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PUBLIC DISCLOSURE COPY

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** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2020 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
				61-14728	00
	Ireturn	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Jreturn termin			310-322-3	
	applicable: WALK WITH SALLY Doing business as Doing business as Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite Address 840 APOLLO STREET, SUITE 324 City or town, state or province, country, and ZIP or foreign postal code Parameter EL SEGUNDO, CA 90245 SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 501(c) ()		G Gross receipts \$	898,450.	
	⊿return	EL SEGUNDO, CA 90245		H(a) Is this a group re	
	⊥tiòn pendi			for subordinates H(b) Are all subordinates in	
<u> </u>	· 2 X 0 X		or 527		list. See instructions
				H(c) Group exemption	
			I Vear		State of legal domicile: CA
			IDE FR	EE MENTORIN	G SUPPORT
nce	•	PROGRAMS & SERVICES TO CHILDREN OF PAREN	TS OR	SIBLINGS WI	TH CANCER
'nai	2				
Nel					7
ğ					6
ې د				·····	14
itie					321
cti	-				0.
Ā					0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		1,255,284.	605,149.
ňu	9			1,415.	0.
Revenue	10			0.	277.
£				-386,609.	-36,252.
				870,090.	569,174.
	13			0.	0.
	14			0.	0.
S	15			504,924.	505,847.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25) 195,4	75.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		341,192.	231,069.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		846,116.	736,916.
	19	Revenue less expenses. Subtract line 18 from line 12		23,974.	-167,742.
s or			Be	ginning of Current Year	End of Year
sets alar	20	Total assets (Part X, line 16)		300,198.	222,051.
it As nd B	21	Total liabilities (Part X, line 26)		30,544.	14,952.
Pur				269,654.	207,099.
					/ knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.	
		Signature of officer		Date	

Sign	Signature of officer				Date	
Here	NICK ARQUETTE, EXECUTIV	VE DIRECTOR	2			
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	TIMOTHY D. PETTIT, CPA	TIMOTHY D.	PETTIT,		· · · · · · · · · · · · · · · · · · ·	200393206
Preparer		GROUP			Firm's EIN 🕨 33	-0532641
Use Only	Firm's address 21515 HAWTHORNE	BL. #1250				
	TORRANCE, CA 9050	03-6583			Phone no. (310)540-5990
May the IF	RS discuss this return with the preparer shown abov	ve? See instructions				X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate	instructions.			Form 990 (2020)

		-1472800	Pag
Par	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		[
1	Briefly describe the organization's mission:		
	WALK WITH SALLY'S MISSION IS TO PROVIDE HOPE THROUGH OUR	-	
	INDIVIDUALIZED MENTORING AND COMMUNITY SUPPORT SERVICES TO		
	CHILDREN EXPERIENCING THE TRAUMA OF A PARENT, GUARDIAN OR S	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?	Yes	X
	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
	If "Yes," describe these changes on Schedule O.		
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured	ured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, a	Ind
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$450,808 • including grants of \$) (Revenue \$)		
	WALK WITH SALLY IS COMMITTED TO PROVIDING HEALING AND COMFO		
	CHILDREN DEBILITATED BY THE EMOTIONAL EXPERIENCE OF LIVING		
	LOSING A PARENT, GUARDIAN, OR SIBLING TO CANCER. THIS HEAL		
	FACILITATED THROUGH FREE OF CHARGE MENTORING SUPPORT PROGRA		
	SERVICES THAT PROVIDE AN EMOTIONALLY SAFE ENVIRONMENT FOR (го
	SHARE THEIR DIFFICULT EXPERIENCE WITH SOMEONE WHO HAS SUFFE		
	SAME. 91% OF THE FAMILIES WALK WITH SALLY SERVES ARE LOW TO) MODERATE	2
	INCOME FAMILIES.		
	THE FOCUS OF OUR MENTORING PROGRAM IS TO MATCH AND CREATE (
	MENTORING RELATIONSHIPS ("FRIENDSHIPS") BETWEEN A CHILD ANI		
		RIENDSHIP'	"]
1b	(Code:) (Expenses \$ 6 , 7 3 0 • including grants of \$) (Revenue \$		
	THE FRIENDSHIP ACTIVITY PROGRAM IS A QUARTERLY EXPERIENTIAL		
	EDUCANTANAL DAVIONO EVENIM FOD ALL MUE MENIMODINO EDIENDOUIL		
	EDUCATIONAL DAY-LONG EVENT FOR ALL THE MENTORING FRIENDSHIP	PS, THEIR	
	FAMILIES, PROSPECTIVE FAMILIES AND MENTORS. A TOTAL OF 164	1	
	FAMILIES, PROSPECTIVE FAMILIES AND MENTORS. A TOTAL OF 164 PARTICIPANTS ATTENDED FOUR DIFFERENT FRIENDSHIP ACTIVITIES	1	רעכ
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	FAMILIES, PROSPECTIVE FAMILIES AND MENTORS. A TOTAL OF 164 PARTICIPANTS ATTENDED FOUR DIFFERENT FRIENDSHIP ACTIVITIES	1	ישכ
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	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? If "Yes," complete	· ·		
U	Schedule D, Part III	8		x
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		x
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
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		X
	Did the organization operate one or more hospital facilities? <i>If</i> " <i>Yes</i> ," <i>complete Schedule H</i>	20a		X
	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	_		x
020000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	^ (2020)
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	00		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	00-		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
02	Schedule N, Part II	32		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4	Enter the number reported in Roy 2 of Form 1006 Enter 0 if not explicible		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b	5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
U	(gambling) winnings to prize winners?	1c		
03200	4 12-23-20		990	(2020)
30200	Δ			<u>,_</u>)

Form 990	(2020)
Part V	Sta

020) WALK WITH SALLY Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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 account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
		5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х
h	any contributions that were not tax deductible as charitable contributions?	6a		- 23
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 13b			
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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.			77
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.			

Form **990** (2020)

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

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

10	Enter the number of voting members of the governing body at the end of the tax year	1a	7	Yes	No
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year		4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		4		
2	officer, director, trustee, or key employee?		2	х	
3	Did the organization delegate control over management duties customarily performed by or under th				
	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				Х
5	Did the organization become aware during the year of a significant diversion of the organization's as				Х
6	Did the organization have members or stockholders?				Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
	The governing body?		8a	х	
	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	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 R				
				Yes	N
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	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 boo		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")				
	in Schedule O how this was done		12c		X
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approv				
	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	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization'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 \blacktriangleright 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	abl
	for public inspection. Indicate how you made these available. Check all that apply.				
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, a	and fina	ncial	
~	statements available to the public during the tax year.	and the second of the second sec			
20	State the name, address, and telephone number of the person who possesses the organization's bound THE ORGANIZATION - $310-322-3900$	ooks and records >			
	840 APOLLO STREET, SUITE 324, EL SEGUNDO, CA 9024	15			
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	6				
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Employees, and Independe	ent Contrac	ctors			

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		er an	u a u	lirecto	n/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ruste	ll trus		/ee	mpen		(00-2/1033-10100)		and related
	below	d ual 1	In stitutional trustee	-	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) NICK ARQUETTE	40.00									
CEO / BOARD MEMBER		X		Х				84,640.	Ο.	0.
(2) MICHAEL HARRINGTON	2.50									
BOARD CHAIR		X		Х				0.	Ο.	0.
(3) GRACE LEUNG	2.50									
TREASURER/BOARD MEMBER		X		Х				0.	Ο.	0.
(4) RUSSELL HOSSAIN	2.50									
BOARD MEMBER		X						0.	Ο.	0.
(5) CHRISTINE HELMSTETTER	2.50									
BOARD MEMBER		X						0.	0.	0.
(6) ERIK HELMSTETTER	2.50									
BOARD MEMBER		X						0.	0.	0.
(7) RICHARD PIMENTEL	2.50									
BOARD MEMBER		X		Х				0.	0.	0.
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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount o 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)	organization: (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e on ed
	Subtotal								84,640.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 84,640.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	sove	e) wł	no re	eceived more than \$100	,000 of reportabl	e			0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	-			•	-		Ŭ	phest compensated emp	2		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J f	for such individual			4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors					-			-			5		X
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for the	the calendar y	ear e	endi	ng v	vith	or w	ithir		year.				
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(C omper	;) nsatior	٦
								_						
								_						
2	Total number of independent contractors (ii	ncluding but n	ot lii	nite	d to	tho	se lis	stec	above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				()					Form	990 (2	2020)

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			Check if Schedule O	conta	ins a resp	onse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
¶g,			Fundraising events				187,392.				
ar /			Related organizations								
s, o			Government grants (contr								
Sig			All other contributions, gifts,								
her		•	similar amounts not included				417,757.				
ē		a	Noncash contributions included in			\$	272,736.				
anc		•	Total. Add lines 1a-1f					605,149.			
							Business Code				
e	2	а									
ه ۲		b									
Program Service Revenue		с									
eve		d									
2 B G		e									
Pro			All other program service	rever	nue						
		a	Total. Add lines 2a-2f								
	3	<u> </u>	Investment income (inclue								
			other similar amounts)	•							
	4		Income from investment of				Г				
	5		Royalties		•		· · ·				
	_		,		(i) Rea		(ii) Personal				
	6	а	Gross rents	6a	.,						
	_		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	;)			►				
	7		Gross amount from sales of		(i) Securi		(ii) Other				
	·		assets other than inventory	7a	5,2	77.					
		b	Less: cost or other basis								
ne		-	and sales expenses	7b	5,0	00.					
/en		с	Gain or (loss)	7c		77.					
Rev			Net gain or (loss)				►	277.			277.
Other Revenue	8		Gross income from fundraisi								
đ	-		including \$ 187	7,39	92. of						
			contributions reported on								
			Part IV, line 18			8a	288,024.				
		b	Less: direct expenses				324,276.				
			Net income or (loss) from			_		-36,252.			-36,252.
	9		Gross income from gamin		-						
			Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from				►				
	10		Gross sales of inventory,								
			and allowances			10a	a				
		b	Less: cost of goods sold								
			Net income or (loss) from				►				
s							Business Code				
e sou	11	а									
Miscellaneous Revenue		b									
eve		с									
Alisc R		d	All other revenue								
<			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					569,174.	0.	0.	-35,975.
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WALK WITH SALLY Part VIII Statement of Revenue

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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).

