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Department of the Treasury

A For the 2014 calendar year, or tax year beginning

Internal Revenue Service

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

OMB No. 1545-0047 Open to Public

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

and ending

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

Inspection

B (Check if pplicable	C Name of organization		D Employer identific	cation number			
	Addres							
	Name change	Doing business as		61-1	472800			
	Initial return	· ·	Room/suite	E Telephone number				
	Final return/	840 APOLLO STREET, SUITE 324	1100111/04110		322-3900			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,101,208.			
	Amend			H(a) Is this a group re				
	Applica	IF Name and address of principal officer: DAILIN DEILENDID		for subordinates				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in				
		mpt status: X 501(c)(3)	or 527	1	list. (see instructions)			
J١	Nebsite	HTTP://WWW.WALKWITHSALLY.ORG		H(c) Group exemption	n number 🕨			
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2004 N	1 State of legal domicile: CA			
Pa		Summary						
ø	1 5	Briefly describe the organization's mission or most significant activities:	WITH	SALLY IS DE	DICATED TO			
Activities & Governance	-	PROVIDING MENTORING SUPPORT PROGRAMS AND						
/err	1	Check this box if the organization discontinued its operations or dispos		1 1				
ĝ		Number of voting members of the governing body (Part VI, line 1a)		3	<u>4</u> 3			
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			<u></u>			
ţies		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		······	490			
ξi		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12			0.			
¥		Net unrelated business taxable income from Form 990-T, line 34			0.			
	, D	vet unrelated business taxable income norm offit 350-1, line 54		Prior Year	Current Year			
ø.	8 (Contributions and grants (Part VIII, line 1h)		434,030.	883,718.			
Revenue		Program service revenue (Part VIII, line 2g)		0.	1,801.			
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-131,327.	-312,033.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		302,703.	573,486.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		158,970.	258,754.			
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		6,750.	30,527.			
ž		otal fundraising expenses (Part IX, column (D), line 25)		00.016	150 505			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		92,916.	159,787.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		258,636.	449,068.			
or	19 F	Revenue less expenses. Subtract line 18 from line 12		44,067.	124,418.			
ts o		- 1	Re	ginning of Current Year 293,443.	End of Year 250,522.			
Asse Bala	20 7	Total assets (Part X, line 16)		172,249.	4,910.			
Net Assets Fund Balanc	21 7	otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		121,194.	245,612.			
	art II	Signature Block		121/1310	213,0121			
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is			
	-	, and complete. Declaration of preparer (other than officer) is based on all information of wh			,			
		<u> </u>						
Sig	n	Signature of officer		Date				
Her	e	DARIN DERENZIS, TREASURER						
		Type or print name and title		N-1-	DTIN			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid TIMOTHY D. PETTIT, CPA TIMOTHY D. PETTIT, C05/08/15 self-employed P00393206								
-		Firm's name RAIMONDO PETTIT GROUP		Firm's EIN	33-0532641			
use	Use Only Firm's address 21515 HAWTHORNE BLVD. #1250							
		TORRANCE, CA 90503-6583		Phone no. (3	10)540-5990			
May	/ the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form	m 990 (2014) WALK WITH SALLY 61-147	2800	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	WALK WITH SALLY IS DEDICATED TO PROVIDING MENTORING SUPPORT PR	COGRAM	S
	AND SERVICES TO CHILDREN OF PARENTS OR SIBLINGS WITH CANCER; C		
	AT A TIME, ONE HEART AT A TIME.		
	•		
2	Did the organization undertake any significant program services during the year which were not listed on		
_		Voc	X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	1 es	LII INU
•		Yes	V N
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes	L <u>A</u> L No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses,	and
	revenue, if any, for each program service reported.		
4a			801.
	WALK WITH SALLY IS COMMITTED TO PROVIDING HEALING AND COMFORT		
	CHILDREN DEBILITATED BY THE EMOTIONAL EXPERIENCE OF LIVING WIT		
	LOSING A PARENT TO CANCER. THIS HEALING IS FACILITATED THROUGH		OF
	CHARGE MENTORING SUPPORT PROGRAMS AND SERVICES THAT PROVIDE AN	[
	EMOTIONALLY SAFE ENVIRONMENT FOR CHILDREN TO SHARE THEIR DIFFI	CULT	
	EXPERIENCE WITH SOMEONE WHO HAS SUFFERED THE SAME.		
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 182,448.		
		Form 9	90 (2014)

