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PUBLIC DISCLOSURE COPY	

### \*\* 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.

and ending

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

Information about Form 990 and its instructions is at www.irs.gov/form990.

<b>3</b> C	heck if pplicabl	C Name of organization		D Employer identific	cation number
_	Addre				
$\vdash$	_ chang  Name  chang			61_1	472800
H	_cnang _Initial _return	Doing business as  Number and street (or P.0. box if mail is not delivered to street address)  Reference to the property of th	oom/suite		
$\vdash$	TFinal	940 ADOLLO CUDEEM CILTUE 224	ioon/suite	E Telephone number	322-3900
	∟return. termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	$\frac{322}{1,275,240}$
	ated Amen	ded ET CECTINDO CA 90245			
$\vdash$	⊒return ⊒Applic	,		H(a) Is this a group re	
	tion pendi	SAME AS C ABOVE		for subordinates <b>H(b)</b> Are all subordinates in	
. T	-0V 0V	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or	527	1	list. (see instructions)
		te: HTTP: //WWW.WALKWITHSALLY.ORG	JZ1	H(c) Group exemption	,
		forganization: X Corporation Trust Association Other	I Vear		State of legal domicile: CA
	rt I	Summary	L roar (	or formation: 2002   W	Otato or legal dofficile. 022
		Briefly describe the organization's mission or most significant activities: WALK	WITH	SALLY IS DE	DICATED TO
Governance	'	PROVIDING MENTORING SUPPORT PROGRAMS AND	SERVI	CES TO CHIL	DREN OF
'n	2	Check this box  if the organization discontinued its operations or dispose			
Ne.		·		3	3
	l	Number of independent voting members of the governing body (Part VI, line 1b)			2
οğ		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			8
iţie		Total number of volunteers (estimate if necessary)		·····	209
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		·····	0.
ď		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
σ.	8	Contributions and grants (Part VIII, line 1h)		883,718.	920,352.
Revenue		Program service revenue (Part VIII, line 2g)		1,801.	1,521.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-312,033.	-264,333.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		573,486.	657,540.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ç		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		258,754.	302,439.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		30,527.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25)   143,95	4.		
பி		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		159,787.	175,419.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		449,068.	477,858.
		Revenue less expenses. Subtract line 18 from line 12		124,418.	179,682.
or ces				ginning of Current Year	End of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)		250,522.	269,902.
dB	21	Total liabilities (Part X, line 26)		4,910.	6,304.
Fire	22	Net assets or fund balances. Subtract line 21 from line 20		245,612.	263,598.
	ırt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules a			/ knowledge and belief, it is
rue,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
		Discording of the con-		Data	
Sigr	า	Signature of officer		Date	
Here	е	DARIN DERENZIS, TREASURER			
		Type or print name and title		)oto	I DTIN
		Print/Type preparer's name  Preparer's signature		Date Check	PTIN
Paid		TIMOTHY D. PETTIT, CPA TIMOTHY D. PETTI	T, C0	7/13/16 if self-employe	P00393206
	arer	Firm's name RAIMONDO PETTIT GROUP		Firm's EIN ▶	33-0532641
Use	Only	Firm's address 21515 HAWTHORNE BLVD. #1250			10\540 5000
		TORRANCE, CA 90503-6583		Phone no. (3	10)540-5990
Иay	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Obselvit Oaksalula Oassalula a sassalula a	X
_	Check if Schedule O contains a response or note to any line in this Part III	<b>_</b>
1	Briefly describe the organization's mission:  WALK WITH SALLY IS DEDICATED TO PROVIDING MENTORING SUPPORT P.	DOCD X MC
	AND SERVICES TO CHILDREN OF PARENTS OR SIBLINGS WITH CANCER;	NE CUITD
	AT A TIME, ONE HEART AT A TIME.	
	Did the consideration and other consideration and the constant and the con	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	L Yes LA No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes LA No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured I	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 290,177 • including grants of \$ ) (Revenue \$	1,521.)
4a	(Code:) (Expenses \$ 290,177. including grants of \$) (Revenue \$) WALK WITH SALLY IS COMMITTED TO PROVIDING HEALING AND COMFORT	
	CHILDREN DEBILITATED BY THE EMOTIONAL EXPERIENCE OF LIVING WI	
	LOSING A PARENT, GUARDIAN, OR SIBLING TO CANCER. THIS HEALING	
	FACILITATED THROUGH FREE OF CHARGE MENTORING SUPPORT PROGRAMS	
	SERVICES THAT PROVIDE AN EMOTIONALLY SAFE ENVIRONMENT FOR CHI	
	SHARE THEIR DIFFICULT EXPERIENCE WITH SOMEONE WHO HAS SUFFERE	
	SAME.	<u> </u>
	DURING 2015, THE ORGANIZATION MATCHED 31 MENTEES WITH MENTORS	AND
	SERVED A TOTAL OF 59 FAMILIES, THEREBY ACHIEVING A 182% INCRE.	
	MATCHES BETWEEN MENTORS AND MENTEES COMPARED TO THE PRIOR YEA	
	117% INCREASE IN THE NUMBER OF FAMILIES UNDER CASE MANAGEMENT	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	/(L.p., 1000) / (L.p., 1000) / (1000) / (1000) / (1000) / (1000) / (1000) / (1000) / (1000) / (1000) / (1000)	
4c	(Code:) (Expenses \$	)
1-1	Other program convices (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.)	١
4e	(Expenses \$\frac{\(\)}{\\}\) including grants of \$\(\)\$ ) (Revenue \$\(\)\$  Total program service expenses ▶ 290,177.	)
70	Total program delivide expenses # 220 / 27 / 2	Form <b>990</b> (2015)