Check if Schee	dule O contains a respons				
Do not include amounts repor 7b, 8b, 9b, and 10b of Part VI		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance	-				
and domestic governments.	· · · · -				
2 Grants and other assista					
individuals. See Part IV, Grants and other assista					
organizations, foreign go	°				
individuals. See Part IV,	-				
4 Benefits paid to or for m					
5 Compensation of curren					
trustees, and key employ	/ees	84,640.	55,862.	3,386.	25,392
6 Compensation not included	above to disqualified				
persons (as defined under s	ection 4958(f)(1)) and				
persons described in sectio	n 4958(c)(3)(B)				
7 Other salaries and wage	s	380,934.	251,417.	15,236.	114,281
8 Pension plan accruals and c					
section 401(k) and 403(b) e			1 1 1 1		1 1 1 1
9 Other employee benefits		2,202.	1,101.	1 500	1,101 11,421
10 Payroll taxes		38,071.	25,127.	1,523.	11,421
11 Fees for services (nonem					
a Management					
b Legal		29,406.	2,941.	23,524.	2,941
c Accounting		29,400.	2,941.	23,524.	2,941
d Lobbying					
Professional fundraising ser					
f Investment managementg Other. (If line 11g amount of the second sec					
column (A) amount, list line		22,574.	7,200.	474.	14,900
12 Advertising and promotio		9,336.	5,602.		3,734
13 Office expenses		9,524.	4,534.	3,298.	1,692
14 Information technology		30,342.	16,525.	6,217.	7,600
15 Royalties					
16 Occupancy		63,258.	52,560.	3,163.	7,535
17 Travel		1,207.	843.	182.	182
18 Payments of travel or en					
for any federal, state, or	local public officials				
19 Conferences, convention	ns, and meetings				
21 Payments to affiliates					
22 Depreciation, depletion,	and amortization	4,906.	4,072.	245.	589
	·····	17,958.	9,035.	4,816.	4,107
24 Other expenses. Itemize exp above (List miscellaneous e line 24e amount exceeds 10 amount, list line 24e expens	xpenses on line 24e. If % of line 25, column (A)				
a PROGRAM TRAI	NING & ACTI	20,814.	20,814.		
b MERCHANTS FE		16,729.		16,729.	
c TEMPORARY FA		2,515.	2,515.		
d SCHOLARSHIP	PROGRAM	2,500.	2,500.		
e All other expenses					
25 Total functional expenses.	Add lines 1 through 24e	736,916.	462,648.	78,793.	195,475
26 Joint costs. Complete this li	, ,				
reported in column (B) joint					
educational campaign and f	-				
Check here if following	ng SOP 98-2 (ASC 958-720)				Form 990 (2020

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11

	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			24,893.	3	12,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	•				
		under section 4958(f)(1)), and persons describe	•			6	
ις.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				9,688.	9	
		Land, buildings, and equipment: cost or other			-	_	
		basis. Complete Part VI of Schedule D	10a	31,873.			
	b	Less: accumulated depreciation		<u>31,873.</u> 18,038.	18,741.	10c	13,835.
	11	Investments - publicly traded securities	-			11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			300,198.	16	222,051.
	17	Accounts payable and accrued expenses			30,544.	17	14,952.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			21		
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			22		
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			30,544.	26	14,952.
		Organizations that follow FASB ASC 958, che					
alances		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			261,259.	27	98,912.
	28	Net assets with donor restrictions			8,395.	28	3,000.
pur		Organizations that do not follow FASB ASC 9					
гF		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund B	30	Paid-in or capital surplus, or land, building, or ed				30	
t As	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances			269,654.	32	207,099.
	33	Total liabilities and net assets/fund balances			300,198.	33	222,051.
							Form 990 (2020)

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

Cash - non-interest-bearing

Form 990 (2020)

1

Part X Balance Sheet

(B) End of year

196,216.

13146_01

(A) Beginning of year

246,876.

1

1 Total revenue (must equal Part VIII, column (A), line 12) 1 569, 174 2 Total expenses (must equal Part IX, column (A), line 25) 2 736, 916 3 Revenue less expenses. Subtract line 2 from line 1 3 -167, 742. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269, 654 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 7 8 9 105, 187 8 9 105, 187 9 10 207, 099 9 105, 187 9 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: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the Form 990: Cash X	Form	990 (2020) WALK WITH SALLY	61-1472	800	Pa	ge 12		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 569, 174 2 Total expenses (must equal Part IX, column (A), line 25) 2 736, 916 3 Revenue less expenses. Subtract line 2 from line 1 3 -167, 742. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269, 654 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 7 8 9 105, 187 8 9 105, 187 9 10 207, 099 9 105, 187 9 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: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the Form 990: Cash X	Pa	rt XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 2 736,916 3 Revenue less expenses. Subtract line 2 from line 1 3 -167,742 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269,654 5 Net unrealized gains (losses) on investments 5 6 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 2 Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X I 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X I 16 Yes, 'check a box below to indicate whether the financial statements for the year		Check if Schedule O contains a response or note to any line in this Part XI				X		
2 Total expenses (must equal Part IX, column (A), line 25) 2 736,916 3 Revenue less expenses. Subtract line 2 from line 1 3 -167,742 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269,654 5 Net unrealized gains (losses) on investments 5 6 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 2 Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X I 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X I 16 Yes, 'check a box below to indicate whether the financial statements for the year								
3 Revenue less expenses. Subtract line 2 from line 1 3 -167,742 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269,654 5 Net unrealized gains (losses) on investments 5 6 6 7 8 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 7 8 7 9 105,187 10 207,099 9 Check if Schedule O contains a response or note to any line in this Part XII 7 8 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Her organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a X 2a X 2a X	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269,654 5 Net unrealized gains (losses) on investments 5 6 6 Donated services and use of facilities 6 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	2	Total expenses (must equal Part IX, column (A), line 25)						
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) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	3	Revenue less expenses. Subtract line 2 from line 1	3					
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) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X I If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: I 2a X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	269	9,6	54.		
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) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X I If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: I 2a X	5	Net unrealized gains (losses) on investments	5					
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 207,099 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	6		6					
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187 9 105,187 9 207,099 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 	7		7					
9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187.4 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099.4 Part XII Financial Statements and Reporting 10 207,099.4 Check if Schedule O contains a response or note to any line in this Part XII Image: column (B) Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: column (B) 2a X	8		8					
column (B)) 10 207,099 Part 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: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check allow of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	9		9	105	5,1	87.		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check a lose of the set of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Cash Were the organization's financial statements compiled or reviewed by an independent accountant? Cash If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			10	205	7,0	99.		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash	Pa	rt XII Financial Statements and Reporting				_		
 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 		Check if Schedule O contains a response or note to any line in this Part XII						
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b If the organization of the second statement of the s			-		Yes	No		
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 on a separate basis, consolidated basis, or both: 2a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:								
separate basis, consolidated basis, or both:	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	lona					
X Separate basis Consolidated basis Both consolidated and separate basis								
		X Separate basis Consolidated basis Both consolidated and separate basis						
b Were the organization's financial statements audited by an independent accountant?	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 basis,		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:		consolidated basis, or both:						
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1		
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?						
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
Act and OMB Circular A-133? 3a X		Act and OMB Circular A-133?		3a		X		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			1		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)	
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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
2020
Open to Public Inspection
 identification number

Name of the o	organization
---------------	--------------

Nam	ne of t	he organization							identification number				
			WITH SALL						1-1472800				
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	see instruction	ıs.					
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).						
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in				
		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9		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-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or				
		university:											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, ar	nd gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). C	Check the box in				
		lines 12a through 12d that	describes the type c	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.					
а		Type I. A supporting orga		-	•								
		the supported organization			a majority (of the dire	ctors or truste	ees of the s	supporting				
		organization. You must c	-										
b		Type II. A supporting org	-				-		-				
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported				
	_	organization(s). You mus											
С		J Type III functionally inte	•					Illy integrate	ed with,				
		its supported organization		•			-						
d		J Type III non-functionally						-					
		that is not functionally int	•	c ,			•	d an attent	iveness				
		requirement (see instruct											
е		Check this box if the orga					а туре ї, туре	ii, iype iii					
4	Ento	functionally integrated, or er the number of supported of the support of support of the support		<i>y</i> e 11	0 0								
		vide the following information	•	d organization(a)									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other				
	•	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)				
				above (see instructions))									
Tota	al												
LHA	For P	aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020				

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Schedule A (Form 990 or 990 EZ) 2020 WALK WITH SALLY

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	709,558.	936,714.	660,947.	676,555.	332,136.	3,315,910.
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 \dots						
4	Total. Add lines 1 through 3	709,558.	936,714.	660,947.	676,555.	332,136.	3,315,910.
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,						
	column (f)						13,682.
6	Public support. Subtract line 5 from line 4.						3,302,228.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	709,558.	936,714.	660,947.	676,555.	332,136.	3,315,910.
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						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,315,910.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, [.]	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publ						
	Public support percentage for 2020 (14	99.59 %
	Public support percentage from 2019					15	98.89 %
16 a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part '	VI how the organization	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		▶∟
b	10% -facts-and-circumstances tes	t - 2019. 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	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 WALK WITH SALLY

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

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(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0 (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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3) orga	anization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2020 (ine 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage)			
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	zation	▶∟
b	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1	/3% , and
	line 18 is not more than 33 1/3%, che			•	. ,	•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
03202	23 01-25-21			15	Sc	hedule A (For	m 990 or 990-EZ) 2020

^{2020.04000} WALK WITH SALLY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part IV Supporting Organizations (continued)

2

No

Yes No

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported

			Yes			
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		
the supported organization(s).	1	
Section 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 line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization support	ed a governmental entity	. Describe in Part VI how	you supported a g	overnmental entity	(see instructions).
---	--	--------------------------	--------------------------	---------------------------	-------------------	--------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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17 2020.04000 WALK WITH SALLY Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

Schedule A (Form 990 or 990 EZ) 2020 WALK WITH SALLY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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	ally integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2020

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Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continued}	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Section D, lines 5, 6, and 8 (See instructions.)	8; and Part V, Section E, lines 2, 5	5, and 6. Also complete this part for	on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V, any additional information.
32028 01-25-21		20	Schedule A (Form 990 or 990-EZ)
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

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

2020

Employer identification number

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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

X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 $\dots \longrightarrow$

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.

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
11		\$5,545.	PersonPayrollNoncashX(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
8		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
13		\$8,000.	PersonPayrollNoncashX(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
3		\$14,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7		\$5,609.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
2		\$20,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	ional space is needed.	
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions \$5,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	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
5		\$8,866.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,246.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$7,536.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u> 023452 11-25		\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$24,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$5,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$	Person Payroll Occurrence Payroll Occurrence Payroll Occurrence Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Page **3**

Employer identification number

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61-1472800

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOOD 11 5,545. 08/22/20 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I HOTEL STAY 13 8,000. 04/23/20 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PRIVATE JET AIRFARE 3 14,000. 02/28/20 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I STAY IN A LUXURY HOME 2 02/21/20 20,000. \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PORTRAIT 12 5,000. 08/22/20 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I BLIMP RIDE 4 5,000. 03/05/20 \$ 023453 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 25

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Schedule B (Form 990, 990-EZ, or 990-PF) (202	0)
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Employer identification number

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61-1472800

(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(000	
10	HOTEL STAY		
10			
		\$ 24,000.	08/22/20
		↓ / ↓	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(000	
14	SECURITIES		
14			
		\$ 5,000.	02/19/20
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(200	
		\$	
		[•]	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(,	
		\$	
		*	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		—	
		\$	
(a)		(c)	
No.	(b)	(C) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		· · · · ·	
		——	
		——	
		\$	
3453 11-25			90, 990-EZ, or 990-PF) (

art III	from any one contributor. Complete columns (a) thr completing Part III, enter the total of exclusively religious, chari	rough (e) and the following line er itable, etc., contributions of \$1,000 or	try For organizatio	ane
a) No.	Use duplicate copies of Part III if additional spa	ace is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif	 t	
-	Transferee's name, address, and a	ZIP + 4	Relations	hip 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 git	t	
-	Transferee's name, address, and a	ZIP + 4	Relations	hip 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 git	 +	
-	Transferee's name, address, and a			hip 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 git	— — 	
-	Transferee's name, address, and a			hip of transferor to transferee

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.



