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(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending

B c	heck if pplicabl	C Name of organization		D Employer identific	cation number
	_Addre _chang	WALK WITH SALLY			
	Name chang			61-14728	00
	Initial return	· ·	Room/suite	E Telephone number	
	Final return	840 ADOLLO CADEEM CILLES 324	·	310-322-	
	termin ated			G Gross receipts \$	1,726,584.
	Ameno return	EL SEGUNDO, CA 30243		H(a) Is this a group re	eturn
	Application			for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) or	r 527	1	list. (see instructions)
		te: HTTP: //WWW.WALKWITHSALLY.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2004 N	1 State of legal domicile: CA
Pa	art I	Summary Briefly describe the organization's mission or most significant activities: PROVI	מם שת	EE MENTOTIN	C CIIDDODM
Se	1	PROGRAMS & SERVICES TO CHILDREN OF PARENT	אז שע. פר פי	STRITNGS WIT	TH CANCER
Governance		Check this box I if the organization discontinued its operations or dispose			
Ver	1	-		3	7
ၓ	l .	Number of independent voting members of the governing body (Part VI, line 1b)			6
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			8
/itie		Total number of volunteers (estimate if necessary)			463
Ė		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,191,300.	1,255,284.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,089.	1,415.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-368,745.	-386,609.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		823,644.	870,090.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot}$		449,769.	504,924.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä				379,765.	341,192.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		829,534.	846,116.
	l .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-5,890.	23,974.
or Ses	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets (lanc		Total assets (Part X, line 16)		255,776.	300,198.
Ass 1 Ba	1	Total liabilities (Part X, line 26)		10,096.	30,544.
Net Assets Fund Balanc	1	Net assets or fund balances. Subtract line 21 from line 20		245,680.	269,654.
	rt II	Signature Block		•	·
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.	
Sigi	n	Signature of officer		Date	
Her	е	NICK ARQUETTE, EXECUTIVE DIRECTOR			
		Type or print name and title	- 1	Date Check	PTIN
D-!-		Print/Type preparer's name Preparer's signature		1 /10 /20	
Paid		TIMOTHY D. PETTIT, CPA TIMOTHY D. PETTI	.r, UI	1/18/20 self-employe	P00393206 33-0532641
	oarer Only	Firm's name RAIMONDO PETTIT GROUP Firm's address 21515 HAWTHORNE BL. #1250		Firm's EIN ▶	33-03341
USE	Unity	Firm's address 21515 HAWTHORNE BL. #1250 TORRANCE, CA 90503-6583		Dhono no / 3	10)540-5990
Mar	tho II	RS discuss this return with the preparer shown above? (see instructions)		Triiolie iio. (3	X Yes No
iviay	, uic II	To discuss this retain with the preparer shown above: (see instructions)			163 180