# Form 990 (2015) WALK WITH SA Part IV Checklist of Required Schedules

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

Form **990** (2015)

# Form 990 (2015) WALK WITH SALLY Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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			l
	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			١
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١
	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			١
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		3,7	
	complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			3,7
	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):	00		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	Λ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		X
22	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		22
32		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
0-1		34		х
352	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
J	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?	335		
55	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	30		<del></del> -
o,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	J.,		<del></del> -
33	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(0045)

Form **990** (2015)

# Form 990 (2015) WALK WITH SALLY Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check in 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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and response to the complex complex of the complex comple				
	(gambling) winnings to prize winners?		1c	X	
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 8	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?	2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			
	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 A				77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37
	•		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	· ·	l		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set				Λ
	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 w	•	7-		х
	to file Form 8282?	7d	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year	L	7e		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous contraction.		7 <del>f</del>		
	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous file Fe		7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization ments of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, airpl		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7		
Ū			8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	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:				
а	Gross income from members or shareholders	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		
	<b>Note.</b> 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	1 1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			7-
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	000	/n = :
			Form	990	(2015

Form 990 (2015) WALK WITH SALLY 61-1472800 Page

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
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		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c		X						
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b		X						
	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 arrangement 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 its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►CA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (	vailab	ole							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	THE ORGANIZATION - 310-322-3900									
	840 APOLLO STREET, SUITE 324, EL SEGUNDO, CA 90245									

Form **990** (2015)

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(do	not c	Pos heck	ition more	l than is bot	one	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	cer ar	Officer Officer	Key employee	Highest compensated highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NICHOLAS ARQUETTE SECRETARY	40.00	x		х				55,600.	0.	0
(2) MICHAEL HARRINGTON	1.50									
PRESIDENT/BOARD CHAIR (3) DARIN DERENZIS	1.50	Х		Х				0.	0.	0
TREASURER	1.50	x		х				0.	0.	0
		-	_			_				
		-								
		$\vdash$								
		$\perp$								
		_								
		-								

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (0	•			(D)	(E)			(F)	
Name and title	Average hours per week (list any	box,	Positi (do not check m box, unless pers officer and a dire			than	h an	Reportable compensation from the	Reportable compensation from related organizations	on I	am (	imated ount o other oensat	of
	hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee			(W-2/1099-MIS		fro orga and	om the inization relate	on ed
	line)	Individ	Institut	Officer	Keyem	Highes employ	Former				Orga	iizatio	
		H											
		H											
1b Sub-total c Total from continuation sheets to Part V	/II, Section A							55,600.		0.			0.
d Total (add lines 1b and 1c)								55,600. eceived more than \$100	0,000 of reportab	<b>0.</b> le			0.
								h:-ht				Yes	No
<ul> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for</li> <li>4 For any individual listed on line 1a, is the s</li> </ul>	such individual										3		X
and related organizations greater than \$15  Did any person listed on line 1a receive or	50,000? <i>If</i> "Yes,	," coi	mple	ete S	Sch	edul	e J f	for such individual			4		X
rendered to the organization? If "Yes," cor Section B. Independent Contractors	•				•	•					5		X
Complete this table for your five highest of the organization. Report compensation for	=	-								npens	ation fr	om	
(A) Name and business			ONI					(B) Description of s		С	(C Compen	) sation	
Total number of independent contractors     \$100,000 of compensation from the organ		not lir	mite	d to	tho	se li	stec	d above) who received n	nore than				
, , , , , , , , , , , , , , , , , , ,	-	_									Form 9	90 (2	015