10160508 781727 13146.000

Form 990 (2014) WALK WITH SA Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(6) or 4947(a)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributor® 3 Did the organization required to complete Schedule C. Part I 4 Section 801(c)(8) organizations. Did the organization engage in debtying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part II 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 9819 If "Yes," complete Schedule C. Part II 6 Did the organization manifal any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule P. Part I 7 Did the organization manifal any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule P. Part I 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land rease, or historic structures If "Yes," complete Schedule D. Part II 7 Did the organization manifal and promise structures II "Yes," complete Schedule D. Part II 8 Did the organization manifal and promise structures II "Yes," complete Schedule D. Part II 9 Did the organization amount in Part X, line 21, for secrory or custodial account liability, serve as a custodian for amounts in such listed in Part X, or provide credit counseling, diebt management, credit repair, or debt negotiation revices? If "Yes," complete Schedule D. Part IV 9 Did the organization report an amount for lower to the structure in Part X, line 107 If "Yes," complete Schedule D. Part V 10 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D. Part V II 10 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D. Part V II 11 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D. Part X II 11 Did the organization prop	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part II		If "Yes," complete Schedule A	1	Х	
spublic offices // 11 / 12 / 12 / 13 / 13 / 14 / 15 / 15 / 15 / 15 / 15 / 15 / 15	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is the organization asset and solid (s) (5) (16)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 if "Yes," complete Schedule C, Part II 6 Did the organization maintain any otnon 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wrise," complete Schedule D, Part II 6 X Did the organization report or hold a conservation assement, holding assements to preserve open space, the environment, historic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X X Did the organization amounts not listed in Part X, ine 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit conveniency, and the account of the organization servers? If "Yes," complete Schedule D, Part IV 10 Did the organization servers? If "Yes," complete Schedule D, Part V IV 11 Did the organization amount for through a related organization, hold assets in temporarily restricted endowments, or quasiendowments; If "Yes," complete Schedule D, Part V IV 11 Did the organization report an amount for brink publishing and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V IV 11 Did the organization report an amount for rivestments to program related in Part X, line 13 for If "Yes," complete Schedule D, Part V III 11 Did The organization report an amount for or their assets 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 X III 12 X Did the organization report an amount fo	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II S is the organization a section Solit-(a), 501 (c)(6), 50 (c		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a section S01(c)(4), 501(c)(6), 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	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5 Is the organization a section \$01(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 / "Yes," complete Schedule C, Part III of the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Pse," complete Schedule D, Part IV Pse, complete Schedule D, Part IV Pse, complete Schedule D, Part IV Pse, complete Schedule D, Part IV Pse, complete Schedule D, Part IV Pse, complete Schedule D, Part IV Pse, c		during the tax year? If "Yes," complete Schedule C, Part II	4		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 II Did the organization receiver 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 III Plant III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Plant III Did the organization amount in Part X, line 21, for escrive 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? 10 Did the organization or short of the organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV II If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, II If the organization assets reported in Part X, line 10 Plant X, line 10 Plant Y, line 10 Plant Y, line 10 Plant Y, line 10 Plant Y, line 10 Plant Y, line 10 Plant Y, line 10 Plant Y, line 10 Plant X, l	5				
provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II to the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structured? If "Yes," complete Schedule D, Part II		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. A Did the organization maint collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. Did the organization of port an amount in Part X, line 121 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. Did the organization or port an amount or land, buildings, and equipment in Part X, line 101 for 17 "Yes," complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment in Part X, line 101 ft in Yes," complete Schedule D, Part V. Did the organization report an amount for investments - other securities in Part X, line 107 if "Yes," complete Schedule D, Part V. Did the organization report an amount for investments - other securities in Part X, line 107 if "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X III. Did the organization in part and amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 if Yes," complete Schedule D, Part X III. Did the organization in amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 if Yes," complete Schedule D, Part	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c 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 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 VIII Did the organization support 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 X Did the organization support 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 X Did the organization support 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 X Did the organization submit an amou	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 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 V 10 Did the organization service or the organization included in consolidated, included in consolidated, included financial statements for the tax year? If It Is X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I Ib Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part V I Ib Did the organization report an amount for investments or the 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 V II Ib Did the organization report an amount for investments or 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 V III Ib X 2 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 V III Ib X 3 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X In In 15 If It Yes, "complete Schedule D, Part X In In 15 If It Is Is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X In In 15 If It Is Is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X In In 15 If It Is Is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X In In Is If It Is Is It		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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 courseling, debt management, credit repair, or debt negotiation services? 10 Pid the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VV 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 VIII c Did the organization report an amount for other assets 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 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 VIII 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X A Intel X	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
b 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 13 Did the organization report an amount for rivestments - organizated 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 14 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 X VIII as 2 15 Did the organization in separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII A V		Schedule D, Part III	8		X
If "Yes," complete Schedule D, Part IV 10 10 the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X X X X X X X X X	9				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 3 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 VIII 4 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 VIII 4 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X Intention is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Intention is part X, line 15 If "Yes," complete Schedule D, Part X Intention is the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Intention of the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Intention of the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Intention of the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Intention of the organization have aggregate reve		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		complete Schedule G, Part III	19		
					X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Part IV Checklist of Required Schedules (continued)