Pai	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:
	WALK WITH SALLY'S MISSION IS TO PROVIDE HOPE THROUGH OUR
	INDIVIDUALIZED MENTORING AND COMMUNITY SUPPORT SERVICES TO EMPOWER
	CHILDREN EXPERIENCING THE TRAUMA OF A PARENT, GUARDIAN OR SIBLING'S
	CANCER JOURNEY.
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 \$ 569,678 • including grants of \$) (Revenue \$) (Revenue \$)
	WALK WITH SALLY IS COMMITTED TO PROVIDING HEALING AND COMFORT TO
	CHILDREN DEBILITATED BY THE EMOTIONAL EXPERIENCE OF LIVING WITH OR
	LOSING A PARENT, GUARDIAN, OR SIBLING TO CANCER. THIS HEALING IS
	FACILITATED THROUGH FREE OF CHARGE MENTORING SUPPORT PROGRAMS AND
	SERVICES THAT PROVIDE AN EMOTIONALLY SAFE ENVIRONMENT FOR CHILDREN TO
	SHARE THEIR DIFFICULT EXPERIENCE WITH SOMEONE WHO HAS SUFFERED THE
	SAME.
	THE FOCUS OF OUR MENTORING PROGRAM IS TO MATCH AND CREATE ONE-ON-ONE
	MENTORING RELATIONSHIPS ("FRIENDSHIPS") BETWEEN A CHILD AND AN ADULT
	WHO HAVE BOTH BEEN IMPACTED BY CANCER. THE CHILD IN THE "FRIENDSHIP" IS
	LIVING WITH, LIVED WITH OR LOST A (SEE SCHEDULE O FOR CONTINUATION)
46	0.000
4b	(Code:) (Expenses \$9,392. including grants of \$) (Revenue \$) THE FRIENDSHIP ACTIVITY PROGRAM IS A QUARTERLY EXPERIENTIAL AND
	EDUCATIONAL DAY-LONG EVENT FOR ALL THE MENTORING FRIENDSHIPS, THEIR
	FAMILIES, PROSPECTIVE FAMILIES AND MENTORS. THE ORGANIZATION HAD AN
	AVERAGE OF 81 PARTICIPANTS ATTENDING SIX DIFFERENT FRIENDSHIP
	ACTIVITIES THROUGH-OUT THE YEAR.
	6.000
4c	(Code:) (Expenses \$ 6 , 000 • including grants of \$) (Revenue \$)
	THE FRED'S FUTURE YOUNG LEADERS SCHOLARSHIP PROGRAM PROVIDES FINANCIAL
	SUPPORT FOR THE ORGANIZATION'S MENTEES SECONDARY EDUCATION. MENTEES WHO
	CONTRIBUTE A MINIMUM NUMBER OF VOLUNTEER HOURS ARE ELIGIBLE TO APPLY
	FOR THE SCHOLARSHIPS. DURING 2019, A TOTAL OF \$6,000 IN SCHOLARSHIPS
	WERE AWARDED.
	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 3,931 • including grants of \$) (Revenue \$)
4e	Total program service expenses 589,001.
	Form 990 (2019)

Form 990 (2019) WALK WITH SALLY 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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		X
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		X
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX 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	116		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		
.0	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3,7
	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		х
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?// "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			١
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	<u> </u>	X
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 50		
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2019) WALK WITH SALLY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 8 b state the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, 160 for the calendary are arching with or within the year accored by this return b statements b statements statements b statements statements b statements statements b statements statemen					Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes if the sum of lines is a and 2a is greater than 260, you may be required to 4°16 (see instructions) 3a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 980-T for this year? If "No" to line 30, provide an explanation on Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account()? 4a At any time the harmof of the regin country 5b If "Yes," exide the name of the regin country 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or exhirable contributions? 6c If "Yes to line 5a or 5b, did the organization line form 8886-17 7c Organizations that may receive deductible contributions under section 170c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of exhirable contributions? 8d If "Yes," indicate the number of forms 8882 filed during the year 9d If "Yes," indicate the number of forms 8882 filed during the year 10 bid the organization neceive a payment in scess of 575 make pirty as a contribution and party for goods and services provided to the payor? 7d If yes, "Indicate the number of forms 8882 filed during the year 10 bid the organization receive a payment in scess of 575 make party as a contribution and party for goods and services provided to the payor, year year years and years are provided? 7e Did the organization received a contribution of called intellectual property, did the organization file a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a 8			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 9907 for this year of "Wo" to file as 3,0 provide an explanation on Schedule O 4a 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 accounts (FBAF). 5b If "Yes," inter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c In "Yes" to line Sar o Sb, did the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c In "Yes" to line Sar o Sb, did the foreign country (such as whether transaction at any time during the tax year? 5c In "Yes" to line Sar o Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c In "Yes" to line Sar o Sb, did the organization the Grem 88867. 6c In "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was not tax deductible? 6c In "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In "Yes," include the number of borns 8882 filed during the year organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 6c If "Yes," include the number of Forms 8882 filed during the year. 6c In It was a sell of the organization received a contribution of qualified intellectual property, did the organization file a Form 1986. 7c In It the organization received a contribution of qualified intellectual property, did the organization file a Form 1986. 7c In It is e	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4b If "Yes," enter the name of the foreign country Securities account, or other financial account? 5b If "Yes," enter the name of the foreign country Securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual goss receipts that it was or is a party to a prohibited tax shelter transaction? 6c Very 10 line 5a or 5b, did the organization file Form 888617? 6c Did the stable party norify the organization file Form 888617? 6d Does the organization have annual goss receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If "Yes," did the organization have annual goss receipts that are normally greater than \$100,000, and did the organization solicit was required to the payor? 7b Organizations that may receive deductible contributions under section 170(c). 8d Did the organization service a payment in excess \$15\times and party as a contribution and party for goods and services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization needle a payment in excess \$15\times and party as a contribution of any antity for goods and services provided to the payor? 7d Did the organization seeled sealers and party as a contribution of any antity and party and party as a contribution of any antity and party		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot 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 accounts (FBAR). b If "Yes," enter the name of the foreign country ▶ 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization in the organization the fire Fine B886 17 or 16 or	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
transcial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 'Yes,' enter the name of the foreign country ▶ Soe instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I 'Yes' to line Sa or 5b, did the organization file Form 8886-1? 6 Does the organization shat were not tax deductible as charitable contributions? 6 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 6 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes,' did the organization notity the donor of the value of the goods or services provided? 7 Did the organization receive a payment in excess of \$75 made party as a contribution of prompting or the payor? 7 Did the organization received accordibution of use of the year. 9 Did the organization contribution of cars, boats, airplanes, or other vehicle, the organization file Form 8882 or contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8882 filed during the year. 9 Je If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8882 filed during the year permitume, divectly or indirectly, on a personal benefit contract? 7 To X Y Y X Section 501(K)12 organization make any taxable distributions under section 4966? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Section 501(b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
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a Initiation fees and capital contributions included on Part VIII, line 12	b			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 the organization licensed to issue qualified health plans in more than one state? 13a 15 Note: See the instructions for additional information the organization must report on Schedule O. 15 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 13c 15 Enter the amount of reserves on hand 15c 15 Is the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 Is the organization and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 If "Yes," complete Form 4720, Schedule O.	10	```	ı			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	192			122		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.				124		
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b			14b		
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.				
	16		t income?	16		X
		If "Yes," complete Form 4720, Schedule O.		_	000	(00.15)