532008 12-16-15

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
ara oun		Membership dues						
S, G		Fundraising events		297,093.				
Sift.		Related organizations						
inil		Government grants (contribut						
rion		All other contributions, gifts, gran						
the later		similar amounts not included above		623,259.				
	g	Noncash contributions included in lines		443,902.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<b>&gt;</b>	920,352.			
				Business Code				
9	2 a	PROGRAM SERVICE		624310	1,521.	1,521.		
ه چَ	b							
Program Service Revenue	С							
eve	d							
90 E	е		_					
<u>4</u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			1,521.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶				
	4	Income from investment of tax	x-exempt bond	proceeds >				
	5	Royalties	·····	<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ne		Gross income from fundraising	g events (not					
		including \$ 297	,093. of					
ě		contributions reported on line	1c). See					
Other Rever		Part IV, line 18	a	353,367.				
Ě	b	Less: direct expenses	b	617,700.				
Ŭ	С	Net income or (loss) from fund	draising events	<b></b>	-264,333.			-264,333.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a	1				
	b	Less: direct expenses	b	)				
	С	Net income or (loss) from gam	ning activities .	<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b	)				
ļ	С	Net income or (loss) from sale	s of inventory .					
		Miscellaneous Revenu	е	Business Code				
	11 a							<b></b>
	b							<del>                                     </del>
	С							<del>                                     </del>
		All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		🕨 📗	657,540.	1,521.	0	264,333.

# Form 990 (2015) WALK WITH SALLY Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	<del></del>			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic				
_					
3	Grants and other assistance to foreign				
5	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,				
Ū	trustees, and key employees	55,600.	38,920.	5,560.	11,120
6	Compensation not included above, to disqualified		00,000		,
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	224,100.	148,479.	34.	75,587
8	Pension plan accruals and contributions (include	,	, -		
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	22,739.	15,235.	455.	7,049
11	Fees for services (non-employees):		-		<u> </u>
а	Management				
b	Legal	2,397.		2,397.	
С	Accounting	21,337.	2,134.	17,069.	2,134
d			-		<u> </u>
е	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 expenses on Sch O.)	28,582.	15,050.	2,684.	10,848
12	Advertising and promotion	6,304.	3,152.		3,152
13	Office expenses	5,730.	3,453.	554.	1,723
14	Information technology	15,192.	10,394.	1,062.	3,736
15	Royalties				
16	Occupancy	24,214.	16,950.	3,632.	3,632
17	Travel	11,015.	7,038.	2,210.	1,767
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	20,655.	9,324.	7,016.	4,315
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MERCHANTS FEES	17,046.			17,046
b	IN KIND PROGRAM EXPENSE	9,355.	9,355.		
С	PROGRAM ACTIVITIES	5,970.	5,970.		
d	TEMPORARY FAMILY SUPPOR	2,500.	2,500.		
е	All other expenses	5,122.	2,223.	1,054.	1,845
25	Total functional expenses. Add lines 1 through 24e	477,858.	290,177.	43,727.	143,954
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)				

Form 990 (2015)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	214,360.	1	264,902.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	5,000.
	4	Accounts receivable, net		4	-
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
છ		employees' beneficiary organizations (see instr). Complete Part II of Sch L	28,500.	6	0.
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,547.	9	0.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,115.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	250,522.	16	269,902.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	4,910.	25	6,304.
	26	Total liabilities. Add lines 17 through 25	4,910.	26	6,304.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	245,612.	27	230,621.
Fund Balances	28	Temporarily restricted net assets		28	32,977.
ы	29	Permanently restricted net assets		29	
표		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	245,612.	33	263,598.
	34	Total liabilities and net assets/fund balances	250,522.	34	269,902.