	<i>.</i>	
Name	of the	organization

Employer identification number

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Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(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 w	riting that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
		· · · ·		
Pa				
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreat	· · · · ·	nistorically	/ important land area
	Protection of natural habitat	Preservation of a		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form 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	
	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele			n during the tax
	year 🕨		0	C C
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conservatio	n easeme	nts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	ts that de	scribes the
_	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and	balance	sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	nerance o	f public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and ba	lance she	et works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of p	ublic service,
	provide the following amounts relating to these items:			
	(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 trea	sures, or other similar assets for financial g	ain, provid	de
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X		🕨	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2020
03205	12-01-20			

	28		
2020.04000	WALK	WITH	SALLY

Sche	dule D (Form 990) 2020 WALK WI	TH SALLY						61-14	7280() _{Pa}	age 2
Par	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, o	or Othe	er Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	ny of the	following tha	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	I [] Lo	an or excl	hange progra	am					
b	Scholarly research	e	e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how they	/ further t	ne organizati	on's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o		,		,				-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the or	ganizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi								٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tab	ole:							
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
t Oo	Ending balance Did the organization include an amount on Fe								Yes		
	If "Yes," explain the arrangement in Part XIII.							L			」No │
Par											1
		(a) Current year	(b) Prio		(c) Two yea			ears back	(e) Four	vears	hack
1a	Beginning of year balance	(u) ourient you		your	(0) 1110 you	o suon	(u) 11100 y	ouro buon	(0) 1 0 01	youro	Juon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g,	column (a	a)) held as:	I					
а	Board designated or quasi-endowment		%	·							
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	are held a	nd administe	ered for t	he organiz	zation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the	0	owment fur	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or c basis (investr		(b) Cost basis		• • •	ccumulate preciation	ed	(d) Book	value	;
1a	Land										
	Buildings										
с	Leasehold improvements				4,686.		4,3),3	
d	Equipment				3,159.		11,2			L,9:	
	Other				4,028.		2,4	16.		L,6:	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	0c.)	<u></u>			1.	3,8	35.

Schedule D (Form 990) 2020

032052 12-01-20

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1
(a) Description of investment	(b) Book value

(a) Description of investment	(b) DOOK value	(c) Method of Valuation. Cost of end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) 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 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 WALK WITH SALLY			61-	1472800	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With				
	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	674	,361.
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	105,187.			
е	Add lines 2a through 2d			2e		,187.
3	Subtract line 2e from line 1			3	569	,174.
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				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,174.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				7 26	010
1	Total expenses and losses per audited financial statements			1	/36	,916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	т т				
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	-				0
е	Add lines 2a through 2d			2e	 	0.
3	Subtract line 2e from line 1			3	736	,916.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	т т				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	. 4b				0
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	/36	,916.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THAT A TAX POSITION BE RECOGNIZED OR
DERECOGNIZED BASED ON A 'MORE-LIKELY THAN-NOT' THRESHOLD. THIS APPLIES TO
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION
DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY
UNCERTAIN TAX POSITIONS. THE ORGANIZATIONS TAX RETURNS ARE SUBJECT TO
EXAMINATION BY FEDERAL TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM
THE DATE THEY ARE FILED AND A PERIOD OF FOUR YEARS FOR CALIFORNIA TAXING
AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PPP LOAN PROCEEDS

032054 12-01-20

032055 12-01-20	Schedule D (Form 990) 2020
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SCHEDULE G	Suppleme	ntal Information Regard	ing Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes"				or 19	, or if the	2020
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for ir				ion.		Inspection
Name of the organization		TH SALLY					Employer ide	ntification number 800
	complete this par	Complete if the organization an t.	swered "Y	′es" o	n Form 990, Part IV,	line 1	7. Form 990-EZ	I filers are not
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person social 2 a Did the organization key employees list 	e organization rais tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds through any of the follo e Solio f Solio g Spe or oral agreement with any individ rart VII) or entity in connection wi viduals or entities (fundraisers) p	citation of citation of cial fundra dual (inclue th profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fund have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
				<u> </u>				
		on is registered or licensed to sol		oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Fo	rm 990 or	990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990 EZ) 2020 WALK WITH SALLY

Part II 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 WHITE LIGHT	(b) Event #2	(c) Other events	(d) Total events
	WHITE NIGHT	BOWL A THON	2	(add col. (a) through
	(event type)	(event type)	(total number)	col. (c))
		(event type)	(total humber)	
I Gross receipts	336,903.	125,289.	13,225.	475,417
2 Less: Contributions	77,589.	106,230.	3,573.	187,392
Gross income (line 1 minus line 2)	259,314.	19,059.	9,652.	288,025
4 Cash prizes				
5 Noncash prizes				
		750.		750
		208.		462
		550		20,799
		1,086	3.511.	29,251
			•	51,262
· · · · ·				236,763
\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	└── Yes %	└── Yes % └── No	└── Yes % └── No	
7 Direct expense summary. Add lines 2 throu	gh 5 in column (d)		►	
3 Net gaming income summary. Subtract line	7 from line 1 column (d)		•	
Enter the state(s) in which the organization con-	ducts gaming activities:			
		states?		Yes No
f "No," explain:				
Vere any of the organization's daming licenses	revoked suspended or t	erminated during the tax	vear?	Yes N
		iatoa daring trio tax		
· ·				
	 Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line inter the state(s) in which the organization coms the organization licensed to conduct gaming "No," explain: 	5 Noncash prizes 3 Rent/facility costs 4 Food and beverages 3 Entertainment 2 0 4 Poincet expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Add lines 4 through 9 in column (d) 1 Net income summary. Add lines 4 through 9 in column (d) 1 Net income summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Renting. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 3 Net gaming income summary. Subtract line 7 from line 1, column (d) 4 Rent facility in which the organization conducts gaming activities: 5 the organization licensed to conduct gaming activities in each of these	5 Noncash prizes 5 Rent/facility costs 7 Food and beverages 20,249. 250. 20 24,654. 20 20 20 20 20 <t< td=""><td>5 Noncash prizes 3 Rent/facility costs 4 Food and beverages 5 Rent/facility costs 5 Code and beverages 6 20,249. 5 550. 0 Other direct expenses 0 Direct expense summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 6a. 1 (a) Bingo 1 (b) Pull tabs/instant bingo/progressive bingo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 6 No 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) Inter the state(s) in which the organization conducts gaming activities: the organization licensed to conduct gaming activities: "No," explain: "Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?</td></t<>	5 Noncash prizes 3 Rent/facility costs 4 Food and beverages 5 Rent/facility costs 5 Code and beverages 6 20,249. 5 550. 0 Other direct expenses 0 Direct expense summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 6a. 1 (a) Bingo 1 (b) Pull tabs/instant bingo/progressive bingo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 6 No 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) Inter the state(s) in which the organization conducts gaming activities: the organization licensed to conduct gaming activities: "No," explain: "Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2020 WALK WITH SALLY	<u>61-1</u>	472800) <u>Pag</u> e 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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 No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco			/0
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	us.		
	Address			
			\Box	—
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	ount		
	of gaming revenue retained by the third party $ ightarrow$ \$			
	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation 🕨 \$			
	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		Vee	
	retain the state gaming license?			
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 s			<u> </u>
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Pai	rt III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
0000	0-LL-I-	C /F cm	000 004	E7 0000
u320	33 11-25-20 Schedule 35	G (FORM	1 990 OF 990	0-EZ) 2020
- ~ /				1 6 0 1

<u> </u>	
	Schedule G (Form 990 or 990-EZ)
032084 04-01-20	36

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number

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.

Open to Public Inspection

20

Name of the	organization
-------------	--------------

WALK WITH SALLY

	WALK WITH SA	LLY			61-	1472	800	
Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of c noncash contrib	letermin	•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		32,897.	THRIFT SHO	P VA	LUE	
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	Х	8		LIST PRICE			
19	Food inventory	Х	125		LIST PRICE			
20	Drugs and medical supplies	Х	7	2,246.	LIST PRICE			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (LODGING)	X	34	84,053.	LIST PRICE			
26	Other (TICKETS)	X	73	40,070.	LIST PRICE			
27	Other (AUCTIONED ITE)	X	32	9,150.	LIST PRICE			
28	Other ()							
29	Number of Forms 8283 received by the organi for which the organization completed Form 82							
	-		-	<u>.</u>			Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?				30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

31

32a

032141 11-23-20

15500630 781727 13146.000

Х

Х

61-1472800 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

 500630 781727 13146.000	38 2020.04000 WALK WITH SALLY	13146_01
032142 11-23-20		Schedule M (Form 990) 2020

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number 61 - 1472800WALK WITH SALLY FORM 990 PART I, 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 \$36,252 LOSS FROM FUNDRAISING EVENTS. HOWEVER, IT SHOULD BE NOTED THAT PRIOR TO THE RECLASSIFICATION OF \$187,392 IN CASH CONTRIBUTIONS EARNED AT FUNDRAISING EVENTS SHOWN ON LINE 1(C), AND NONCASH CONTRIBUTIONS RECEIVED FOR FUNDRAISING EVENTS OF \$273,013 SHOWN ON LINE 1(G), FUNDRAISING EVENTS HAD A PROFIT OF ACCORDINGLY, THE FUNDRAISING EVENTS DID NOT RESULT IN A LOSS \$424,153. DURING 2020 OR PRIOR YEARS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LIVING WITH, LIVED WITH OR LOST A (SEE SCHEDULE O FOR CONTINUATION) 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 2020, THE ORGANIZATION MANAGED A CASELOAD OF 111 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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

15500630 781727 13146.000

39 2020.04000 WALK WITH SALLY Name of the organization

WALK WITH SALLY

FILING

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PPP LOAN PROCEEDS

105,187.