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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.

					Δ
Sec	tion A. Governing Body and Management				
		1 1	7	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	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.		اء		
b	Enter the number of voting members included on line 1a, above, who are independent	16	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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				
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
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 a	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	ear by the following:			
а	The governing body?		8a	X	
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 re	ached 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 F	Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	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 bo	dy before filing the form?	11a	X	
b	Describe in 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 ris	e to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this was done		12c		Х
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 approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records 🕨			
	THE ORGANIZATION - 310-322-3900				
	840 APOLLO STREET SILTE 324 EL SECUNDO CA 9024	15			

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

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

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

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

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

(A) Name and title	(B) Average hours per week	Average hours per week Position (do not check more than or box, unless person is both officer and a director/truste					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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL HARRINGTON	2.50	-		.,					•	•
BOARD CHAIR	2.50	Х		Х				0.	0.	0 .
(2) GRACE LEUNG	2.50	X		x				0.	0.	0
TREASURER/BOARD MEMBER (3) RUSSELL HOSSAIN	2.00	₽		^				0.	0.	0 .
BOARD MEMBER	2.00	\mathbf{x}						0.	0.	0
(4) NICK ARQUETTE	40.00	1							•	-
CEO / BOARD MEMBER	1000	\mathbf{x}		x				69,443.	0.	0
(5) CHRISTINE HELMSTETTER	2.00							, .		-
BOARD MEMBER		X						0.	0.	0
(6) ERIK HELMSTETTER	2.00									
BOARD MEMBER		Х						0.	0.	0
(7) RICHARD PIMENTEL	2.00									
BOARD MEMBER		Х						0.	0.	0 .
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Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			_ (0	•			(D)	(E)		İ	(F)	
	Name and title	Average hours per week (list any	box offi	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	l	am	timate nount o other	of
		hours for related organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fro orga	pensa om the anizati d relate	e ion
		below line)	Individua	Institution	Officer	Key employee	Highest c employee	Former				orga	ınizatio	ons
-														
	Subtotal Total from continuation sheets to Part V							<u> </u>	69,443.		0.			0.
	Total (add lines 1b and 1c)								69,443.		0.			0.
2	Total number of individuals (including but no compensation from the organization	not limited to th	ose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportabl	е			C
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	such individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J t	for such individual			4		X
5 —	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			ted organization or indiv	idual for services		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mnoncotod in	done	ando	nt o	ont	root	oro t	that received more than	\$100,000 of com		otion f	rom	
	the organization. Report compensation for										iperis	ation	10111	
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	services	С	(C Comper	s) nsation	า
	Total number of independent contractors (i	including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi						0		,			Form 9	990 (*	2010