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7 <u>,5</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24	5,6	12.
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 in Schedule O)	9	-16	1,6	96.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	26	3,5	98.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash 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?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	•	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , , ,		Form	990	(2015)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WALK WITH SALLY

**Employer identification number** 61-1472800

Pai	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions.	
he o	organi	zation is not a private found	ation because it is: (	(For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch					)(A)(i).	
2		A school described in <b>secti</b>	•					
3		A hospital or a cooperative		•			i).	
4		A medical research organiz					-	the hospital's name.
		city, and state:		,			(	,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		,	•	, ,		
6		A federal, state, or local gov		mental unit described in	section 17	70(b)(1)(A)	(v).	
	37		-				•	public described in
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8		A community trust describe	• •	(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma				contributio	ons membership fees a	nd gross receipts from
		activities related to its exem	•	•	-			-
		income and unrelated busin	•	·				-
		See section 509(a)(2). (Cor		(1000 000 1101 101 1 102 1)				a
10		An organization organized a	•	ively to test for public sa	fety. See:	section 50	9(a)(4).	
11		An organization organized a	•	•				e purposes of one or
		more publicly supported or	•	•	•		•	
		lines 11a through 11d that	~					
а		Type I. A supporting orga	• •			•		giving
			•	•				
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b		Type II. A supporting orga	-		tion with it	s supporte	ed organization(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	-			
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s 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	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ide the following information	about the supporte					
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of
		organization		above (see instructions))	governing	document?	support (see instructions)	other support (see instructions)
					Yes	No	mondono)	motraditiona)
ota	l							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	275,900.	412,585.	715,716.	768,968.	831,338.	3,004,507.
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	055 000	440 505	D4 E D4 C	F.C. 0.C.0	001 000	
4	Total. Add lines 1 through 3	275,900.	412,585.	715,716.	768,968.	831,338.	3,004,507.
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,						156 500
	column (f)						176,588.
	Public support. Subtract line 5 from line 4.						2,827,919.
	etion B. Total Support	( ) 0044	#1.0040	( ) 0040	( 1) 004 (	( ) 0045	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2011 275, 900.	(b) 2012 412,585.	(c) 2013 715, 716.	(d) 2014 768, 968.	(e) 2015 831,338.	(f) Total
	Amounts from line 4	273,900.	412,303.	713,710.	700,900.	031,330.	3,004,507.
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						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						3,004,507.
		eta (esa inetrueti	ono)			12	3,004,307.
12 13	Gross receipts from related activities, First five years. If the Form 990 is for	· · · · · · · · · · · · · · · · · · ·		d fourth or fifth to			
10	organization, check this box and <b>stor</b>		,		•	. , , ,	ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2015 (I			column (f))		14	94.12 %
15	Public support percentage from 2014					15	92.74 %
	33 1/3% support test - 2015. If the o					· · · · · · · · · · · · · · · · · · ·	
	stop here. The organization qualifies	•		•		•	$\triangleright$ X
b	33 1/3% support test - 2014. If the						is box
	and <b>stop here.</b> The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	J					•
	meets the "facts-and-circumstances"		•	-	•	•	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•				<b>▶</b> □
18	Private foundation. If the organization						s <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support	low, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and	(4) 20 1 1	(5) 25 12	(0, 20.0	(4, 20 ) )	(0, 20.0	(1)
membership fees received. (Do not						
include any "unusual grants.")						
<b>2</b> 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•	•	•	
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)					504( )(0)	L
14 First five years. If the Form 990 is for	· ·	•		•		zation,
check this box and stop here  Section C. Computation of Public		roontogo				<u></u>
-			I (f)		45	
15 Public support percentage for 2015 (lin						%
16 Public support percentage from 2014 Section D. Computation of Inves					16	%
•					17	0/
17 Investment income percentage for 201					<del>                                      </del>	%
18 Investment income percentage from 2					18	% 17 is not
19a 33 1/3% support tests - 2015. If the c	-					
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2014. If the d	•			·	·	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	i uia not check a	. box on line 14, 19	ıa, or 19b, check t	riis dox and see ii	ISTRUCTIONS	

T ..