032212 11-20-20

15500630 781727 13146.000

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

	202	O Annual Informat	tion Return					199)
Cal	endar Year	r 2020 or fiscal year beginning (mm/dd/yyyy)		, and ending	(mm/dd/yy	yy)			
Cor	poration/Org	ganization name			Cal	ifornia corp	oration numb	er	
		VITH SALLY				2615	909		
Add	ditional inform	mation. See instructions.			FE				
							47280	0	
		(suite or room)				PMB no.			
-		OLLO STREET, SUITE 32	24			715			
City					State	ZIP code	-		
	L SEG				CA	9024	-		
Fore	eign country	name	Foreign province/state/county			Foreign p	ostal code		
-	Elization to								
A	First retu								V
B		d return ion 4947(a)(1) trust		eported to the FTB' mpt under R&TC S					
C D		prmation return?		ged in political acti			-		X No
U		Dissolved Surrendered (Withdrawn)		organization exen				····	
				s," enter the gross					
Е		ccounting method: (1) $Cash$ (2) X Accr		organization a lim					X No
F		eturn filed? (1) \bullet 990T(2) \bullet 990FF (3)		e organization file					
		Other 990 series		t taxable income?				• Yes	X No
G	Is this a g	group filing? See instructions	• Yes X No N Is the	organization unde					
Н		ganization in a group exemption	Yes X No IRS a	udited in a prior ye	ear?			• Yes	X No
	lf "Yes," v	what is the parent's name?		eral Form 1023/10					X No
			Date	filed with IRS					
P	artl	Complete Part I unless not required to file this							
		1 Gross sales or receipts from other source					1	293,3	01 00
		2 Gross dues and assessments from mem	bers and affiliates			•	2		00
		3 Gross contributions, gifts, grants, and si			STMT	<u>1</u> •	3	605,1	<u>49 00</u>
F	Receipts	4 Total gross receipts for filing requiremen	-		STMT				
	and	This line must be completed. If the rest				1	4	898,4	50 00
R	levenues	5 Cost of goods sold			5 0	00 00			
		6 Cost or other basis, and sales expenses					7	5.0	00 00
			lino A				7 8	893,4	5000
		 8 Total gross income. Subtract line 7 from 9 Total expenses and disbursements. Fror 	. Oide O. Deut II. Jime 40			•	9	1,059,5	57 00
E	xpenses	10 Excess of receipts over expenses and dis		n line 8			10	-166,1	07 00
		dd Tatal a sum anta				•	11	100/1	00
						•	12		00
		13 Payments balance. If line 11 is more that				-	13		00
F	iling Fee	14 Use tax balance. If line 12 is more than li	,				14		00
	Ū	15 Penalties and Interest. See General Infor					15		00
		16 Balance due. Add line 12 and line 15. The					16		00
0:.		16 Balance due. Add line 12 and line 15. The Under penalties of perjury, I declare that I have examine it is true, correct, and complete. Declaration of prepare	ed this return, including accompanying er (other than taxpayer) is based on all i	g schedules and state nformation of which p	ments, and to reparer has a	o the best o ny knowled	t my knowled ge.	dge and belief,	
Sig He			Title		Date			Felephone	
		Signature of officer	EXEC	UTIVE DI	RE			.0-322-39	00
				Date	Check	if		PTIN	
		Preparer's ► TIMOTHY D. PETT	TIT, CPA	06/30/2	1 self-er	nployed		0393206	
Pa	id	Firm's name						Firm's FEIN	
	eparer's	(or yours, if self-						-0532641	
Us	e Only	employed) 21515 HAWTHORNE and address							000
		TORRANCE, CA 90						10)540-5	990
		May the FTB discuss this return with the prepa	arer shown above? See instructio	ons		• X	Yes L	No	

L

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

	1 Cross sales or respire from all	husingge estivities. Cas instrue	tiona	-	•	288,024 00
	1 Gross sales or receipts from all				1	
	2 Interest				2	00
	3 Dividends				3	00
Receipts	4 Gross rents				4	00
rom	5 Gross royalties		СШУЦ		5	5 277 or
Other	6 Gross amount received from sal	e of assets (See Instructions)	STAT	.EMEN.I. 2 •	6	5,277 ₀₀
Sources					7	
	8 Total gross sales or receipts fro		-		8	293,301 o
	9 Contributions, gifts, grants, and				9	00
	10 Disbursements to or for membe	rs		•	10	00
	11 Compensation of officers, direct	ors, and trustees	SEE STAT	$\mathbf{EMENT} 4 \bullet$	11	84,640 0
	12 Other salaries and wages				12	380,934 ₀
Expenses	13 Interest				13	
and	14 Taxes				14	38,071 00
Disburse-	15 Rents				15	63,258 00
ments	16 Depreciation and depletion (See	instructions)		•	16	3,271 00
	17 Other expenses and disburseme	ents	SEE STAT	$\mathbf{TEMENT} \ 5 \ \mathbf{\bullet} \ 0$	17	489,383 00
	18 Total expenses and disburseme	ents. Add line 9 through line 17.	. Enter here and on Side 1, Par	t I, line 9		1,059,557 ₀
Schedul	e L Balance Sheet	Beginning of t			of taxable y	
Assets		(a)	(b)	(C)		(d)
			246,876		•	196,210
	ounts receivable				•	
	es receivable				•	
	ries				•	
	and state government obligations				•	
	nents in other bonds				•	
7 Investm	nents in stock				•	
8 Mortga	ge loans				•	
	ivestments				•	
10 a Depr	eciable assets	31,873		31,8		
b Less	accumulated depreciation	(13,132	18,741	(18,03	8)	13,83
11 Land					•	
12 Other a	ssets STMT 6		34,581		•	12,000
13 Totala	ssets		300,198			222,051
	ind net worth					
14 Accoun	ts payable		30,544		•	14,952
	utions, gifts, or grants payable				•	
	and notes payable				•	
	ges payable				•	
	abilities					
	stock or principal fund				•	
	r capital surplus. Attach reconciliation				•	
	d earnings or income fund		269,654		•	207,099
	abilities and net worth		300,198			222,051
	e M-1 Reconciliation of income	per books with income per re dule if the amount on Schedule	turn	than \$50.000.		,
1 Net inco	ome per books					
	income tax		not included in this		8 🗕	105,18
	of capital losses over capital gains		8 Deductions in this		·····	
	not recorded on books this year			ne this year	•	
	nocroooraoa on books lillo yeal			πο απο γοαι		
			Control Add line 7 or	nd line 8		105 18
5 Expens	es recorded on books this year not ed in this return STMT	7 • 1,6	9 Total. Add line 7 ar 5 3 6 10 Net income per ret			105,185

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3652204

61-1472800

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
RAGSDALE, KENNETH	5410 119TH ST CT NW GIG HARBOR, WA 98101		5,246.	
NELSON, LAWRENCE	2520 ARMOUR LANE REDONDO BEACH, CA 90278		8,866.	
ROBERTSON, JENNIFER	1500 PASEO DEL MAR PALOS VERDES ESTATES, CA 90274		7,536.	
GLASSBERG, EDWARD	7831 W 79TH ST PLAYA DEL REY, CA 90293		5,609.	
CASCELLA, AMERICO	7114 CORONADO AVE DALLAS , TX 75214		5,000.	
HOSSAIN, RUSSELL	1602 10TH STREET MANHATTAN BEACH, CA 90266		5,000.	
TOTAL INCLUDED ON LINE 3			37,257.	

	NONCASH CONTRIBU LUDED ON PART I,		STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
GREENE (ROBERT) HOUSEHOLD	PO BOX 66430	LOS ANGELES, CA 9	0066
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
STAY IN A LUXURY HOME	02/21/20	20,000.	20,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
DAMON (ROD AND MICHELLE)	81 SOLOGNE CI	RCLE MANHATTAN BE	АСН, АК 72223
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
PRIVATE JET AIRFARE	02/28/20	14,000.	14,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
THE GOODYEAR TIRE AND RUBBER COMPANY	19200 S. MAIN	STREET GARDENA,	CA 90248
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
BLIMP RIDE	03/05/20	5,000.	5,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
VICEROY LOS CABOS	PASEO MALECON CABO MEXICO	SAN JOSE LOTE 8	SAN JOSE DEL
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
HOTEL STAY	08/22/20	24,000.	24,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
ANHEUSER BUSCH	20499 S. REEV	ES AVE CARSON, C	A 90801
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
FOOD	08/22/20	5,545.	5,545.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
KELSEY NAKKEN	2651 IRVINE AV	ZE COSTA MESA, C	A 92627
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
PORTRAIT	08/22/20	5,000.	5,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
CEGELSKI (WENDI) HOUSEHOLD	3815 N APACHE	WAY SCOTTSDALE	, AZ 85251
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
HOTEL STAY	04/23/20	8,000.	8,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
MICHELLE FULLERTON	2829 VIA SEGOV 90274	JIA PALOS VERDES	ESTATES, CA
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
SECURITIES	02/19/20	5,000.	5,000.
TOTAL INCLUDED ON LINE 3		86,545.	86,545.

CA 199 G	ROSS AN	MOUNT F	ROM SA	LE OF	ASSETS		S	TATEMENT	3
DESCRIPTION				ATE JIRED	DAT SOI			THOD UIRED	
			02/2	19/20	06/15	6/20	DON	ATED	
			T OR BASIS	DEP	REC.		ENSE SALE		
			5,000.		0.		0.	5,2	277.
TOTAL TO FORM 199, PAGE 2	, LN 6		5,000.		0.		0.	5,2	277.
CA 199 COMPENSATION	OF OF	FICERS,	DIREC	FORS A	ND TRUS	TEES	S	TATEMENT	4
NAME AND ADDRESS			AVERAG	TITLE GE HRS	AND WORKEI)/WK	(COMPENSAI	ION
NICK ARQUETTE 840 APOLLO STREET, SUITE EL SEGUNDO, CA 90245	324		CEO /	BOARD 40.0	MEMBEF 0		-	84,6	40 .
MICHAEL HARRINGTON 840 APOLLO STREET, SUITE EL SEGUNDO, CA 90245	324		BOARD	CHAIR 2.5					0.
GRACE LEUNG 840 APOLLO STREET, SUITE EL SEGUNDO, CA 90245	324		TREAS	URER/B(2.5)	OARD ME 0	MBER			0.
RUSSELL HOSSAIN 840 APOLLO STREET, SUITE EL SEGUNDO, CA 90245	324		BOARD	MEMBE 2.5					0.
CHRISTINE HELMSTETTER 840 APOLLO STREET, SUITE EL SEGUNDO, CA 90245	324		BOARD	MEMBE 2.5					0.
ERIK HELMSTETTER 840 APOLLO STREET, SUITE EL SEGUNDO, CA 90245	324		BOARD	MEMBEI 2.5					0.
RICHARD PIMENTEL 840 APOLLO STREET, SUITE EL SEGUNDO, CA 90245	324		BOARD	MEMBE 2.5					0.
TOTAL TO FORM 199, PART I	Τ. Τ.ΤΝΙ	र 11					-	84,6	
	-, -,						_	04,0	

STATEMENT(S) 3, 4

12,000.

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CA 199	OTHER	EXPENSES		STATEMENT	5
DESCRIPTION				AMOUNT	
PROGRAM TRAINING & ACTI MERCHANTS FEES TEMPORARY FAMILY SUPPOR SCHOLARSHIP PROGRAM DIRECT EXPENSES OF FUNDRAIS OTHER EMPLOYEE BENEFITS ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE				20,8 16,7 2,5 2,5 324,2 29,4 22,5 9,3 9,5 30,3 1,2 17,9	29. 15. 00. 76. 02. 06. 74. 36. 242. 07. 58.
TOTAL TO FORM 199, PART II,	LINE 17			489,38	83.
CA 199	OTHE	R ASSETS		STATEMENT	6
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
PLEDGES AND GRANTS RECEIVAB PREPAID EXPENSES AND DEFERR			24,893. 9,688.	12,0	00.

CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT

TOTAL TO FORM 199, SCHEDULE L, LINE 12

DESCRIPTION	AMOUNT
DEPRECIATION	1,636.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	1,636.

STATEMENT(S) 5, 6, 7

34,581.

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CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 8
DESCRIPTION		AMOUNT
PPP LOAN PROCEEDS		105,187.
TOTAL TO FORM 199, SCH	HEDULE M-1, LINE 7	105,187.

TAXABLE YEARCo2020and	rporat d Amo	tion Depr	reciatio	on						CALIFORN	11A FORM 185
Attach to Form 100 or Form				FORM	199]	FEIN	61-14	72800
Corporation name									Calif	ornia corporati	on number
WALK WITH SAI	LY									261590	9
Part I Election To Expense	Certain Prop	perty Under IRC S	ection 179								
1 Maximum deduction und	er IRC Sectio	on 179 for Californ	ia						1		\$25,000
2 Total cost of IRC Section	179 property	/ placed in service							2		
3 Threshold cost of IRC Se											\$200,000
4 Reduction in limitation. S											
5 Dollar limitation for taxab	le year. Subti	ract line 4 from lin	e 1. If zero or						5		
	Description c	of property		(b) Cost (b	ousiness use o	nly) (c) Elected (cost			
6									_		
		70 0									
7 Listed property (elected I										1	
8 Total elected cost of IRC											
9 Tentative deduction. Ente											
10 Carryover of disallowed of11 Business income limitation	Enter the	ameller of busines	als	loop than zoro) or ling E				10		
12 IRC Section 179 expense											
13 Carryover of disallowed d							-		12		
Part II Depreciation and El											
(a)	(b)		(c)	(((e)	(f)			(g)	(h)
Description of property	Date acqu	uired Co	ist or	Depreciation	allowed or	Depreciation	Life			reclation	Additional
	(mm/dd/y	vyyy) othe	r basis	allowable in	earlier years	method	rate		for	his year	first year depreciation
14											
SEE STATEMENT	r 9	3	1,874.	1	4,786.						
15 Add the amounts in colur			-								
See instructions for line 1								15		3,271	
Part III Summary		,									
16 Total: If the corporation is	s electing:										
IRC Section 179 expense Additional first year depre Depreciation (if no election	eciation unde	r B&TC Section 2	4356 add the	amounts on lin	e 15, columns	(g) and (h) o	r		16		3,271
17 Total depreciation claime											4,907
18 Depreciation adjustment.											
If line 17 is less than line											
amounts are used to dete	ermine net ind	come before state	adjustments c	on Form 100 or	Form 100W, r	no adjustment	is necessa		18		-1,636
Part IV Amortization											
(a) Description of prop	erty	(b) Date acquired (mm/dd/yyyy)	Co	(c) st or r basis		d) n allowed or earlier years	(e) R&TC Section (see instruction	l pe	(f) Period or ercentage		g) ization is year
19							(
20 Total. Add the amounts in	(0)			NO 11 44							
21 Total amortization claime									21		
22 Amortization adjustment. Side 1, line 6. If line 21 is		-							22		
0100 1, 1110 0, 11 1110 21 13						, 0100 2, 1110			62	1	

FTB 3885 2020

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CA 388	85		DEPRE	CIATION			STATEM	IENT	9
ASSET DESCRI	NO./ IPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONU	JS
1	COMPUTER I	EQUIPMENT							
		01/22/16	9,821.	9,493.	\mathtt{SL}	5.00	328.		
2	OFFICE FUR	RNITURE							
		12/31/17	963.	386.	SL	5.00	193.		
3	COMPUTER I	EQUIPMENT							
		12/31/17	648.	260.	\mathtt{SL}	5.00	130.		
4	LEASEHOLD	IMPROVEMENTS							
		12/31/17	3,500.	700.	\mathtt{SL}	10.00	350.		
5	LEASEHOLD	IMPROVEMENTS							
		12/31/17	10,000.	2,000.	\mathtt{SL}	10.00	1,000.		
6	OFFICE FUR								
		12/31/17	1,200.	480.	\mathtt{SL}	5.00	240.		
7	OFFICE FUR								
		12/31/17	491.	196.	SL	5.00	98.		
8	OFFICE FUR								
_		12/31/17	1,375.	550.	SL	5.00	275.		
9	COMPUTER H	~							
		11/08/18	1,790.	418.	SL	5.00	358.		
10	LEASEHOLD	IMPROVEMENTS							
		02/09/18	1,186.	228.	SL	10.00	119.		
11	COMPUTER I				~ ~		100		
		08/02/19	900.	75.	SL	5.00	180.		
ͲΟͲϪΤ.	TO FORM 38	885	31,874.	14,786.		-	3,271.		
101111	10 10101 50	=				=			

TAXABLE 202		_{FORM} 8453-EO
	Exempt Organizations	
Exempt Org	anization name	Identifying number
WATK	WITH SALLY	61-1472800
	Electronic Return Information (whole dollars only)	01-14/2000
Part I 1 Tota		1 898,450
	I gross receipts (Form 199, line 4) I gross income (Form 199, line 8)	2 893,450
	l expenses and disbursements (Form 199, line 9)	
Part II	Settle Your Account Electronically for Taxable Year 2020	
4	Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/d	d/yyyy)
Part III	Banking Information (Have you verified the exempt organization's banking information?)	
	ng number	
Part IV	unt number 7 Type of account: Check Declaration of Officer	ing Savings
-	the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic	c funds withdrawal for the amount listed
on line 4a.		
California a balance organizatio statements	r, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt orgon on will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return s be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt orgon authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	. If the exempt organization is filing anization's fee liability, the exempt and accompanying schedules and
<u>.</u> .		-
Sign Here	Signature of officer Date EXECUTIVE DIRECTO	R
nere		
Part V	Declaration of Electronic Return Originator (ERO) and Paid Preparer.	
am only ar accurately provided t 1345, 202 the exemp I declare th	hat I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and c intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I d reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transm re organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other re 0 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the r t organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the hat I have examined the above exempt organization's return and accompanying schedules and statements, and to the be ct, and complete. I make this declaration based on all information of which I have knowledge.	leclare, however, that form FTB 8453-EO itting this return to the FTB; I have equirements described in FTB Pub. return or four years from the date paid preparer, under penalties of perjury,
	FBU/S-	eck ERO's PTIN
	also paid if s	elf- ployed P00393206
		Firm's FEIN 33-0532641
	and address 21515 HAWTHORNE BL. #1250	
	TORRANCE, CA	ZIP code $90503 - 6583$
	alties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statem they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.	ents, and to the best of my knowledge
Paid Prepar	Paid preparer's signature	Paid preparer's PTIN
Must	Firm's name (or yours if self-employed)	Firm's FEIN
Sign	and address	ZIP code
For Priva	cy Notice, get FTB 1131 ENG/SP.	FTB 8453-EO 2020

029021 11-19-20

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacamento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	DEPARTMEN		USTICE
WALK WITH SALLY Check if: Name of Organization Check if: List all DBAs and names the organization uses or has used Amended report			
B40 APOLLO STREET, SUITE 324 Address (Number and Street) EL SEGUNDO, CA 90245 City or Town, State, and ZIP Code NARQUETTE@WALKWITHSALLY 310-322-3900 State Charity Registration Number Corporation or Organization No. Federal Employer ID No. 61-	2615909		
STO-SZZ-SSOO OTG Telephone Number E-mail Address ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 300-307, 301-307, 300-307, 300-307, 300-307, 300-307, 300-307, 300-307, 300-307, 300-307, 300-307, 300-307, 300-307			
Make Check Payable to Department of Justice	· ·	F - 1	
Gross Annual RevenueFeeGross Annual RevenueFeeGross Annual RevenueLess than \$25,00000Between \$100,001 and \$250,000\$50Between \$1,000,00Between \$25,000 and \$100,000\$25Between \$250,001 and \$1 million\$75Between \$10,000,00Gross Annual RevenueFeeGross Annual RevenueGross Annual RevenueGross Annual RevenueBetween \$250,001 and \$100,000\$25Between \$250,001 and \$1 million\$75Between \$10,000,00Gross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueGross Annual RevenueBetween \$250,001 and \$100,000\$25Between \$250,001 and \$1 million\$75Between \$10,000,00Gross AnnueGross AnnueGross AnnueGross AnnueGross AnnueBetween \$250,001 and \$100,000\$25Between \$250,001 and \$1 million\$75Gross AnnueGross AnnueGross AnnueGross AnnueBetween \$250,001 and \$1 million\$75Between \$10,000,00Gross AnnueGross AnnueGross AnnueBetween \$100,000Gross AnnueGross Annue<	01 and \$10 million 001 and \$50 million	<u>Fee</u> \$15 \$22 \$30	
PART A - ACTIVITIES For your most recent full accounting period (beginning_01/01/2020_ending_12/31/20)20) list:		
Gross Annual Revenue\$ 569,174 Noncash Contributions\$ 272,736 Total Assets Program Expenses \$ 462,648 Total Expenses \$	<i>,</i>	2,0	51
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT			
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a providing an explanation and details for each "yes" response. Please review RRF-1 instructions for inf		Yes	No
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or any financial interest? 	Ŭ,		x
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charit or funds?	table property		x
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?			x
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable pu commercial coventurer used?	irposes, or		x
5. During this reporting period, did the organization receive any governmental funding?			x
6. During this reporting period, did the organization hold a raffle for charitable purposes?			x
7. Does the organization conduct a vehicle donation program?			Х
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance wit generally accepted accounting principles for this reporting period?	th		x
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unre	estricted net assets?		x
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to and belief, the content is true, correct and complete, and I am authorized to sign.	o the best of my kno	wledę	
NICK ARQUETTE EXECUTIVE DI Signature of Authorized Agent Printed Name Title	IRECTOR Date		

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	r identification I	number (TIN)
print	WALK WITH SALLY				61-147	2800
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 840 APOLLO STREET, SUITE 3		tions.			
return. See instructions	City, town or post office, state, and ZIP code. For a f EL SEGUNDO, CA 90245		ress, see instructions.			
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			
Applicat	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above) THE ORGANIZATI	06	Form 8870			12
• If this box 1 I re the	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit	Group Exe and atta NOVEI ganization's	emption Number (GEN) I ch a list with the names and TINs of MBER 15, 2021 , to file s return for: d ending	f this is fo f all memb	r the whole gro ers the extension opt organization	ion is for.
3a lfti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			
	nonrefundable credits. See instructions.	. ,	·	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and			
est	imated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.
c Ba	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			
usi	ng EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawa ns.	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-I	EO for payment
I HA F	or Privacy Act and Paperwork Reduction Act Notice	see instr	uctions.		Form 886	8 (Rev 1-2020)