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		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		Oricci ii Coricciale O coritains a response o	I TIOLO LO ALTY IIIT	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0 (0							Sections 512 - 514
nts l		a Federated campaigns 1a					
اع ق		Membership dues 1b					
A,	C	c Fundraising events 1c	392,082.				
Contributions, Gifts, Grants and Other Similar Amounts	c	d Related organizations 1d					
in.	e	e Government grants (contributions)					
iz i	f	F All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	863,202.				
		Noncash contributions included in lines 1a-1f	595,356.				
an Co	_	h Total. Add lines 1a-1f	•	1,255,284.			
			Business Code	, ,			
o l	2 a		624310	1,415.	1,415.		
Š			021010	2,120.	_,		
Ser							
Ye.	•	. —————————————————————————————————————					
gra	C	³					_
Program Service Revenue	6	,					
-	f	f All other program service revenue		4 445			
\rightarrow		Total. Add lines 2a-2f		1,415.			
	3	Investment income (including dividends, interes					
		other similar amounts)					_
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	c	c Rental income or (loss) 6c					
	c	d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	b Less: cost or other basis					
e le		and sales expenses 7b					
le l		c Gain or (loss) 7c					
Revenue		d Net gain or (loss)	▶				
her		a Gross income from fundraising events (not					
됩		including \$ 392,082. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	469,885.				
			856,494.				
				-386,609.			-386,609.
				300,003.			300,005.
	9 2	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
			>				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
\rightarrow		Net income or (loss) from sales of inventory					
sn		 	Business Code				
Miscellaneous Revenue	11 a						
la Ven							
Re		C					
≌		d All other revenue					
		Total Add lines 11a-11d		070 000	1 41 5	0.	206 600
	12	Total revenue. See instructions		870,090.	1,415.	J 0.	-386,609.

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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,	69,443.	50,693.	1,389.	17,361
_	trustees, and key employees	09,443.	30,093.	1,309.	17,301
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	395,811.	288,942.	7,916.	98,953
7	Other salaries and wages	393,011.	400,344.	1,310.	30,333
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,216.	1,608.		1 600
9	Other employee benefits	36,454.	26,611.	729.	1,608 9,114
10	Payroll taxes	30,434.	20,011.	129.	9,114
11	Fees for services (nonemployees):				
	Management	1,330.		1,330.	
b	Legal	25,950.	2,595.	20,760.	2,595
	Accounting	23,330.	2,333.	20,700.	2,333
	Lobbying Professional fundamining convices. See Part IV, line 17				
	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	37,325.	22,826.	431.	14,068
40	· · · · · · · · · · · · · · · · · · ·	9,330.	5,598.	±31.	3,732
12 13	Advertising and promotion	21,178.	12,874.	4,446.	3,858
13 14	Office expenses	38,925.	21,423.	7,928.	9,574
	Information technology	30,323.	21,123.	7,520.	3,314
15 16	Royalties	67,944.	56,431.	3,399.	8,114
	Occupancy	3,522.	1,637.	785.	1,100
17 18	Payments of travel or entertainment expenses	3,322.	1,037.	703.	1,100
10	· '				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	· .				
20 21	Payments to affiliates				
2 I 22	Depreciation, depletion, and amortization	4,801.	3,985.	240.	576
22 23		30,527.	18,377.	5,856.	6,294
23 24	Other expenses. Itemize expenses not covered	23,3271	_3,3,7,	2,0001	0,251
- +	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.)				
а	PROGRAM TRAINING & ACTI	65,401.	65,401.		
a h	MERCHANTS FEES	24,959.	00, 401	24,959.	
C	SCHOLARSHIP PROGRAM	6,000.	6,000.		
d	TEMPORARY FAMILY SUPPOR	4,000.	4,000.		
_	All other expenses	2,0001	2,000		
25	Total functional expenses. Add lines 1 through 24e	846,116.	589,001.	80,168.	176,947
25 26	Joint costs. Complete this line only if the organization	5 - 5 , - 1 - 5 - 6	202,002.	33,200	_, 0, 0 11
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	In tollowing GOT 30-2 (AGO 300-720)				Earm 991 (20-