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	NO
1		
•		
2		
3a		
Ja		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	00 E7	2015

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	tion of Type is 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		100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000	tion 5.7th Type in capporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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	4		
0	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 <b>Part VI</b> how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete S	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	<b>1</b> b				
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 <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	y-integra	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2015

ıaı	Type in them I amount many integrated ever	(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions	Current Year		
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

D 110	. ugo
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization	Employer identification number
WALK WITH SALLY	61-1472800
Organization type (check one):	

Oi gainza	organization type (check one).						
Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules						
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 a 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, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),					

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 12,000.  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
2	Name, address, and Zir + +	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 45,293.  Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6 <u>6</u>	INGING, AUGI 653, AND LIF + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$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
8		- \$ 6,130.	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
9		\$5,095 <b>.</b>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions  - \$ 35,750.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		- \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Nume, aud 655, and ZIF T T	- \$ 6,000.	Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 6,500.  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
14		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
15	- Hame, address, and zin T	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 16	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		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
18		Person Payroll Noncash X  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$6,400 <b>.</b>	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
20		\$ 17,600.	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
21		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and ZIF + 4	\$ 6,405.	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
23		\$\$5,152.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$10,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	_
25		\$ 10,000.  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	
26		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
27		\$ 15,273.  Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) (d) Total contributions Type of contribution	
No. 28	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
29		\$ 5,220.  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	
30		Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
31		\$ 5,316. 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
32		\$ 5,500.  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
33		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
34	Nume, address, and 2n + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
35		\$ 10,000.  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
36		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

61-1472800

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
37		\$ 6,299. Person X Payroll  (Complete Part II for noncash contributions	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
38		\$ 5,600.  Person X Payroll One (Complete Part II for noncash contributions)	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
39		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	
40	Name, address, and Zir + +	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	on
41		\$ 7,000.  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	on
42		Person X Payroll Noncash (Complete Part II for noncash contributions	

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
43		\$ 5,145. 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
44		\$ 7,100.  Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
45		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
46	Name, audiess, and Zir + +	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
47		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
48		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
49		\$ 10,000.  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
50		\$ 5,500.  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
51		\$ 79,400.  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
52	Name, address, and Zir + +	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
53		\$ 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
54		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	Nume, address, and 2n + 4	\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$10,397.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		s10,500.	Person X Payroll

Name of organization Employer identification number

WALK WITH SALLY

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
	CRUISE (AUCTION)		
1			
		\$\$	08/22/15
(a)	4.)	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
2	CRUISE (AUCTION)		
	-		
		\\$ 5,000 <b>.</b>	08/22/15
			-
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		(see ilistractions)	
3	EQUIPMENT (AUCTION)		
<u> </u>	<u></u>	<del></del>	
		\$ 45,293.	08/22/15
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
- 1 4111	ADVERTISING		
4			
			00/00/15
	-	\$5,184.	08/22/15
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
	VENUE (AUCTION)		
5			
		s 33,960.	08/22/15
		\$33,960.	00/22/13
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
	FOOD		
6			
		s 6,237.	08/22/15
523453 10-26	2.15		990. 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

WALK WITH SALLY

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
	TRAVEL (AUCTION)		
7			
		\$5,000 <b>.</b>	08/22/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FOOD		
8			
		\$6,130.	08/22/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	SPORTS (AUCTION)		
9			
		\$5,095.	08/22/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ADVERTISING		
10			
		\$\$\$	08/22/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ADVERTISING		
11			
		\$	08/22/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FOOD		
12			
		<sub>\$</sub> 6,000.	08/22/15
523453 10-26	2.45		990, 990-EZ, or 990-PF) (2015)

WALK WITH SALLY

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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 (AUCTION)		
13			
		\$6,500.	08/22/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ADVERTISING		
14			
		\$\$	08/22/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ADVERTISING		
15			
		\$\$	08/22/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	HOTEL (AUCTION)		
16			
		\$5,000.	08/22/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	TRAVEL (AUCTION)		
17			
		\$\$	08/22/15
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
	TRAVEL (AUCTION)		
18			
		s 10,000.	08/22/15
523453 10-20	 8.15		990, 990-EZ, or 990-PF) (2015)

WALK WITH SALLY

Part II	Noncash Property (see instructions). Use duplicate copies of F	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 (AUCTION)		
19			
		\$6,400.	08/22/15
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
	FOOD		
20			
	_		00/00/15
		\$17,600.	08/22/15
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
- arti			
	_		
		\$	
(a)		(2)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(a)		()	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
rarti			
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		, ,	
		\$	90, 990-EZ, or 990-PF) (2

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number 61-1472800 WALK WITH SALLY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WALK WITH SALLY

