)(18) <input type="checkbox"/> 501(c)(17) <input type="checkbox"/> 501(c)(16) <input type="checkbox"/> 501(c)(15) <input type="checkbox"/> 501(c)(14) <input type="checkbox"/> 501(c)(13) <input type="checkbox"/> 501(c)(12) <input type="checkbox"/> 501(c)(11) <input type="checkbox"/> 501(c)(10) <input type="checkbox"/> 501(c)(9) <input type="checkbox"/> 501(c)(8) <input type="checkbox"/> 501(c)(7) <input type="checkbox"/> 501(c)(6) <input type="checkbox"/> 501(c)(5) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> 501(c)(3)		<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990-EZ), a statement.	
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
<b>L</b> Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <b>497,937.</b>			

<b>Part I</b> Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	295,644.
	2 Program service revenue including government fees and contracts	2	148,220.
	3 Membership dues and assessments	3	50,358.
	4 Investment income	4	2,377.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule D). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <b>MISCELLANEOUS INCOME</b> )	8	1,338.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	497,937.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	398,928.
	13 Professional fees and other payments to independent contractors	13	26,572.
	14 Occupancy, rent, utilities, and maintenance	14	16,000.
	15 Printing, publications, postage, and shipping	15	11,150.
	16 Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	16	33,371.
	17 Total expenses. Add lines 10 through 16	17	486,021.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,916.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	219,406.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	231,322.

<b>Part II</b> Balance Sheets. If total assets on line 25, column (B) are \$2,000,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		194,252.	184,879.
23 Land and buildings			
24 Other assets (describe ▶ <b>SEE STATEMENT 2</b> )		29,543.	63,391.
25 Total assets		223,795.	248,270.
26 Total liabilities (describe ▶ <b>SEE STATEMENT 3</b> )		4,389.	16,948.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		219,406.	231,322.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form **990-EZ** (2008)

<b>Part III</b> Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? <b>SEE STATEMENT 7</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(2) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<b>SEE STATEMENT 6</b>	
	Grants \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	28a 362,624.
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	Grants \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	<b>SEE STATEMENT 6</b>	
	Grants \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	Grants \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 362,624.

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>SEE STATEMENT 5</b>		105,736.		

**Part V Other information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a certified copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7c (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(a) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a 0.</span>		
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0.</span> ; section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 990-T	40e	X
41	List the states with which a copy of this return is filed <span style="float:right">▶ NA</span>		
42a	The books are in care of <span style="float:right">▶ WENDY LANDMAN, EXECUTIVE DIRECTOR</span> Telephone no. <span style="float:right">▶ (617) 367-9255</span> Located at <span style="float:right">▶ OLD CITY HALL, 45 SCHOOL STREET, BOSTON, MA</span> ZIP + 4 <span style="float:right">▶ 02108</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 13215(b)(3)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Signature of officer  Date  
 WENDY LANDMAN, EXECUTIVE DIRECTOR

Paid Preparer's Use Only  
 Preparer's signature  Date 11/02/09 Check if self-employed  Preparer's identifying number (see note)  
 Firm name (or print full name), address and ZIP + 4  
 SMITH, SULLIVAN & COMPANY, P.C.  
 80 FLANDERS ROAD - SUITE #200  
 WESTBOROUGH, MA 01581  
 EIN  Phone # (508) 871-7178

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No