			Yes	No
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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Orbital In I	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	<u> </u>		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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,"			
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	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,			Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Α.	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		x
32	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	 • • • • • • • • • • • • • • • • • • •		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
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	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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	ccour	its (FBAR).			
5а	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?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
	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	as req	uired	_		v
	to file Form 8282?		 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		<u> </u>
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of malification of the second benefit contribution of malification of the second benefit contribution.			7f		-
	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining denor advised funds. Did a denor advised fund maintaining			7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the appropriate appropriation makes a distribution to a decrea device a graph of the appropriate appropriate appropriate and appropriate appropria			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
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		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		•			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		
				Form	990	(2014)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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	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	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	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:			
	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			
Ŭ	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.)			
	tion and the control of the control		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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.			
	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		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	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
	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		Х
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)	availah	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, an	d finan	cial	
	statements available to the public during the tax year.		JM.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_0	THE ORGANIZATION - 310-322-3900			
	840 APOLLO STREET, SUITE 324, EL SEGUNDO, CA 90245			

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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.

(do not check more than one box, unless person is both an officer and a director/trustee) (list any hours for related organizations below line) (1) NICHOLAS ARQUETTE (2) MICHAEL HARRINGTON (2) MICHAEL HARRINGTON SECRETARY (3) DARIN DERENZIS TREASURER (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (we-2/1099-MISC) (W-2/1099-MISC) (W-2/109	(A) Name and Title	(B) Average			Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
(list any hours for related organizations below line) (1) NICHOLAS ARQUETTE EXECUTIVE DIRECTOR (2) MICHAEL HARRINGTON SECRETARY (3) DARIN DERENZIS TREASURER (4) NICOLE FITZGERALD (list any hours for related organizations below line) (I) NICHOLAS ARQUETTE 40.00 X X X 48,000. (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (O-2/1099-MISC) (W-2/1099-MISC) (O-2/1099-MISC) (O-2/1099-	ivame and fue	hours per	box	not c	heck ss pe	more rson	than is bot	h an	compensation	compensation	amount of
(1) NICHOLAS ARQUETTE 40.00 EXECUTIVE DIRECTOR X X 48,000 0 0 (2) MICHAEL HARRINGTON 1.50 X X 0 0 0 SECRETARY X X 0 0 0 (3) DARIN DERENZIS 1.50 X X 0 0 0 TREASURER X X 0 0 0 0 (4) NICOLE FITZGERALD 1.50 0 0 0 0		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization		organization
(2) MICHAEL HARRINGTON 1.50 SECRETARY X X 0. 0. 0 (3) DARIN DERENZIS 1.50 X X 0. 0. 0 TREASURER X X 0. 0. 0 0 (4) NICOLE FITZGERALD 1.50 0. 0 0 0		40.00	- -		V				48 000	0	0
X X 0 0 0 0 0 0 0 0		1.50	┢		^				40,000.	0.	U
(3) DARIN DERENZIS TREASURER (4) NICOLE FITZGERALD 1.50 X X 0. 0. 0. 0.	SECRETARY	1.30	\mathbf{x}		$ _{\mathbf{x}} $				0.	0.	0
(4) NICOLE FITZGERALD 1.50	(3) DARIN DERENZIS	1.50									
	TREASURER		Х		Х				0.	0.	0
BOARD MEMBER X U U C C C C C C C C C C C	(4) NICOLE FITZGERALD	1.50	١							0	0
	BOARD MEMBER		X						0.	0.	0
			1								
			_								
			_	_							
			1								

Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			•	C)			(D)	(E)			(F)
Name and title	Average		not c		more	than		Reportable	Reportable			imated
	hours per week					is bot or/trus		compensation from	compensation from related			ount of other
	(list any	tor						the	organization			ensation
	hours for	r direc				ted		organization	(W-2/1099-MI			m the
	related	istee o	trustee			bensa		(W-2/1099-MISC)				nization
	organizations below	ual tru	ional t		ployee	t com	١.					related nizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-ormer				Organ	iizations
		_	_		×	1 0						
		1										
						\vdash						
		1										
						_						
		1										
						\vdash						
		1										
							Ļ	40.000				
1b Sub-total								48,000.		0.		0
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)								48,000.		0.		0
Total (add lines ib and ic) Total number of individuals (including but									L 2,000 of reportab			
compensation from the organization				J G. G.		·,		33317 34 111313 411417 4 133	,,000 01 10po. ta			
												Yes No
3 Did the organization list any former office				•	•	•		•				
line 1a? If "Yes," complete Schedule J for											3	X
4 For any individual listed on line 1a, is the			-					·	the organization			x
and related organizations greater than \$1Did any person listed on line 1a receive or									idual for convices		4	^
rendered to the organization? If "Yes," col	•				-			ed organization or malv	idual for Services	,	5	Х
Section B. Independent Contractors	npiete correda	007	0, 0	ucii	porc	3011					<u> </u>	
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation fr	om
the organization. Report compensation fo	r the calendar y	ear e	endi	ng v	vith	or w	ithir	n the organization's tax	year.			
(A) Name and busines	0 0 0 0 0 0 0 0	376	\ ****	-				(B)	an door		(C)	
ivalile and busiles	s address	ИС	INC	<u> </u>			\dashv	Description of s	services	\vdash	compen	Sation
							\dashv					
							_					
2 Total number of independent contractors	(including but r	not lir	mite	d to	tho	se li	ı stec	d above) who received n	nore than			
\$100,000 of compensation from the organ					(0		<u> </u>				
											Earm 0	90 (201/

432008 11-07-14

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			ш ш. гоорогоо		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function	Unrelated	Revenuè éxcluded from tax under
						revenue	business revenue	sections 512 - 514
ts ts	1 2	Federated campaigns	1a					3.2 3.1
ran		Membership dues						
m.		Fundraising events		313,819.				
ifts ar A		Related organizations						
nils		Government grants (contribut						
Sir		All other contributions, gifts, gran						
uti	'		· I I	560 800				
trib Otl		similar amounts not included above		569,899. 332,240.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	-		883,718.			
9	r	Total. Add lines 1a-1f			003,710.			
•	•	PROGRAM SERVICE		Business Code 624310	1 0 0 1	1 001		
/ice	2 a			024310	1,801.	1,801.		
Ser	b							
m S	c							
Program Service Revenue	c							
² ro	6							
_	f				1 001			
		Total. Add lines 2a-2f			1,801.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax		F				
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		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						
		Gain or (loss)						
		Net gain or (loss)		>				
ne	8 a	Gross income from fundraising	-					
Other Reven		including \$ 313						
Re		contributions reported on line						
ē		Part IV, line 18						
₽		Less: direct expenses		527,722.	040 005			24.2 225
		Net income or (loss) from fund			-312,033.			-312,033.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		····· •				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	е	Business Code				
	11 a							
	b							
	C							
	C							
		Total. Add lines 11a-11d			F=0 405	4 001		212 222
43200	12	Total revenue. See instructions.		>	573,486.	1,801.	0.	-312,033.
43200 11-07	14							Form 990 (2014)

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

	Check if Schedule O contains a respons				
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	48,000.	24,000.	1,920.	22,080
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	190,574.	95,287.	7,623.	87,664
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	20,180.	10,090.	807.	9,283
11	Fees for services (non-employees):		-		·
а	Management				
b	Legal	36,348.		36,348.	
c	Accounting	21,320.		21,320.	
d	Lobbying	,		, -	
e	Professional fundraising services. See Part IV, line 17	30,527.			30,527
f	Investment management fees	33,732.1			
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	19,807.	10.762	1,050.	7,995
12	Advertising and promotion	11,605.	10,762. 6,499.		5,106
13	Office expenses	22,579.	10,489.	2,908.	9,182
13 14	Information technology	542.	20,1000	343.	199
		3121		3131	
15 16	Royalties	20,753.	14,527.	3,113.	3,113
	Occupancy	7,073.	822.	3,267.	2,984
17	Travel	7,073.	022.	3,201.	2,501
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	10,719.	2,665.	5,603.	2,451
23	Insurance	10,719.	2,003.	3,003.	2,431
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	MISCELLANEOUS COSTS	5,951.	4,227.	498.	1,226
b	PROGRAM ACTIVITIES	1,590.	1,580.	0.	10
С	TEMPORARY FAMILY SUPPOR	1,500.	1,500.	0.	0
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	449,068.	182,448.	84,800.	181,820
26	Joint costs. Complete this line only if the organization	,	,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	sassational campaign and randrationing continuous.				