**Employer identification number** 61-1472800

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin							
		(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	_						
	are the organization's property, subject to the organization's							
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of	, , , , ,						
Da	impermissible private benefit?							
		·	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	` ;						
	Preservation of land for public use (e.g., recreation or e		orically important land area					
	Protection of natural habitat	Preservation of a cert	tified historic structure					
•	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	Held at the End of the Tax Year					
	day of the tax year.							
a	Total number of conservation easements							
D	Total acreage restricted by conservation easements							
	Number of conservation easements on a certified historic str							
a	Number of conservation easements included in (c) acquired							
2	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax					
4	year ▶ Number of states where property subject to conservation ea	soment is located						
4 5		-						
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
Ū	b	Thandling of violations, and emorcing con	servation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year					
•	S	aming of violations, and officining conserve	ation dustrients during the year					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	)(h)(4)(B)(i)					
_	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservati							
	include, if applicable, the text of the footnote to the organiza							
	conservation easements.		organia o accounting					
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,					
	historical treasures, or other similar assets held for public ext							
	the text of the footnote to its financial statements that descri	ibes these items.						
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts					
	relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$					
2	If the organization received or held works of art, historical tre		al gain, provide					
	the following amounts required to be reported under SFAS 1							
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$					
b	Assets included in Form 990, Part X		<b>&gt;</b> \$					

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

Schedule D (Form 990) 2015

	t III Organizations Maintaining Co		t. Hist	orical Tr	easures. c	r Othe			ts/continu	95 _
3	Using the organization's acquisition, accessio									
Ū	(check all that apply):	ri, and other record	3, 011001	arry or the	ioliowing tha	t are a s	igimicant	350 01 113	CONCOLION	items
а	Public exhibition	d		oan or ove	hango progra	me				
b										
	Scholarly research	е	ш	Juliei						
C	Preservation for future generations			a &4la a 4				aa ia Daw	. VIII	
4	Provide a description of the organization's col							se in Par	t XIII.	
5	During the year, did the organization solicit or								٦٧	N
Day	to be sold to raise funds rather than to be maintain to be sold to raise funds rather than to be maintain to be sold to raise funds rather than to be maintain to be sold to raise funds rather than to be maintain to b								<b>Yes</b>	└── No
Fai	<b>t IV</b> Escrow and Custodial Arrang reported an amount on Form 990, Part		ete ir tne	organizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or	
			liano fan				ام ماد دها ما			
ıa	Is the organization an agent, trustee, custodia								٦٧	N
	on Form 990, Part X?								Yes	└── No
р	If "Yes," explain the arrangement in Part XIII a	na complete the to	llowing t	able:						
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								1	<del></del>
	Did the organization include an amount on Fo						•		Yes	⊢ No
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if									
		(a) Current year	<b>(b)</b> Pi	rior year	(c) Two year	s back	(d) Three y	ears back	<b>(e)</b> Four y	ears back
	Beginning of year balance				-					
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held a	and administe	red for tl	he organiz	ation	_	
	by:								\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on S	chedule R?					3b	
_4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	d	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	oreciation			
1a	Land	.								
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must eq		X. colum	n (B). line 1	10c.)			ightharpoonup		0.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 WALK WITH S	61-1472800 <sub>Page</sub>			
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		•		
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 000 Part IV	line 11d See Form 000	Part V lina 15	
	Description	, line 11d. See 1 om 930,	Tart X, IIIIe 15.	(b) Book value
(1)				(-,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		C 204		
(2) PAYROLL TAXES PAYABLE		6,304.		
(3)				
<u>(4)</u>				
(5)				
(6)				
<u>(7)</u>				
(8)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	6,304.		

Schedule D (Form 990) 2015

Pai	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, lii	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	• • • • • • • • • • • • • • • • • • • •		<del> </del>			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	, , , ,					
b	Other (Describe in Part XIII.)	4b				
С						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12					
Pa	rt XII Reconciliation of Expenses per Audited Financial St		nses per Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin					
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a						
b	•					
C	***************************************					
d						
e	• • • • • • • • • • • • • • • • • • • •		<del> </del>			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40				
a b	, , , , , , , , , , , , , , , , , , , ,					
C	· · · · · · · · · · · · · · · · · · ·		4c			
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1		·····			
_	rt XIII Supplemental Information.	<u> </u>				
	ide 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 X	XI,		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		, , , , ,	•		
		•				