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			200,120.	1	246,876.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		30,113.	3	24,893.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	these per	sons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	ibed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			2,900.	9	9,688.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	31,873.			
	b	Less: accumulated depreciation			22,643.	10c	18,741.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	255,776.	16	300,198.
	17	Accounts payable and accrued expenses	10,096.	17	30,544.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or	ormer off	cer, director,			
≝		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of	these per	sons		22	
_	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
	25	Other liabilities (including federal income tax	payables	to related third			
		parties, and other liabilities not included on l	nes 17-24	l). Complete Part X			
		of Schedule D			10.006	25	20 544
	26	Total liabilities. Add lines 17 through 25			10,096.	26	30,544.
Ś		Organizations that follow FASB ASC 958,	check he	re ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			026 005		061 050
alaı	27	Net assets without donor restrictions			236,285.	27	261,259.
d B	28	Net assets with donor restrictions	9,395.	28	8,395.		
Ë		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📖			
P		and complete lines 29 through 33.					
ets.	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			245 600	31	260 654
ž	32	Total net assets or fund balances			245,680.	32	269,654.
	33	Total liabilities and net assets/fund balances			255,776.	33	300,198.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			90.
2	Total expenses (must equal Part IX, column (A), line 25)	2			16.
3	Revenue less expenses. Subtract line 2 from line 1	3			74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	5,6	80.
5	Net unrealized gains (losses) on investments	5			
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	26	9,6	54.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	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 Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► 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 WALK WITH SALLY 61-1472800 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 or 990-EZ).) 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 in 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. 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. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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		·	·			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	. ,	` '	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	831,338.	709,558.	936,714.	660,947.	676,555.	3,815,112.
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	024 220	700 550	026 514	660 045		
4	Total. Add lines 1 through 3	831,338.	709,558.	936,714.	660,947.	676,555.	3,815,112.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						40 000
	column (f)						42,230.
	Public support. Subtract line 5 from line 4.						3,772,882.
	ction B. Total Support	() 0045	(1) 0040	() 0047	(1) 0040	() 0040	(C) T
	ndar year (or fiscal year beginning in)	(a) 2015 831,338.	(b) 2016 709, 558.	(c) 2017 936, 714.	(d) 2018 660,947.	(e) 2019 676, 555.	(f) Total 3,815,112.
_	Amounts from line 4	031,330.	109,330.	930,714.	000,947.	070,333.	3,813,112.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,815,112.
12		etc. (see instruction	ons)			12	-,,
	First five years. If the Form 990 is for						
	organization, check this box and stor						
Sec	ction C. Computation of Publ						
14	Public support percentage for 2019 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	98.89 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	96.74 %
	33 1/3% support test - 2019. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2018. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		, ,	, ,	, ,	, ,	()
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first second this	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organi:	zation
•		-			-		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	/ 6
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the					$\overline{}$	
.50	more than 33 1/3%, check this box a						
	o 33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 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 in 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 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		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Ра	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations		Yes	No
4	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		163	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		· ·	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins.	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	Parent of Supported Organizations. Answer (a) and (b) below.	ZU		
3				
а		2-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		24		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	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 1-1/2% 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 .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 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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	·			
а	Applie	d to underdistributions of prior years			
		d to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;		
T dit VI	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 B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

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61-1472800

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

WALK WITH SALLY

61-1472800

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,066.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,060.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,264.	Person X Payroll