Pai	ιλ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	178,328.	1	214,360.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	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	114 000		20 500
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L	114,000.	6	28,500.
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	6 5 4 5
	9	Prepaid expenses and deferred charges		9	6,547.
	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	4 445	14	1 115
	15	Other assets. See Part IV, line 11	1,115.	15	1,115.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	293,443.	16	250,522.
	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	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.	160 513		0
Liabilities		Complete Part II of Schedule L	169,513.	22	0.
_	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	2 726		4 010
		Schedule D	2,736.	25	4,910.
	26	Total liabilities. Add lines 17 through 25	172,249.	26	4,910.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ses		complete lines 27 through 29, and lines 33 and 34.	121 104		245 612
au	27	Unrestricted net assets	121,194.	27	245,612.
Ba	28	Temporarily restricted net assets		28	
<u>n</u>	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
SO		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	101 104	32	2/5 (12
_	33	Total net assets or fund balances	121,194.	33	245,612.
	34	Total liabilities and net assets/fund balances	293,443.	34	250,522.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		4,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	1,1	94.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	24	5,6	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz					-	the hospital's name.
		city, and state:	·					,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		,		, 3		
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	-					public described in
•		section 170(b)(1)(A)(vi). (Co	•	artial part of its support	nom a gov	orrintoritai	anic or nom the general	pasile accombed in
8		A community trust describe		(1)(Δ)(vi) (Complete Par	+ 11 \			
9	一	An organization that norma				contribution	one membership fees a	and arose receipts from
,		activities related to its exen	•	•	-			
		income and unrelated busin	-	•				•
		See section 509(a)(2). (Cor		(less section of reax) if	OIII DUSIIIC	sses acqu	illed by the organization	arter durie 30, 1973.
10		An organization organized a	•	ively to test for public es	afaty Saa	saction 50	10(a)(A)	
11	一	An organization organized a	•	•	•			nurnoses of one or
••		more publicly supported or	•	•	-		· · · · · · · · · · · · · · · · · · ·	
		lines 11a through 11d that	~					DIECK THE DOX III
_		Type I. A supporting orga				•		, aivina
а		the supported organization	•	•				
		organization. You must o			a majomy	or tine direc	ciois of trustees of the s	supporting
h		¬ ~	•		tion with it	o cupport	ad arganization(s) by he	wing
b	L		•					•
		control or management o			arrie perso	טווס נוומנ טנ	ontrol of manage the sup	pported
_		organization(s). You mus			in connoc	tion with	and functionally integrat	ad with
C							• •	ea with,
		its supported organization						
d			= ::					
		that is not functionally int	-		•			iveriess
_		requirement (see instruct	•	- ·				
е		☐ Check this box if the orga					ттурет, туреті, туретіі	
	Enta	functionally integrated, or						
١ ~		er the number of supported of vide the following information						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i	n your	support (see	other support (see
				above or IRC section	Yes	No	Instructions)	Instructions)
				(see instructions))	1.00	-110		
					1			
Tota	d .							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	108,476.	275,900.	412,585.	715,716.	768,968.	2,281,645.
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	100 476	075 000	410 505	715 F16	7.60 0.60	
4	Total. Add lines 1 through 3	108,476.	275,900.	412,585.	715,716.	768,968.	2,281,645.
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,						165 507
_	column (f)						165,597.
6	Public support. Subtract line 5 from line 4.						2,116,048.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 0011	(a) 2012	(4) 2012	(a) 2014	(f) Total
	Amounts from line 4	(a) 2010 108, 476.	(b) 2011 275,900.	(c) 2012 412, 585.	(d) 2013 715,716.	(e) 2014 768, 968.	(f) Total 2,281,645.
	Gross income from interest,	100,4701	273,300.	412,303.	713,710.	700,500.	2,201,043.
8	, , , , , , , , , , , , , , , , , , ,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,281,645.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	•				n 501(c)(3)	
	organization, check this box and stop						<u>▶□</u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	92.74 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	97.86 %
16a	33 1/3% support test - 2014. If the	•		,		,	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2013. If the						nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac			-	•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction:	s ▶∟

Schedule A (Form 990 or 990-EZ) 2014

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.)