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

WALK WI	TH SALLY				61-1472	800
Part I Fundraising Activities. required to complete this part	Complete if the organization answ	vered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
Indicate whether the organization rais	e Solicit f Solicit g X Specia r oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) pur	ation of ation of al fundra al (includ profess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees or X Yes	
(ii) Activity have custody from activity fundament to (or retained by					(vi) Amount paid to (or retained by) organization	
		Yes	No			
Total  3 List all states in which the organization or licensing.				s or has been notified	d it is exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2015

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

61-1472800 Page 2 Schedule G (Form 990 or 990-EZ) 2015 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>(b)</b> Event #2	(c) Other events	(d) Total events
			WHITE LIGHT	L		(add col. (a) through
				BOWL A THON	4	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	566,564.	64,256.	19,640.	650,460.
	2	Less: Contributions	250,677.	35,572.	10,844.	297,093.
	3	Gross income (line 1 minus line 2)	315,887.	28,684.	8,796.	353,367.
	4	Cash prizes				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	93,255.			93,255.
Direct E	7	Food and beverages				
-	8	Entertainment	41,595.	100.	220.	41,915.
	9	Other direct expenses	33,389.	5,019.	220.	38,628.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	173,798.
Pa	11 rt l	Net income summary. Subtract line 10 from li  II Gaming. Complete if the organization a		200 Part IV line 10 or		179,569.
<u> </u>		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990,1 art 10, iiile 19, 01	reported more than	
<sub>O</sub>		,	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
Rev						
$\dashv$	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	_	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming a		states?		Yes No
		<b>.</b>				
40-	\ <u>\</u>	and of the companionation to receive the		manifes all all professor the soft		Van III
		ere any of the organization's gaming licenses re Yes," explain:	evokea, suspenaea or te	rminated during the fax y	/ear /	Yes No
J		. со, охран.				

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 WALK WITH SALLI	01-14/2000 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$	nt
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:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	າ the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III lines 9 9b 10b 15b
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	2,,,,,

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

#### **SCHEDULE L**

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open To Public Inspection

Name of the organization Employer identification number WALK WITH SALLY 61-1472800 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or (b) Relationship (i) Written (a) Name of (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No FORMER EADVANCES 114,000. PAMELA PENSON Х 0. Х Х Х Total ▶ \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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Schedule L (Form 990 or 990-EZ) 2015

SEE PART V FOR CONTINUATIONS

	"Yes" on Form 990, Part IV, line 28a, 2		1.05	(a) Sh	aring of
(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
				Yes	No
				<del>                                     </del>	
				1	
				+	
				<u> </u>	
				+	
Part V Supplemental Information Provide additional information for resp	onses to questions on Schedule L (see	instructions).	•		
SCHEDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSON	NS:		
(A) NAME OF PERSON: PAMELA	A PENSON				
(B) RELATIONSHIP WITH ORGA	ANIZATION: FORMER EX	ECUTIVE DIE	RECTOR		
(C) PURPOSE OF LOAN: ADVAN	ICES MADE TO FORMER	EXECUTIVE I	DIRECTOR		
SCHEDULE L, PART II					
THE AMOUNT ORIGINALLY ADVA	NCED WAS \$114 000	тиг ргмати	JING AMOUNT	חווד	
AT DECEMBER 31, 2014 WAS \$					
	EW TRANSACTIONS WITH				
2015. THERE WERE NO NI	W INANDACTIONS WITH	THIS INDIV	TIDOAH DORTE	<u></u>	
2013.					