Name of organization

Employer identification number

WALK WITH SALLY

61-1472800

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	Contributoro (cos monaciono). Cos dapricare copies en l'art i il additiona		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$9,547.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>18,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>13,300.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 22,153.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WALK WITH SALLY

61-1472800

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$19,365.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$6,615.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$ <u>16,739.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$13,350.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$16,000.	Person X Payroll

Name of organization

WALK WITH SALLY

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
19		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
20		Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
21		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
22	Name, audress, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
23		Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
24		\$ 8,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization Employer identification number 61-1472800

WALK WITH SALLY

Parti	Contributors (see instructions). Use duplicate copies of Part 1 if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
25		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
26		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
27		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
28		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
29		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
30		Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

WALK WITH SALLY

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
31		Person Payroll Noncash X (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
32	Name, audiess, and Zir + +	Person Payroll Noncash X (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
33	Nume, dudi ess, und Zii + +	Person Payroll Noncash X (Complete Part II for noncash contributions.)					
(a)	(b)	(c) (d)					
No. 34	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
35		Person Payroll Noncash X (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
36	Tamo, add 500, and £II TT	Person Payroll Noncash X (Complete Part II for noncash contributions.)					

Name of organization Employer identification number

61-1472800 WALK WITH SALLY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 Person **Payroll** 7,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 38 Person **Payroll** 6,000. X Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 39 Person **Payroll** 5,900. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 40 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 42 Person **Pavroll** 9,500. Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WALK WITH SALLY

61-1472800

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
1.0	FOOD						
10							
		\$ 13,300.	06/30/19				
(a) No.	4.3	(c)	(-1)				
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I		(See instructions.)					
11	AIRFARE						
		\$	02/15/19				
(a) No.	(b)	(c)	(d)				
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received				
Part I	IIIIII	(See Instructions.)					
12	VENUE						
		\$ 22,153.	06/30/19				
(0)							
(a) No.	(b)	(c)	(d)				
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received				
Part I	HOTEL STAY	,					
29	HOTEL STAT						
		\$\$	06/01/19				
(a)		(-)					
No.	(b)	(c) FMV (or estimate)	(d)				
from Part I	Description of noncash property given	(See instructions.)	Date received				
	HOTEL STAY						
30							
		\$ 17,000.	02/15/19				
		\$17,000.					
(a)		(a)					
No.	(b)	(c) FMV (or estimate)	(d)				
from Part I	Description of noncash property given	(See instructions.)	Date received				
	PRIVATE JET						
31							
		\$ 14,000.	04/15/19				
000450 11 0		\$ 14,000.	<u> </u>				

Name of organization

WALK WITH SALLY

61-1472800

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I HOTEL STAY 32 10,500. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I AIRFARE 33 10,000. 02/15/19 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I HOTEL STAY 34 8,000. 04/15/19 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PERSONAL CHEF EXPERIENCE 35 04/15/19 8,000. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I HOTEL STAY 36 8,000. 06/30/19 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PERSONAL CHEF EXPERIENCE 37 7,500. 04/15/19

Name of organization Employer identification number

61-1472800 WALK WITH SALLY Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I HOTEL STAY 38 6,000. 06/30/19 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FURNITURE SET, CUSTOM PAINTING AND 39 DESIGN CONSULTATION 5,900. 06/30/19 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I BLIMP RIDE 40 10,000. 06/30/19 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I **JEWELRY** 41 04/15/19 5,000. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I SUPPLIES & FOOD 42 9,500. 06/30/19 (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I

Name of organization **Employer identification number** 61-1472800 WALK WITH SALLY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Open to Public Inspection

Name of the organization

WALK WITH SALLY

Employer identification number 61-1472800

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fur	nds 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		ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	onferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically	important land area
	Protection of natural habitat	Preservation of a	a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired $% \left(x\right) =\left(x\right) \left(after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
_	\$			
8	Does each conservation easement reported on line 2(d) above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that des	scribes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Simil	lar Accote
I al	Complete if the organization answered "Yes" on Form	-	nei omin	idi Assets.
10	If the organization elected, as permitted under FASB ASC 95		ad balanca	shoot works
ıa	of art, historical treasures, or other similar assets held for pul	, ,		
	service, provide in Part XIII the text of the footnote to its final	· · · · · · · · · · · · · · · · · · ·		public
h	If the organization elected, as permitted under FASB ASC 95			at works of
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research in further	erance or po	ablic service,
				¢
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre			*
_	the following amounts required to be reported under FASB A	,	gani, provid	.
а	Revenue included on Form 990, Part VIII, line 1	_	L	\$
	Assets included in Form 990, Part X			