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Form	g	g	Λ
Form	\mathbf{J}	J	V

** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2020 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name Chang			61-14728	00
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return termir			310-322-3	
	termir ated Amen			G Gross receipts \$	898,450.
	_lreturn]Applie _tion	EL SEGUNDO, CA 90245		H(a) Is this a group re	
	⊥tiòn pendi	^{ra-} F Name and address of principal officer:NICK ARQUETTE SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	
<u> </u>	· 2 X 0 X	empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1)$	or 527		list. See instructions
		te: ► HTTP://WWW.WALKWITHSALLY.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: CA
	rt I				
	1	Briefly describe the organization's mission or most significant activities: PROV	IDE FR	EE MENTORIN	G SUPPORT
Activities & Governance	•	PROGRAMS & SERVICES TO CHILDREN OF PAREN	TS OR	SIBLINGS WI	TH CANCER
'nai	2	Check this box			
Nel	3	Number of voting members of the governing body (Part VI, line 1a)			7
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
ې د	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		·····	14
itie	6	Total number of volunteers (estimate if necessary)			321
cti	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		1,255,284.	605,149.
ňu	9	Program service revenue (Part VIII, line 2g)		1,415.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	277.
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-386,609.	-36,252.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		870,090.	569,174.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		504,924.	505,847.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 195,4	75.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		341,192.	231,069.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		846,116.	736,916.
	19	Revenue less expenses. Subtract line 18 from line 12		23,974.	-167,742.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets alar	20	Total assets (Part X, line 16)		300,198.	222,051.
it As nd B	21	Total liabilities (Part X, line 26)		30,544.	14,952.
Pur	22	Net assets or fund balances. Subtract line 21 from line 20		269,654.	207,099.
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.	
		Signature of officer		Date	

Sign	Signature of officer				Date	
Here	NICK ARQUETTE, EXECUTIV	VE DIRECTOR	2			
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	TIMOTHY D. PETTIT, CPA	TIMOTHY D.	PETTIT,		· · · · · · · · · · · · · · · · · · ·	200393206
Preparer		GROUP			Firm's EIN 🕨 33	-0532641
Use Only	Firm's address 21515 HAWTHORNE	BL. #1250				
	TORRANCE, CA 9050	03-6583			Phone no. (310)540-5990
May the IF	RS discuss this return with the preparer shown abov	ve? See instructions				X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate	instructions.			Form 990 (2020)

		51-1472800	Page
Par	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		. Σ
	Briefly describe the organization's mission:		
	WALK WITH SALLY'S MISSION IS TO PROVIDE HOPE THROUGH OUR		
	INDIVIDUALIZED MENTORING AND COMMUNITY SUPPORT SERVICES 7		
	CHILDREN EXPERIENCING THE TRAUMA OF A PARENT, GUARDIAN OF	R 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?	Yes [XN
	If "Yes," describe these new services on Schedule O.		
}	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [XIN
	If "Yes," describe these changes on Schedule O.		
ł	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured 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, an	nd
	revenue, if any, for each program service reported.		
	(Code:) (Expenses \$450,808. including grants of \$) (Revenue \$		
	WALK WITH SALLY IS COMMITTED TO PROVIDING HEALING AND COM		
	CHILDREN DEBILITATED BY THE EMOTIONAL EXPERIENCE OF LIVIN		
	LOSING A PARENT, GUARDIAN, OR SIBLING TO CANCER. THIS HEA		
	FACILITATED THROUGH FREE OF CHARGE MENTORING SUPPORT PROC		
	SERVICES THAT PROVIDE AN EMOTIONALLY SAFE ENVIRONMENT FOR		'0
	SHARE THEIR DIFFICULT EXPERIENCE WITH SOMEONE WHO HAS SUP		
	SAME. 91% OF THE FAMILIES WALK WITH SALLY SERVES ARE LOW	TO MODERATE	
	INCOME FAMILIES.		
	THE FOCUS OF OUR MENTORING PROGRAM IS TO MATCH AND CREATE		
	MENTORING RELATIONSHIPS ("FRIENDSHIPS") BETWEEN A CHILD A		
	WHO HAVE BOTH BEEN IMPACTED BY CANCER. THE CHILD IN THE '	"FRIENDSHIP"	I
b	(Code:) (Expenses \$ 6,730 • including grants of \$) (Revenue \$	\$	
	THE FRIENDSHIP ACTIVITY PROGRAM IS A QUARTERLY EXPERIENTI	IAL AND	
	EDUCATIONAL DAY-LONG EVENT FOR ALL THE MENTORING FRIENDSH	HIPS, THEIR	
	FAMILIES, PROSPECTIVE FAMILIES AND MENTORS. A TOTAL OF 1		
	FAMILIES, PROSPECTIVE FAMILIES AND MENTORS. A TOTAL OF D PARTICIPANTS ATTENDED FOUR DIFFERENT FRIENDSHIP ACTIVITIE		UT
			UT
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	PARTICIPANTS ATTENDED FOUR DIFFERENT FRIENDSHIP ACTIVITIE		
	PARTICIPANTS ATTENDED FOUR DIFFERENT FRIENDSHIP ACTIVITIE	ES THROUGH-O	
3 4 4a 4b 4c 4d	PARTICIPANTS ATTENDED FOUR DIFFERENT FRIENDSHIP ACTIVITIE THE YEAR.	ES THROUGH-O	
ŀc	PARTICIPANTS ATTENDED FOUR DIFFERENT FRIENDSHIP ACTIVITIE THE YEAR. (Code:) (Expenses \$ 5,015. including grants of \$) (Revenue \$) (Reve	ES THROUGH-O	
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kc kd	PARTICIPANTS ATTENDED FOUR DIFFERENT FRIENDSHIP ACTIVITIE THE YEAR. (Code:)(Expenses \$ 5,015. including grants of \$) (Revenue \$ WALK WITH SALLY TRIES TO ENHANCE OUR MENTORING SUPPORT BY FUNDS THROUGH OUR TEMPORARY SUPPORT PROGRAM. THE GOAL OF IS TO REDUCE FINANCIAL STRESSES SO THAT WALK WITH SALLY (FAMILIES IN THEIR JOURNEY TOWARDS HOPE AND HEALING. TO AC MENTEES AND THEIR FAMILIES ARE PROVIDED WITH FINANCIAL AS THROUGH A VARIETY OF DIFFERENT AVENUES SUCH AS EMERGENCY ASSISTANCE AND SCHOLARSHIP FUNDS. Other program services (Describe on Schedule 0.) (Expenses \$ 95. including grants of \$) (Revenue \$	S THROUGH-O	M

Form	990	(2020)

 Form 990 (2020)
 WALK
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 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)?		v	
_	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	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, VII, IX, or X	10		
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	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			v
45	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	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 23
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			
	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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х
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Form	990	(2020)	
	330	(2020)	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ь	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			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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	07		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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			v
	"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		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			37
	"Yes," complete Schedule L, Part IV	28c	37	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	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 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c		
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Part V

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 Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 14							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				v				
		-	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				x				
h	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a						
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report 114, Report of Foreign Bank and Financial Action 114, Report 114,	acurate (EDAD)							
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X				
			50 5c						
	 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 								
	any contributions that were not tax deductible as charitable contributions?		6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service as a contribution as a contribution as a contribution and partly for goods and service as a contribution as a contribu	vices provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required							
	to file Form 8282?		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	-						
			8						
9	Sponsoring organizations maintaining donor advised funds.		0-						
a			9a						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	105							
		11a							
	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?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	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	I							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c			v				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		x				
	excess parachute payment(s) during the year?		15		- 27				
16	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?	16		х				
10	If "Yes," complete Form 4720, Schedule O.		10						
			_						

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

Х

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.

		1.1	7	Yes	No
1a		1a	4		
			6		
2				x	
2			Z		
3					x
					X
					X
					X
			•		
/a			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 y	ear by the following:			
а	The governing body?		8a	Х	
				Х	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing the form	? 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
				X	
			12 b		X
с			120		x
3				X	
				X	
•					
2			152	x	
					X
5			155		
62		ement with a			
Ju			162		x
h	, , ,		10a		
5					
			16b		
ec				1	
 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? B) Dtit the organization other many office, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization of textor, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is malling address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ide bit "Yes," did the organization have local chapters, branches, or affiliates? b Bothenches to ensure their operations are consistent with the organization's exempt purposes? Ide bit manches to ensure their operations are consistent with the organization's exempt purposes? Ide bit eorganization provided a complete copy of this Form 990 to all members of its governing body before filing the form? D bescribe in Schedule O the process. If any, used by the organization review this Form 990. Did the organization review this was done Did the organization nave a written conflict of interest policy? If "No," go to line 13 Did the organization schedule on the organization or eview this form 990. Did the organization have a written dower policy? Did the organization schedule and contemporaneous substantiation of the deliberation and decision? Did the organization schedule and contemporaneous substantiation of the deliberation and decision? Did the organization schedule to report is no confliction? Did the organization schedule the organization inset in, contribute assets to, or participate in a joint venture or singlar arrangement with a taxable entity dur					
		and 990-T (Section 501)	c)(3)s only	v) avei	lahle
-				,, avai	
		in on Schedule ()			
9		,	and fina	ncial	
-		sermer of interest policy	, unu inia	noiai	
'n		pooks and records			
5	THE ORGANIZATION - 310-322-3900				
	840 APOLLO STREET, SUITE 324, EL SEGUNDO, CA 902	45			
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					~ 4

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Employees, and Independe	ent Contrac	ctors			

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than on		one	Reportable				
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week			luau		i/uus		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key (High emp	Former			
(1) NICK ARQUETTE	40.00									
CEO / BOARD MEMBER		х		Х				84,640.	0.	0.
(2) MICHAEL HARRINGTON	2.50									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) GRACE LEUNG	2.50									
TREASURER/BOARD MEMBER		Х		Х				0.	0.	0.
(4) RUSSELL HOSSAIN	2.50									
BOARD MEMBER		Х						0.	0.	0.
(5) CHRISTINE HELMSTETTER	2.50									
BOARD MEMBER		Х						0.	0.	0.
(6) ERIK HELMSTETTER	2.50									
BOARD MEMBER		Х						0.	0.	0.
(7) RICHARD PIMENTEL	2.50									
BOARD MEMBER		Х		Х				0.	0.	0.
		 	<u> </u>			<u> </u>	 			

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Par			ploy	ees			ghe	st C						
	Name and title Average hours per week					Urs per box, unless person is both an officer and a director/trustee) from from from							(F) stimate nount o other	of
		(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)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e on ed
. <u> </u>														
1b	Subtotal								84,640.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization							no r	eceived more than \$100	,000 of reportab	le			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-	r	4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-			-			5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir I	n the organization's tax (B)	year.		(0	<u>יי</u>	
	Name and business	address	NC	ONE	3			_	Description of s	ervices	C		nsatio	<u>ו</u>
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot li	mite	d to		se lis)	stec	d above) who received n	nore than		Form	990 (2	0000
													JJJ (2	_U_U)