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Par	t I	Types of Property							
			(a)	(b)	(c) Noncash contribution	on Madhaad	(d)		
			Check if applicable	Number of contributions or	amounts reported of		of determini ntribution ar	•	9
			арриоаыс		Form 990, Part VIII, lin		THE BULLOTT OF		
1	Art - W	/orks of art							
2	Art - H	istorical treasures							
3	Art - F	ractional interests							
4	Books	and publications							
5	Clothi	ng and household goods							
6	Cars a	and other vehicles							
7	Boats	and planes							
8	Intelle	ctual property							
9	Securi	ities - Publicly traded							
10	Securi	ities - Closely held stock							
11	Securi	ities - Partnership, LLC, or							
	trust ir	nterests							
12	Securi	ities - Miscellaneous							
13	Qualifi	ed conservation contribution -							
	Histori	ic structures							
14	Qualifi	ed conservation contribution - 0	Other						
15	Real e	state - Residential							
16	Real e	state - Commercial							
17	Real e	state - Other							
18	Collec	tibles							
19		nventory		5	33,3	52.FMV			
20	Drugs	and medical supplies							
21		ermy							
22		ical artifacts							
23	Scient	ific specimens							
24		ological artifacts			F2 6	45 5357			
25	Other			6		47.FMV			
26	Other	` <del></del>		5		35.FMV			
27	Other	· CDODEC TEEL	/	2		24.FMV			
28	Other		,	3		59.FMV			
29		er of Forms 8283 received by th		•					
	tor wh	ich the organization completed	Form 8283, Part IV, I	Jonee Acknowled	gement <b>29</b>			· ·	
20-	Di.a.a				and a lin David Linea 4.	th		Yes	No
30a		the year, did the organization i							
		nold for at least three years from		•	•		20-		Х
		ot purposes for the entire holdin					30a		
		s," describe the arrangement in the organization have a gift acc		auiros tha ravieur	of any non standard as	ontributions?	24		X
31 32a		the organization have a gift acci the organization hire or use third	• •	=	•		31	-+	
JZd		1: 0	•	_		100311	32a		Х
h		s," describe in Part II.					32d		
33		organization did not report an a	mount in column (c) f	or a type of prope	rty for which column (a)	) is checked			
55		be in Part II.	carit iii coluiriii (o) i	c. a type of proper	a, ioi winoii oolaliili (a)	, is shooked,			
	300011	~ i ditiii							

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

Schedule M (Form 990) (2015)

Page 2

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.
PART I, OTHER TYPES OF PROPERTY:
MISC
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3073.
(D) METHOD OF DETERMINING REVENUE: FMV

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Inspection

Name of the organization

WALK WITH SALLY

**Employer identification number** 61-1472800

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PARENTS OR SIBLINGS WITH CANCER; ONE CHILD AT A TIME, ONE HEART AT A TIME

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

"FRIENDSHIPS") FROM THE PRIOR YEAR.

AN AVERAGE OF 43 PARTICIPANTS ATTENDED 4 DIFFERENT FRIENDSHIP ACTIVITIES THROUGHOUT THE YEAR, ACHIEVING A 88% INCREASE IN THE AVERAGE NUMBER OF ATTENDEES AT ACTIVITY EVENTS.

OUR VOLUNTEERS CONTRIBUTED OVER 7,000 VOLUNTEER HOURS TO SUPPORT THE ORGANIZATIONS PROGRAMS, WHICH EQUATES TO OVER \$168,000 OF CONTRIBUTED LABOR AT THE ORGANIZATIONS AVERAGE HOURLY RATE. OTHER HIGHLIGHTS INCLUDE:

- A. INCREASED THE NUMBER OF PROGRAM COORDINATORS FROM TWO TO THREE, INCLUDING A SPANISH-SPEAKING INDIVIDUAL TO MEET THE NEEDS OF OUR DEMOGRAPHIC AND GEOGRAPHIC GROWTH.
- B. ACHIEVED A 50% INCREASE IN THE NUMBER OF FAMILIES SERVED BY OUR HOPE FOR THE HOLIDAYS PROGRAM TO PROVIDE FAMILIES IMPACTED WITH CANCER WITH GIFTS AND NECESSITIES DURING THE HOLIDAYS.
- C. AWARDED OUR FIRST SCHOLARSHIP UNDER THE NEW "FRED'S FUTURE" SCHOLARSHIP PROGRAM STARTED IN 2015.
- INCREASED THE NUMBER OF MENTORS TRAINED BY 88% FROM PRIOR YEAR.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization  WALK WITH SALLY	Employer identification number 61-1472800
THE RETURN WAS EMAILED TO ALL OF THE BOARD OF DIRECTORS F	OR REVIEW BEFORE
FILING	
FORM 990, PART VI, SECTION B, LINE 12:	
THEY ARE CURRENTLY IN PLACE FOR EMPLOYEES AND BOARD MEMBE	ERS.
FORM 990, PART VI, SECTION B, LINE 15A:	
INDEPENDENT MEMBERS OF THE BOARD REVIEWED AND APPROVED TH	E 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:	
LOSS ON EVENT CANCELLATION	-161,696.
FORM 990 PART XII LINE 2C	
NO CHANGE.	