932051 10-02-19

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

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, d	or Othe	r Similaı	Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following tha	t make si	gnificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е	, .	Other						
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included	_	-	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									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 Fo	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	unt liabili	ty?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete it	f the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three yea	ırs back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for th	ne organiza	tion		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza) 				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o		(b) Cost	t or other		cumulated		(d) Book v	alue /
		basis (investr	ment)	basis	(other)	dep	reciation	\perp		
1a	Land									
	Buildings				4 655			\perp		
	Leasehold improvements				4,686.		2,91			<u>,773.</u>
d	Equipment			1	3,159.		8,60			,552.
	Other				4,028.		1,61	2.		,416.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colun	nn (B). line	10c.)		I	▶	18	,741.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 WALK WITH S.	chedule D (Form 990) 2019 WALK WITH SALLY 6		-1472800 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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 Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(h) Dook volue
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities.	, 10.,		
Complete if the organization answered "Yes"	on Form 990 Part IV line	2 11e or 11f See Form 990 Part X line 25	;
1. (a) Description of liability	0111 01111 000,1 art 10, 11110	or the or this deer offin 330, that X, line 20	(b) Book value
(1) Federal income taxes			(2) 2001. (2)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
V: /			L

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) 2019

(8)

Sche	edule D (Form 990) 2019 WALK WITH SALLY		61-1472800	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial State	_	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		 	
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information.	Doublist Brown Albertail Ob	- Deat V. Bas A. Deat V. Bas O. Deat V	<i>(</i> 1
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	•		α,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
PAI	RT X, LINE 2:			
	11, 11, 11, 11, 11, 11, 11, 11, 11, 11,			
AC	COUNTING STANDARDS REQUIRE THAT A TAX PO	SITION BE R	ECOGNIZED OR	
DEI	RECOGNIZED BASED ON A 'MORE-LIKELY THAN-1	NOT' THRESH	OLD. THIS APPLIES	то
PO	SITIONS TAKEN OR EXPECTED TO BE TAKEN IN	A TAX RETU	RN. THE ORGANIZATI	ON
DO:	ES NOT BELIEVE ITS FINANCIAL STATEMENTS	INCLUDE (OR	REFLECT) ANY	
		-		
UN	CERTAIN TAX POSITIONS. THE ORGANIZATIONS	TAX RETURN	S ARE SUBJECT TO	
EX.	AMINATION BY FEDERAL TAXING AUTHORITIES	FOR A PERIO	D OF THREE YEARS F	'ROM
rH1	E DATE THEY ARE FILED AND A PERIOD OF FO	UR YEARS FO	R CALIFORNIA TAXIN	IG
				
ΑU'	THORITIES.			

Schedule D (Form 990) 2019	WALK WITH SALLY	61-1472800 Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Inform	ation (continued)	
	· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization							ntification number
						61-1472800	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais	e Solicitat f Solicitat g X Special or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or con	ustoay	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
T.1.1	<u> </u>						
3 List all states in which the organization	on is registered or licensed to solicit	contrib	outions	I s or has been notified	l d it is	exempt from re	l egistration
or licensing.							