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			Check if Schedule O c	contains a	response	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
nts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
Am (с	Fundraising events		1c	187,392.				
Gift lar		d	Related organizations		1d					
ini,		е	Government grants (contr	ibutions)	1e					
rior S		f	All other contributions, gifts,	grants, and						
the			similar amounts not included	above	1f	417,757.				
ort ort		g	Noncash contributions included in	lines 1a-1f	1g \$	272,736.				
an		h	Total. Add lines 1a-1f			►	605,149.			
						Business Code				
e	2	а								
ωŽ		b								
Program Service Revenue		с								
am		d								
2 B B B B B B B B B B B B B B B B B B B		е								
Ţ,		f	All other program service	revenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)	0						
	4		Income from investment o							
	5		Royalties			· · ·				
			,) Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)			►				
	7		Gross amount from sales of		ecurities	(ii) Other				
	-		assets other than inventory		,277.					
		b	Less: cost or other basis							
e			and sales expenses	7b 5	,000.					
Other Revenue		с	Gain or (loss)		277.					
Be			Net gain or (loss)				277.			277.
er	8		Gross income from fundraisir							
f	Ŭ	u		,392.						
-			contributions reported on		•					
			Part IV, line 18			288,024.				
		h	Less: direct expenses			324,276.				
			Net income or (loss) from			····· ►	-36,252.			-36,252.
	٩		Gross income from gamin	-			,			
	9	a	Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from							
	10		Gross sales of inventory, I			·····				
	10	a	and allowances							
		h	Less: cost of goods sold							
		C	Net income or (loss) from	Sales Of IN	ventory	Business Code				
sno	44	~				Juanieas Coue				
neo	11									
Miscellaneous Revenue		b								
Re		C d	All othor							
Σ			All other revenue							
	12		Total. Add lines 11a-11d Total revenue. See instructio			····· 🚩	569,174.	0.	0	-35,975.
	16		I VIGI I VIVIII VI UUU. UUU III AU UUUU							

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Form **990** (2020)

Form 990 (2020) Part VIII Statement of Revenue

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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).

Check if Schedule O contains a response				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations		expenses	general expenses	oxponeco
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,				
trustees, and key employees	84,640.	55,862.	3,386.	25,392
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)			15 000	
7 Other salaries and wages	380,934.	251,417.	15,236.	114,281.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	2 202	1 1 0 1		1 1 0 1
9 Other employee benefits	2,202.	1,101.		1,101, 11,421,
10 Payroll taxes	38,071.	25,127.	1,523.	11,421
11 Fees for services (nonemployees):				
a Management				
b Legal	29,406.	2 0 4 1		2 0/1
c Accounting	29,400.	2,941.	23,524.	2,941.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount list line 11g expanses on Sch (C)	22,574.	7,200.	474.	1/ 900
column (A) amount, list line 11g expenses on Sch 0.)	9,336.	5,602.	=/=•	3 734
12 Advertising and promotion	9,524.	4,534.	3,298.	14,900 3,734 1,692
13 Office expenses 14 Information technology	30,342.	16,525.	6,217.	7,600
	50,5120	10,525.	0,21,0	7,000
· · · · · · · · · · · · · · · · · · ·	63,258.	52,560.	3,163.	7,535.
16 Occupancy 17 Travel	1,207.	843.	182.	182
18 Payments of travel or entertainment expenses		0101		
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,906.	4,072.	245.	589.
23 Insurance	17,958.	9,035.	4,816.	4,107.
24 Other expenses. Itemize expenses not covered		-		
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule O.)				
a PROGRAM TRAINING & ACTI	20,814.	20,814.		
b MERCHANTS FEES	16,729.		16,729.	
c TEMPORARY FAMILY SUPPOR	2,515.	2,515.		
d SCHOLARSHIP PROGRAM	2,500.	2,500.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	736,916.	462,648.	78,793.	195,475.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2020)

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Part X Balance Sheet

		Check if Schedule O contains a response or no	te to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			246,876.	1	196,216.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		24,893.	3	12,000.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o	r former	r officer, director,			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	-				
		under section 4958(f)(1)), and persons describe	-			6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			9,688.	9	
		Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	31,873.			
	Ь	Less: accumulated depreciation		31,873. 18,038.	18,741.	10c	13,835.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			300,198.	16	222,051.
	17	Accounts payable and accrued expenses	30,544.	17	14,952.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrel		F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D		25			
	26				30,544.	26	14,952.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.		ŕ			
lan	27	Net assets without donor restrictions			261,259.	27	98,912.
Ba	28	Net assets with donor restrictions			8,395.	28	98,912. 3,000.
pur		Organizations that do not follow FASB ASC 9					
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32				269,654.	32	207,099.
_	33	Total liabilities and net assets/fund balances			300,198.	33	222,051.
Ne		Total net assets or fund balances					

Form **990** (2020)

1 Total revenue (must equal Part VIII, column (A), line 12) 1 569, 174 2 Total expenses (must equal Part IX, column (A), line 25) 2 736, 916 3 Revenue less expenses. Subtract line 2 from line 1 3 -167, 742. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269, 654 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 7 8 9 105, 187 8 9 105, 187 9 10 207, 099 9 105, 187 9 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: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the Form 990: Cash X	Form	990 (2020) WALK WITH SALLY	61-1472	800	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 569, 174 2 Total expenses (must equal Part IX, column (A), line 25) 2 736, 916 3 Revenue less expenses. Subtract line 2 from line 1 3 -167, 742. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269, 654 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 7 8 9 105, 187 8 9 105, 187 9 10 207, 099 9 105, 187 9 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: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the Form 990: Cash X	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 736,916 3 Revenue less expenses. Subtract line 2 from line 1 3 -167,742 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269,654 5 Net unrealized gains (losses) on investments 5 6 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 2 Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X I 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X I 16 Yes, 'check a box below to indicate whether the financial statements for the year		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 2 736,916 3 Revenue less expenses. Subtract line 2 from line 1 3 -167,742 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269,654 5 Net unrealized gains (losses) on investments 5 6 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 2 Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X I 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X I 16 Yes, 'check a box below to indicate whether the financial statements for the year						
3 Revenue less expenses. Subtract line 2 from line 1 3 -167,742 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269,654 5 Net unrealized gains (losses) on investments 5 6 6 7 8 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 7 8 7 9 105,187 10 207,099 9 Check if Schedule O contains a response or note to any line in this Part XII 7 8 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Her organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a X 1 Yees No <th>1</th> <th>Total revenue (must equal Part VIII, column (A), line 12)</th> <th>1</th> <th></th> <th></th> <th></th>	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 269,654 5 Net unrealized gains (losses) on investments 5 6 6 Donated services and use of facilities 6 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	2	Total expenses (must equal Part IX, column (A), line 25)				
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) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	3	Revenue less expenses. Subtract line 2 from line 1	3			
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) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X I If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: I 2a X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	269	9,6	54.
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) 9 105,187 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099 Part XII Financial Statements and Reporting 10 207,099 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X I If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: I 2a X	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 207,099 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	6		6			
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187 9 105,187 9 207,099 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 105,187.4 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 207,099.4 Part XII Financial Statements and Reporting 10 207,099.4 Check if Schedule O contains a response or note to any line in this Part XII Image: column (B) Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: column (B) 2a X	8		8			
column (B)) 10 207,099 Part 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: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check allow of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	9		9	105	5,1	87.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check a lose of the set of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Cash Were the organization's financial statements compiled or reviewed by an independent accountant? Cash If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			10	205	7,0	99.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash	Pa	rt XII Financial Statements and Reporting				_
 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b If the organization of the second statement of the s			-		Yes	No
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 on a separate basis, consolidated basis, or both: 2a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:						
separate basis, consolidated basis, or both:	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	lona			
X Separate basis Consolidated basis Both consolidated and separate basis						
		X Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	b Were the organization's financial statements audited by an independent accountant?				X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		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:		consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
Act and OMB Circular A-133? 3a X		Act and OMB Circular A-133?		3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

032012 12-23-20

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ	'n
	330	UI.	330-LZ	•

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
2020
Open to Public Inspection

Name of the organiza	ition
----------------------	-------

Nan	ne of	the organization							dentification number
			WITH SALL						1-1472800
Pa	rt I	Reason for Public	Charity Status.	All organizations must c	omplete th	his part.) S	See instruction	าร.	
The	orgar	nization is not a private found							
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	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). (C	omplete Part II.)						
8									
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	je or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type c	of supporting organizatio	n and com	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trust	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having								
	control or management of the supporting organization vested in the same persons that control or manage the supported								
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с	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.								
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ent	er the number of supported of							
g		vide the following information							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 WALK WITH SALLY

61-1472800 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	709,558.	936,714.	660,947.	676,555.	332,136.	3,315,910.
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 \dots						
4	Total. Add lines 1 through 3	709,558.	936,714.	660,947.	676,555.	332,136.	3,315,910.
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,						
	column (f)						13,682.
6	Public support. Subtract line 5 from line 4.						3,302,228.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	709,558.	936,714.	660,947.	676,555.	332,136.	3,315,910.
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						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,315,910.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	, ,
	First 5 years. If the Form 990 is for th	-					
	organization, check this box and stor	-			-		
Se	ction C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), c	livided by line 11,	column (f))		14	99.59 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	98.89 %
	33 1/3% support test - 2020. 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 - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
k	0 10% -facts-and-circumstances tes	•	•	· · ·	•		
	more, and if the organization meets tl						
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				s >
				· · · · ·			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 WALK WITH SALLY

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

61-1472800 Page 3

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (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						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) orga	inization,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2020 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage)			
17	Investment income percentage for 202	20 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions)
0320	23 01-25-21				Sch	edule A (Fori	m 990 or 990-EZ) 2020

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1

2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Organizations (continued)

2

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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. Pastian C. Tyme II Sumportin 0---

Section C. Type if Supporting Organizations					

			Yes	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			
	the supported organization(s).	1		
Sec	ction 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 line 2, above, 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		

Section 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 instructio	ns).

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

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Yes No

Schedule A (Form 990 or 990 EZ) 2020 WALK WITH SALLY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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	ally integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2020

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Par	t v Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	anizations (continu	<u>ied)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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	Section D, lines 5, 6, and 8; and P (See instructions.)	art V, Section E, lines 2, 5, a	nd 6. Also complete th	is part for a	n B, lines 1 and 2; Part IV, Section e 1; Part V, Section B, line 1e; Part ny additional information.	. v,
	· · · · · · · · · · · · · · · · · · ·					
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

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

2020

Employer identification number

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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

X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 $\dots \longrightarrow$

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.