Se	ction A. Public Support	siow, picase com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		, ,	. ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				,	i	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
•••	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u></u>
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
<u> </u>	check this box and stop here ction C. Computation of Publ						P
	Public support percentage for 2014 (I			acluma (fl)		15	
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2014. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3D		
3с		
4a		
1 a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
<u> </u>		
_		
7		
8		
9a		
9b		
9c		
100		
10a		
10b		

Par	↑ IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	<u> </u>		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 <i>Part VI</i> 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		
Sect	tion C. Type II Supporting Organizations			
	71 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. Type III Supporting Organizations	-		
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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		

1	Check here if the organization satisfied the Integral Part Test as a qualifying	n trust on	Nov. 00. 1070. Con in obs		
	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must con-	mplete Se	ections A through E.		
ecti	on 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			
	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			
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
ecti	on 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			
	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			

Schedule A (Form 990 or 990-EZ) 2014

ı aı	Type iii Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>				
C	Evenes from 2012			
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

Name of the organization

Employer identification number

61-1472800 WALK WITH SALLY

Organization type (check one):					
Filers of	f:	Section:			
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-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 General Rule or a Special Rule . 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	Rules				
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
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) (2014)

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
1		\$ 174,513. 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
2		\$ 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
3		\$ 15,000. 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
4	Name, audi ess, and ZiF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 6,000. 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
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
7		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	
8		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	
9		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	_
10	Name, address, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
12		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
13		\$ 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
14		\$ 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
15		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
16		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
17		\$ 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
18		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions)

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
19		\$\$ 5,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
20		\$\$ 55,000.	Person Payroll Noncash mplete Part II for neash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
21		\$\\$(Cc	Person Payroll Noncash The property of the property of the part II for the property of the pr				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$ (Cc	Person Payroll Poncash Payroll Poncash Poncash Poncash Poncash Contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$ (Cc	Person Payroll Poncash Omplete Part II for neash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$ (Cc	Person Payroll Noncash Payroll Pomplete Part II for peash contributions				

Name of organization Employer identification number

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received						
20	FOOD FOR EVENT.								
		 	07/09/14						
(a) No.	(b)	(c)	(d)						
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received						
21	TENTS AND EVENT EQUIPMENT.								
		\$\$	07/09/14						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received						
		 \$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received						
		 \$							

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2014) 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 the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III 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. `fŕom 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 (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 (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)

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 61-1472800

	WALK WITH SALLY	61-1472800			
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts.Complete if the		
	organization answered "Yes" to Form 990, Part IV, line	e 6.			
	-	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o				
			Yes No		
Pai			t IV, line 7.		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).			
	Preservation of land for public use (e.g., recreation or e		cally important land area		
	Protection of natural habitat	Preservation of a certific			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last		
	day of the tax year.				
	•		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	e		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rel		organization during the tax		
	year ▶				
4	Number of states where property subject to conservation eas	sement is located >			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	tholds?	Yes		
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	and enforcing conservation easements duri	ing the year ▶		
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	e organization's accounting for		
Day	conservation easements.	S Aut I listavia al Tura accura au Oth	an Cincilan Assats		
Pai	t III Organizations Maintaining Collections of	•	ier Similar Assets.		
	Complete if the organization answered "Yes" to Form				
1a	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c service, provide the following amounts		
	relating to these items:		.		
	(i) Revenue included in Form 990, Part VIII, line 1				
_					
2	If the organization received or held works of art, historical treations and the second		gain, provide		
	the following amounts required to be reported under SFAS 1		. .		
a	Revenue included in Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X		> \$		

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

Schedule D (Form 990) 2014

	t III Organizations Maintaining Co		t. Hist	orical Tr	easures, o	r Othe			ts/continu	. a.g.
3	Using the organization's acquisition, accessio									
Ū	(check all that apply):	ii, and other record	3, 011001	arry or the	iolowing that	are a sig	grimoarit (350 01 113	CONCCLION	items
а	Public exhibition	d		oan or ove	hange prograr	me				
b	Scholarly research	e		Other	nange progran	115				
		e		Juliei						
C	Preservation for future generations			641 4				! D		
4	Provide a description of the organization's col							se in Par	t XIII.	
5	During the year, did the organization solicit or								7 v	N
Day	to be sold to raise funds rather than to be maintain to be maintain to be maintain to be maintain 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								Yes	└── No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	n answered "Y	res" to F	-orm 990	, Part IV, I	ine 9, or	
10	Is the organization an agent, trustee, custodia		lion, for a	ontribution	as or other occ	oto not i	ingluded			
Id									Yes	☐ No
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								_ res	L NO
D	if "Yes," explain the arrangement in Part XIII a	na complete the fo	llowing to	able:					A t	
	Designation to be also as						4-		Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								T.,	
	Did the organization include an amount on Fo						ty?		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if									
		(a) Current year	(b) Pr	rior year	(c) Two years	back (d) Three y	ears back	(e) Four y	rears back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held a	and administer	ed for th	e organiz	ation	_	
	by:								\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	ule R?					3b	
_4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" to Form 990	, Part IV,	line 11a. S	See Form 990,	Part X, li	ne 10.			
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	reciation			
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) 2014