Schedule G (Form 990 or 990-EZ) 2019

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

Schedule G (Form 990 or 990-EZ) 2019 WALK WITH SALLY 61-1472800 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events WHITE LIGHT NONE (add col. (a) through BOWL A THON WHITE NIGHT col. (c)) (event type) (event type) (total number) 1 Gross receipts 742,265 135,064. 877,329. 294,961 112,333. 407,294. 2 Less: Contributions 447,304 22,731. 470,035. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 168,197. 160. 168,357. 6 Rent/facility costs 3,336. 3,336. 7 Food and beverages 9,250. 1,350. 10,600. 8 Entertainment 58,717. 9 Other direct expenses 62,168. 244,461. **10** Direct expense summary. Add lines 4 through 9 in column (d) 225,574. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 WALK WITH SALLE	14/2000	Page 3
11 Does the organization conduct gaming activities with nonmembers?	└── Yes	└── No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	+ + + + + + + + + + + + + + + + + + +	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address ►		
16 Gaming manager information:		
Name		
Gaming manager compensation ▶ \$		
<u> </u>		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,

Schedule G	(Form 990 or 990-EZ)	WALK WITH	SALLY	61-1472800 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	rmation (continued	()	· ·
			•	
-				
-				
-				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization WALK WITH SALLY Employer identification number 61-1472800

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		-	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition an	lount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		19,121.	THRIFT SHOP	VAI	JUE	
6	Cars and other vehicles			·				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
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	X	286	154,693.	LIST PRICE			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTIONED ITE)	X	419	421,542.	LIST PRICE			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organize		,					
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	•				37
	exempt purposes for the entire holding period?	?				30a		X
	b If "Yes," describe the arrangement in Part II.							v
31								X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							v
	contributions?					32a		X
	If "Yes," describe in Part II.	- l () *			al and			
33	If the organization didn't report an amount in co	oiumn (c) fo	r a type of propert	y tor which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

Name of the organization

WALK WITH SALLY

Employer identification number 61-1472800

FORM 990 PART 1, LINE 11 OTHER REVENUE: FUNDRAISING EVENT REVENUES

FORM 990, PART I, LINE 11, OTHER REVENUE, WHICH IS CALCULATED IN PART

VIII, COLUMN (A), LINE 8 C, INDICATES A \$386,609 LOSS FROM FUNDRAISING

EVENTS. HOWEVER, IT SHOULD BE NOTED THAT PRIOR TO THE RECLASSIFICATION

OF \$392,082 IN CASH CONTRIBUTIONS EARNED AT FUNDRAISING EVENTS SHOWN ON

LINE 1 C, AND NONCASH CONTRIBUTIONS RECEIVED FOR FUNDRAISING EVENTS OF

\$595,356 SHOWN ON LINE 1 G, FUNDRAISING EVENTS HAD A PROFIT OF

\$600,829. ACCORDINGLY, THE FUNDRAISING EVENTS DID NOT RESULT IN A LOSS

DURING 2019 OR PRIOR YEARS.

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

PARENT OR SIBLING TO CANCER. THE ADULT IN THE "FRIENDSHIP" LIVED WITH

OR LOST A PARENT/SIBLING TO CANCER IN THEIR LIFETIME OR IS A CANCER

SURVIVOR. THE MENTOR AND MENTEE COMMIT TO THE FRIENDSHIP FOR A MINIMUM

OF 1 YEAR, SPENDING 6-8 HOURS TOGETHER EACH MONTH.

DURING 2019, THE ORGANIZATION MANAGED A CASELOAD OF 110 CHILDREN MATCHED WITH INDIVIDUAL MENTORS.

FORM 990, PART VI, SECTION A, LINE 2:

CHRISTINE HELMSTETTER AND ERIK HELMSTETTER ARE MARRIED.

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

THE RETURN WAS EMAILED TO ALL OF THE BOARD OF DIRECTORS FOR REVIEW BEFORE

FILING

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization WALK WITH SALLY	Employer identification number 61-1472800							
WILL WITH BILLET	01 11/2000							
FORM 990, PART VI, SECTION B, LINE 12:								
THEY ARE CURRENTLY IN PLACE FOR EMPLOYEES AND BOARD MEMBERS.								
FORM 990, PART VI, SECTION B, LINE 15A:								
INDEPENDENT MEMBERS OF THE BOARD REVIEWED AND APPROVED THE EXECUTIVE'S								
COMPENSATION AND COMPARED IT WITH EXTERNAL MARKET DATA.								
FORM 990, PART VI, SECTION C, LINE 19:								
DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST	_							