Employer identification number

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61-1472800

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$5,545. Person Payroll \$5,545. Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$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
13		\$ 8,000. 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
3		\$ 14,000. Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$5,609. Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 20,000. Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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023452 11-25-20

Employer identification number

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61-1472800

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$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
12		\$\$, 5,000. Person Payroll \$\$,000. Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$8,866. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$5,246. 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
6		\$7,536. 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
4		\$5,000. Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

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61-1472800

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_	24,000.	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
14		\$_	5,000.	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
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll OK Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Page **3**

Employer identification number

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	FOOD		
		\$5,545.	08/22/20
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	HOTEL STAY		
		\$8,000.	04/23/20
(a) No. [.] om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PRIVATE JET AIRFARE		
		\$ 14,000.	02/28/20
(a) No. ·om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STAY IN A LUXURY HOME		
		\$ 20,000.	02/21/20
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	PORTRAIT		
		\$5,000.	08/22/20
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	BLIMP RIDE		

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Schedule B (Form 990, 990-EZ, or 990-PF) (202	0)
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Employer identification number

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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
	HOTEL STAY		
10		_	
		\$ <u>24,000.</u>	08/22/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES		
14		_	
		\$5,000.	02/19/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
		— _{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		- _e	
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Name of or	rganization			Employer identification number
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Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, che Use duplicate copies of Part III if additional s	through (e) and the following line er aritable, etc., contributions of \$1,000 or	ntry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	 	
-	Transferee's name, address, and			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, and	(e) Transfer of gir		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gi	 ft	
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	 ft	
F	Transferee's name, address, and	d ZIP + 4	Relationship of tra	ansferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Department of the Treasury

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.



Internal Revenue Service Name of the organization

Employer identification number

	WALK WITH SALLY 61-147280				
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	unds			
	are the organization's property, subject to the organization's exclusive legal control?	YesNo			
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	d only			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confi	erring			
	impermissible private benefit?				
Pa	Tt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part I	V, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (for example, recreation or education)	torically important land area			
		rtified historic structure			
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a d				
	day of the tax year.	Held at the End of the Tax Year			
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
C L	Number of conservation easements on a certified historic structure included in (a)	2c			
a	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure				
2	listed in the National Register	2d			
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	 4 Number of states where property subject to conservation easement is located ▶ 				
5	 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 				
Ŭ	violations, and enforcement of the conservation easements it holds?	Yes No			
6	6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year				
	\blacktriangleright				
7	7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year				
	▶\$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(B)(i)			
	and section 170(h)(4)(B)(ii)?	YesNo			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	ement and			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describes the			
_	organization's accounting for conservation easements.	<u> </u>			
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balar				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ice of public service,			
	provide the following amounts relating to these items:	► ¢			
	(i) Revenue included on Form 990, Part VIII, line 1				
n	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gair				
2	the following amounts required to be reported under FASB ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1	► \$			
	Assets included in Form 990, Part X				
		F Y			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 WALK WI	TH SALLY						61-14	72800) _{Pa}	ige 2
Par	rt III Organizations Maintaining C	Collections of A	rt, Histor	ical Tr	easures, c	or Othe	er Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check ar	ny of the	following tha	t make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🔄 Loa	n or excl	hange progra	ım					
b	Scholarly research	e	e 🛄 Oth	ier							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they	further th	ne organizatio	on's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of		,		,				-		-
	to be sold to raise funds rather than to be m								Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the org	ganizatio	n answered '	'Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod								-		1
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
t	Ending balance										T
	Did the organization include an amount on F							L	Yes		No ∣
	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete]
1 0		(a) Current year			(c) Two year			voare back	(a) Four	voare	hack
10	Pagipping of year balance	(a) Current year	(b) Prior	year	(C) 1 WU year	S DACK	(a) Thee y	Cais Dack	(e) i oui	years	Jaun
1a ⊾	Beginning of year balance										
u o	Contributions										
с 4	Net investment earnings, gains, and losses										
	Grants or scholarships Other expenditures for facilities										
e											
f	Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the cur		l ne (line 1 a c	olumn (a)) held as:						
- a	Board designated or quasi-endowment	fort year ond balance	%		<i>y</i>) noid as.						
h	Permanent endowment	%									
c		%									
•	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse		ation that a	re held a	nd administe	red for t	he organiz	ration			
	by:	g							Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sche	edule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	rt VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV, lir	ne 11a. S	See Form 990	, Part X,	, line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (• • •	ccumulate preciation	ed	(d) Book	value	;
1a	Land	· · ·			. ,	-					
	Buildings										
	Leasehold improvements			1	4,686.		4,3	81.	1(),30	05.
	Equipment				3,159.		11,2			L,91	
	Other				4,028.		2,4			L,61	
	I. Add lines 1a through 1e. (Column (d) must e		X, column (,			3,83	
		,,,,,,,,,,,,,,,,,	,	,, . ,	/			<u> </u>			

Schedule D (Form 990) 2020

032052 12-01-20

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Mothed of valuation: Cost or and of year market value		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) 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 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 28	5.
1. (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 WALK WITH SALLY			61-	1472800	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.				
1	Total revenue, gains, and other support per audited financial statements			1	674	,361.
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	105,187.			
е	Add lines 2a through 2d			2e		,187.
3	Subtract line 2e from line 1			3	569	,174.
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				-
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,174.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		h Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:				726	016
1	Total expenses and losses per audited financial statements			1	/30	,916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)					•
е	Add lines 2a through 2d			2e	700	0.
3	Subtract line 2e from line 1			3	/36	,916.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				0
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	736	,916.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THAT A TAX POSITION BE RECOGNIZED OR
DERECOGNIZED BASED ON A 'MORE-LIKELY THAN-NOT' THRESHOLD. THIS APPLIES TO
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION
DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY
UNCERTAIN TAX POSITIONS. THE ORGANIZATIONS TAX RETURNS ARE SUBJECT TO
EXAMINATION BY FEDERAL TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM
THE DATE THEY ARE FILED AND A PERIOD OF FOUR YEARS FOR CALIFORNIA TAXING
AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PPP LOAN PROCEEDS

032054 12-01-20

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the 2020								
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informat	ion.		Inspection	
Name of the organization		TH SALLY					Employer ide	ntification number 800	
	complete this par	Complete if the organization answe	red "Y	es" o	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not	
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus iundraising services?	stees	Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total				•					
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	oution	s or has been notified	d it is	exempt from re	egistration	
·									

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

Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990 EZ) 2020 WALK WITH SALLY

Part II 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 avanta
			WHITE LIGHT			(d) Total events (add col. (a) through
			WHITE NIGHT	BOWL A THON	2	-
			(event type)	(event type)	(total number)	- col. (c))
	1	Gross receipts	336,903.	125,289.	13,225.	475,417
	2	Less: Contributions	77,589.	106,230.	3,573.	187,392
	3	Gross income (line 1 minus line 2)	259,314.	19,059.	9,652.	288,025
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		750.		750
	7	Food and beverages	254.	208.		462
	8	Entertainment	20,249.	550.		20,799
L		Other direct expenses			3,511.	29,251
		Direct expense summary. Add lines 4 throug				51,262
		Net income summary. Subtract line 10 from	· / · · · · · · · · · · · · · · · · · ·			236,763
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
			(,,	bingo/progressive bingo	(-,	col. (a) through col. (e
	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		►	
			, (-)		·····	
a I	ls tl	er the state(s) in which the organization cond he organization licensed to conduct gaming a		states?		Yes N
bl	lf "I	No," explain:				
	_					

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 WALK WITH SALLY	61-1	472800	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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
12	Indicate the percentage of gaming activity conducted in:		100	
			120	04
	The organization's facility		13a 13b	<u>%</u>
	An outside facility		130	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount		
	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 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	•			
d	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	
	retain the state gaming license?			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
D -	organization's own exempt activities during the tax year > \$			
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
0320	33 11-25-20 Schedule	G (Form	n 990 or 990)-EZ) 2020

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

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.

Open to Public Inspection

Employer identification number

61-1472800

Name of the c	organizatior
---------------	--------------

WALK WITH SALLY

Pa	rt I	Types of Property							
			(a)	(b) Number of	(c)	(d)			
			Check if applicable	contributions or	Noncash contribution amounts reported on	Method of de		•	c
			applicable		Form 990, Part VIII, line 1g			nount	0
1	Art -	Works of art							
2	Art -	Historical treasures							
3	Art -	Fractional interests							
4	Book	s and publications							
5	Cloth	ning and household goods	X		32,897.	THRIFT SHOP	Y VA	LUE	
6	Cars	and other vehicles							
7	Boat	s and planes							
8	Intell	ectual property							
9	Secu	rities - Publicly traded							
10	Secu	rities - Closely held stock							
11	Secu	irities - Partnership, LLC, or							
	trust	interests							
12	Secu	irities - Miscellaneous							
13	Qual	ified conservation contribution -							
	Histo	pric structures							
14	Qual	ified conservation contribution - Other							
15	Real	estate - Residential							
16	Real	estate - Commercial							
17	Real	estate - Other							
18	Colle	ectibles	X	8		LIST PRICE			
19		l inventory	X	125		LIST PRICE			
20	Drug	s and medical supplies	Х	7	2,246.	LIST PRICE			
21	Taxio	dermy							
22		orical artifacts							
23	Scier	ntific specimens							
24		eological artifacts		24	04.050				
25		$r \triangleright (LODGING)$	X	34		LIST PRICE			
26		r (TICKETS)	X	73		LIST PRICE			
27		$r \blacktriangleright (\overline{AUCTIONED ITE})$	X	32	9,150.	LIST PRICE			
28	Othe								
29		ber of Forms 8283 received by the organi							
	for w	hich the organization completed Form 82	83, Part V, I	Donee Acknowledg	ement 29		,		
~~	. .							Yes	No
30a		ng the year, did the organization receive b							
		hold for at least three years from the dat							v
		npt purposes for the entire holding period	7				30a		х
		es," describe the arrangement in Part II.		inc the i	-former and a standard state	ution of			v
31		the organization have a gift acceptance					31		X
32a	Does	the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash	1	1 /		1

b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

32a

032141 11-23-20

х

61-1472800 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 20 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number 61 - 1472800WALK WITH SALLY FORM 990 PART I, 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 \$36,252 LOSS FROM FUNDRAISING EVENTS. HOWEVER, IT SHOULD BE NOTED THAT PRIOR TO THE RECLASSIFICATION OF \$187,392 IN CASH CONTRIBUTIONS EARNED AT FUNDRAISING EVENTS SHOWN ON LINE 1(C), AND NONCASH CONTRIBUTIONS RECEIVED FOR FUNDRAISING EVENTS OF \$273,013 SHOWN ON LINE 1(G), FUNDRAISING EVENTS HAD A PROFIT OF ACCORDINGLY, THE FUNDRAISING EVENTS DID NOT RESULT IN A LOSS \$424,153. DURING 2020 OR PRIOR YEARS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LIVING WITH, LIVED WITH OR LOST A (SEE SCHEDULE O FOR CONTINUATION) 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 2020, THE ORGANIZATION MANAGED A CASELOAD OF 111 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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

15500630 781727 13146.000 2020.04000 WALK WITH SALLY

WALK WITH SALLY

FILING

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PPP LOAN PROCEEDS

105,187.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020