Schedule D (Form 990) 2014 WALK WITH SA	LLY		61-1472800 _{Page}
Complete if the organization answered "Yes" to	o Form 000 Part IV	line 11h See Form 900 Part V line	v 10
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives	. ,	· · ·	
(2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to			
(a) Description of investment	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" to	o Form 990. Part IV.	line 11d. See Form 990. Part X. line	e 15.
	escription	, ,	(b) Book value
(1)	<u></u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" to	o Form 990, Part IV,		X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes		4 010	
(2) PAYROLL TAXES PAYABLE		4,910.	
(3)			
(4)			
(5)			

(6) (7) (8) 4,910. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Pai	t XI Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.		
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			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
_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 State	ements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.		
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	011 (5 11 1 5 1)(11)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b	<u>'</u>	4c	
с <u>5</u>	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
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5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	5	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Name of the organization

WALK WITH SALLY 61-1472800

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization rai						
a X Mail solicitationsb X Internet and email solicitation				overnment grants nment grants		
c Phone solicitations	g X Special		_	•		
d In-person solicitations	3 0000	rarrare	9	0.00000		
2 a Did the organization have a written	or oral agreement with any individual	(inclu	ding o	fficers, directors, true	stees or	
	Part VII) or entity in connection with p					No
b If "Yes," list the ten highest paid inc						be
compensated at least \$5,000 by the						
	1				(.) (
(i) Name and address of individual	(ii) A ativity	(iii) fundr	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	have c	ustody itrol of utions?	from activity	fundraiser	organization
			utions:		listed in col. (i)	
GAVEL GROUP - 20472 CRESCENT		Yes	No			
BAY STE 102, LAKE FOREST, CA	AUCTION SERVICES		Х	231,939.	20,935.	211,004.
		<u> </u>				
	_					
	-					
Total				231,939.	20,935.	211,004.
3 List all states in which the organization		contrib	outions	s or has been notified	d it is exempt from re	egistration
or licensing.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14

61-1472800 Page 2 Schedule G (Form 990 or 990-EZ) 2014 WALK WITH SALLY Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events

				WHITE LIGHT WHITE NIGHT	(c) Other events	(d) Total events (add col. (a) through
an.			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	59,081.	437,903.	27,192.	524,176.
Ä	2	Less: Contributions	0.	-	0.	313,819.
		Gross income (line 1 minus line 2)	59,081.		27,192.	-
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs	5,897.	101,788.	0.	107,685.
Direct Expenses	7	Food and beverages	1,624.	15,470.	1,350.	18,444.
Ö	8	Entertainment	1,828. 962.		1,345. 117.	100,806. 13,005.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	0: 1 (1)	11,920		239,940.
D -		Net income summary. Subtract line 10 from li				-29,583.
Pa	ırt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		# > Dull tabe (instant		(n = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)

		Ψ15,000 on 1 on 11 330 £2, iii c σα.								
Revenue				(a) Bingo	٠,	Pull tabs/instant go/progressive bingo		(c) Other gaming	(d) Total gamir col. (a) through	
Rev		Cross revenue								
	_	Gross revenue					+			
ses	2	Cash prizes								
Expen	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses		1		1		1		
	6	Volunteer labor		Yes % No		Yes % No		Yes % No		
	7	Direct expense summary. Add lines 2 through	n 5 in	column (d)				>		
	8	Net gaming income summary. Subtract line 7	fron	n line 1, column (d)				>		
9	En	ter the state(s) in which the organization condu	ıcts (gaming activities:						
		the organization licensed to conduct gaming action," explain:							. L Yes	No
		ere any of the organization's gaming licenses re Yes," explain:		•		-	yea	ır?	Yes	No
		· · ·								

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 WALK WITH SALLET	14/40	500	Page 3
11 Does the organization conduct gaming activities with nonmembers?	\ \	′ es	└── 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?	\	′ es	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a		%
b An outside facility			%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 \Upsilon	r es	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
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?	\	′ es	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9, 9	9b, 10	b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	RS:		
(I) NAME OF FUNDRAISER: GAVEL GROUP			
(I) ADDRESS OF FUNDRAISER:			
20472 CRESCENT BAY STE 102, LAKE FOREST, CA 92630			

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

Open To Public Inspection

Employer identification number

WAI	K WITH	SALLY					61	-14	728	00			
Part I Excess Benefit	Transacti	ions (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50	1(c)(29) organization	ns only	<i>'</i>).					
Complete if the orga									Jb.				
1	(b) F	Relationship betv			lified					(d) Corrected?			
(a) Name of disqualified person	on \ ' '	person and organization			(c	(c) Description of transaction			<u>``</u>			No	
										+	\dashv		
										+	\dashv		
										+			
											_		
2 Enter the amount of tax incu	rred by the o	organization man	agers	or disc	qualified persons du	ring the vear under							
	•	· ·	•			•		S					
3 Enter the amount of tax, if ar								\$					
	.,,,		,		ga			•	-				
Part II Loans to and/or	r From Int	terested Pers	sons										
Complete if the orga	nization ans	wered "Yes" on I	Form 9	990-EZ	. Part V. line 38a or F	Form 990. Part IV. lir	ne 26:	or if th	ne oraz	nizatio	on		
reported an amount					, ,	, ·, · ·	,		9-				
· · · · · · · · · · · · · · · · · · ·	Relationship	(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due (g) In by boa			oroved (i) Written				
	h organization	of loan		n the zation?	principal amount	amount default?		comm	nittee? agreement?		ment?		
			To	From			Yes	No	Yes	No	Yes	No	
PAMELA PENSON FO	RMER E	ADVANCES		Х	114,000.	28,500.		Х	Х		Х		
					-	-							
Total					> \$	28,500.							
Part III Grants or Assis	tance Be	nefiting Inter	este	d Pe	rsons.								
Complete if the orga	nization ans	wered "Yes" on I	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested pers	on	(b) Relationship	betwe	en	(c) Amount of	(d) Type	of		(e)) Purp	ose of	f	
		interested person and			assistance						ssistance		
		the organiza	ation										

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

Schedule L (Form 990 or 990-EZ) 2014

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's		
	person and the organization	transaction	transaction	rever Yes	nues?	
				1		
				+		
D. IV. I.O. I. I.I.						
Part V Supplemental Information Provide additional information for resp	onses to questions on Schedule L (see	instructions).				
SCHEDULE L, PART II, LOANS	S TO AND FROM INTERE	STED PERSON	1S:			
(A) NAME OF PERSON: PAMELA	A PENSON					
(B) RELATIONSHIP WITH ORGA	ANIZATION: FORMER EX	ECUTIVE DIF	RECTOR			
(C) PURPOSE OF LOAN: ADVAN	ICES MADE TO FORMER	EXECUTIVE I	DIRECTOR			
SCHEDULE L, PART II						
THIS BALANCE REPRESENTS TH	HE REMAINING AMOUNT	DUE FROM TH	HE FORMER			
EXECUTIVE DIRECTOR, WHICH	WAS REPAID IN FULL	IN JANUARY	OF 2015.			

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

Pai	rt I Types of Property					•			
	·	(a) Check if applicable			Method of de	(d) lethod of determining ash contribution amounts			
1	Art - Works of art			,	<u> </u>				
2									
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	6 Cars and other vehicles								
7									
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles	X		126 5					
19	9 Food inventory		3	136,59	99.	FMV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	Х	1	215 4	7 /	TPMCT 7			
25	Other (OTHER)	X	<u> </u>	215,4° 47,16		FMV FMV			
26	Other (EQUIPMENT)			4/,10	55.	LMV			
27	Other ()								
<u>28</u> 29	Other () Number of Forms 8283 received by the organi	zation durin	a the text year for a	antributions					
25	for which the organization completed Form 82		•		9				
	for which the organization completed form oz	00,1 ait iv,	Donee Acknowled	gement Z	.5			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	norted in Part I lines	1 throu	nh 28 that it		103	140
oou	must hold for at least three years from the dat								
	exempt purposes for the entire holding period						30a		Х
b	If "Yes," describe the arrangement in Part II.	•					Oou		
31	Does the organization have a gift acceptance	policy that r	utions?	31		х			
		or related organizations to solicit, process, or sell noncash							
	-								х
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,								
	describe in Part II. For Panerwork Poduction Act Notice and the Instructions for Form 900. Schodule M (Form 900) (20)								
	For Demands Deduction Ast Notice and	Ale - I A	.: 00	•		Cobodulo M	-	000	0044

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

Schedule M (Form 990) (2014)

432142 08-12-14

SCHEDULE 0

(Form 990 or 990-EZ)

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.

Employer identification number 61-1472800

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

WALK WITH SALLY

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 VI, SECTION B, LINE 11:
THE RETURN WAS EMAILED TO ALL OF THE BOARD OF DIRECTORS FOR REVIEW BEFORE
FILING
FORM 990, PART VI, SECTION B, LINE 12:
THEY ARE CURRENTLY IN PLACE FOR EMPLOYEES AND WILL BE IN PLACE FOR BOARD
MEMBERS IN 2014.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST