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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

A For the 2017 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change WALK WITH SALLY Name change 61-1472800 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 310-322-3900 840 APOLLO STREET, SUITE 324 termin-ated 1,388,135. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return EL SEGUNDO, CA 90245 H(a) Is this a group return Applica-F Name and address of principal officer: GRACE LEUNG Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► HTTP: //WWW.WALKWITHSALLY.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association L Year of formation: 2004 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: WALK WITH SALLY IS DEDICATED TO Activities & Governance PROVIDING MENTORING SUPPORT PROGRAMS AND SERVICES TO CHILDREN OF Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 822 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 724,442. 990,775. Contributions and grants (Part VIII, line 1h) Revenue 1,037.672. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -237,986**.** -303,327. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 487,128. 688,485. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 354,237. 329,249. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 238,080. 266,076. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 567,329. 620,313. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -80,201. 68,172. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 187,104. 261,491. Total assets (Part X, line 16) 9,922. 3,707. 21 Total liabilities (Part X, line 26) 183,397. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign GRACE LEUNG, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed TIMOTHY D. PETTIT, CPA TIMOTHY D. PETTIT, C05/14/18 P00393206 Paid Firm's name RAIMONDO PETTIT Firm's EIN 33-0532641 GROUP Preparer Firm's address 21515 HAWTHORNE BL. #1250 Use Only Phone no. (310)540-5990 TORRANCE, CA 90503-6583 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Par	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	DOCDAMC
	WALK WITH SALLY IS DEDICATED TO PROVIDING MENTORING SUPPORT P	
	AND SERVICES TO CHILDREN OF PARENTS OR SIBLINGS WITH CANCER;	ONE CHILD
	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 the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	1 027
4a	(Code:) (Expenses \$ 346,893. including grants of \$) (Revenue \$	1,037.
	WALK WITH SALLY IS COMMITTED TO PROVIDING HEALING AND COMFORT	
	CHILDREN DEBILITATED BY THE EMOTIONAL EXPERIENCE OF LIVING WI	
	LOSING A PARENT, GUARDIAN, OR SIBLING TO CANCER. THIS HEALING	
	FACILITATED THROUGH FREE OF CHARGE MENTORING SUPPORT PROGRAMS	
	SERVICES THAT PROVIDE AN EMOTIONALLY SAFE ENVIRONMENT FOR CHI	
	SHARE THEIR DIFFICULT EXPERIENCE WITH SOMEONE WHO HAS SUFFERE	D THE
	SAME.	
	THE FOCUS OF OUR MENTORING PROGRAM IS TO MATCH AND CREATE ONE	ON ONE
	MENTORING RELATIONSHIPS ("FRIENDSHIPS") BETWEEN A CHILD AND A	
		NDSHIP" IS
	LIVING WITH, LIVED WITH OR LOST A(SEE SCHEDULE O FOR CONTINUA	
41-	26 100	I TON /
4b	(Code:) (Expenses \$36,128. including grants of \$) (Revenue \$) THE FRIENDSHIP ACTIVITY PROGRAM IS A QUARTERLY EXPERIENTIAL A	ND ,
	EDUCATIONAL DAY-LONG EVENT FOR ALL THE MENTORING FRIENDSHIPS,	
	FAMILIES, PROSPECTIVE FAMILIES AND MENTORS. IN 2017 WE HAD 3	
	ATTENDEES PARTICIPATE IN OUR QUARTERLY FRIENDSHIP ACTIVITIES	
	COMPLETELY FREE TO THE FAMILIES AND MENTORS IN OUR MENTORING	
	WHICH WAS A 24% IN ATTENDEES FROM 2016.	11100111111
4c	(Code:) (Expenses \$ 4 , 000 • including grants of \$) (Revenue \$)
	THE TEMPORARY FAMILY SUPPORT PROGRAM PROVIDES FINANCIAL ASSIS	
	RESOURCES TO WALK WITH SALLY FAMILIES EXPERIENCING HARDSHIP.	DURING
	2017, THIS PROGRAM PROVIDED \$4,000 TO THREE FAMILIES IN NEED	
	EMERGENCY FINANCIAL RELIEF AND ADOPTED 42 FAMILIES DURING OUR	
	THE HOLIDAY'S CAMPAIGN WHICH BROUGHT IN OVER \$11,320 IN GIFTS	
	FAMILIES. DURING 2016, WE PROVIDED \$5,000 TO THREE FAMILIES	
	EMERGENCY FINANCIAL RELIEF AND ADOPTED 14 FAMILIES DURING THE	
	THE HOLIDAYS CAMPAIGN WHICH PROVIDED \$5,060 IN GIFTS FOR OUR	FAMILIES.
4d	,	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 387,021.	

16340514 781727 13146.000

Form 990 (2017) WALK WITH SA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			-25
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	^	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 22
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	000	X

Form **990** (2017)

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			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٠,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			. v
_	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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			
	Schodula I Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			, v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	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?	26		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	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?	51		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
		, 55		

Form **990** (2017)

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	7		
	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	portable gaming			
	(gambling) winnings to prize winners?		10	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2t	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule Co)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of FinCEN Form 114, Report of FinCEN Foreign Bank and Financial Actions for Financial Act	counts (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				Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization 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 contribution	ons or gifts			
	were not tax deductible?		6b	•	
7	Organizations that may receive deductible contributions under section 170(c).				1 37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv			_	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7t	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			_v
	to file Form 8282?		70	:	X
	, L	7d			x
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				X
g	If the organization received a contribution of qualified intellectual property, did the organization file For				X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received funds are advised funds. Did a depart advised fund received funds are advised funds.		-C? 7t		122
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?	by trie	8		
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>		
	Did the sponsoring organization make any taxable distributions under section 4966?		98		
b	Did the appropriate agreement of distribution to a depart depart of the propriate agreement.				
10	Section 501(c)(7) organizations. Enter:				
а		10a			
b	F	10b			
11	Section 501(c)(12) organizations. Enter:				
а	1 11 1 2	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12	а	
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?		13	a	
	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				
		13b			
С	Enter the amount of reserves on hand	13c			<u> </u>
			·····	_	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0			1
			Fo	rm 990	(2017)

Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

WALK WITH SALLY

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 Section 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. 6 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 310-322-3900

Form **990** (2017)

90245

840 APOLLO STREET, SUITE 324, EL SEGUNDO,

Form 990 (2017) WALK WITH SALLY 61-1472800 Page 7

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.

(list any hours for related organizations below line) (1) NICHOLAS ARQUETTE (2) MICHAEL HARRINGTON (3) DARIN DERENZIS (4) RUSSELL HUSSEIN (4) RUSSELL HUSSEIN (5) SHARON STRAUSS (5) SHARON STRAUSS (6) MALCOM GILL (6) MALCOM GILL (7) GRACE LEUNG (8) SEGRET (SIST ANY HOUR FROM THE ORGANIZATION (W-2/1099-MISC)) (8) In the organization (W-2/1099-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) (W	(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of other
(1) NICHOLAS ARQUETTE SECRETARY/BOARD MEMBER (2) MICHAEL HARRINGTON PRESIDENT/BOARD CHAIR (3) DARIN DERENZIS TREASURER (4) RUSSELL HUSSEIN BOARD MEMBER (5) SHARON STRAUSS BOARD MEMBER (6) MALCOM GILL BOARD MEMBER (7) GRACE LEUNG (8) O.		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
1.50	(1) NICHOLAS ARQUETTE SECRETARY/ROARD MEMBER	40.00	×		x				64 240.	0.	0
PRESIDENT/BOARD CHAIR		1.50	 						01/2100		
1.50		1.30	\mathbf{x}		$ _{\mathbf{x}} $				0.	0.	0
X X X X X X X X X X		1.50	 						•	•	
(4) RUSSELL HUSSEIN 2.00 BOARD MEMBER X 0.0.0 (5) SHARON STRAUSS 2.00 BOARD MEMBER X 0.0.0 (6) MALCOM GILL 2.00 BOARD MEMBER X 0.0.0 (7) GRACE LEUNG 2.00	TREASURER		x		x				0.	0.	0
(5) SHARON STRAUSS	(4) RUSSELL HUSSEIN	2.00									
BOARD MEMBER X	BOARD MEMBER		X						0.	0.	0
(6) MALCOM GILL 2.00 X 0. 0. 0 BOARD MEMBER 2.00 X 0. 0	(5) SHARON STRAUSS	2.00									
BOARD MEMBER X 0. 0. 0	BOARD MEMBER		Х						0.	0.	0
(7) GRACE LEUNG 2.00	(6) MALCOM GILL	2.00									
	BOARD MEMBER		X						0.	0.	0
BOARD MEMBER X 0. 0. 0. 0	(7) GRACE LEUNG	2.00									
	BOARD MEMBER		X						0.	0.	0
			1								
			1_								
			$\frac{1}{1}$								
			\vdash								
			1_								
			1								

Form **990** (2017)

	(A) Name and title	(B) Average		m - '	Pos	C) ition	1		(D) Reportable	(E) Reportable		Es	(F) timate	ed
		hours per week (list any hours for related organizations below	tee or director	, unle	ess pe	rson	Highest compensated is pot ox/trus	h an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	,	com fr org	nount of other pensariom the anization anizati	of tion e ion ed
		line)	Indiv	Instit	Officer	Keye	High	Form						
			<u> </u> 											
			_											
									64,240.		0			
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						>	0.		0. 0.			0.
2	Total number of individuals (including but a compensation from the organization								<u> </u>	0,000 of reportable	9			0
3	Did the organization list any former officer	, ,		,	,	•	,	•		. ,		•	Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest countries the organization. Report compensation for										pens	ation 1	rom	
	(A) Name and business			ONI		VILII	OI W	111111	(B) Description of s		С	(C ompe) nsatior	n
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li:	stec	d above) who received n	nore than				
	The state of the s											Form	990 (2	2017)

16340514 781727 13146.000

Form 990 (2017) WALK WITE Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts Its	1 a	Federated campaigns	1a					
ara oun		Membership dues						
s, G		Fundraising events		334,807.				
Sift.		Related organizations						
inil		Government grants (contribut						
rion		All other contributions, gifts, gran	· 					
t pd		similar amounts not included above		655,968.				
	g	Noncash contributions included in lines		451,421.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			990,775.			
				Business Code				
e l	2 a	PROGRAM SERVICE		624310	1,037.	1,037.		
اه ک	b							
Program Service Revenue	С							
	d							
Pg	е							
P.	f	All other program service reve	enue					
	g				1,037.			
	3	Investment income (including						
		other similar amounts)		▶				
	4	Income from investment of tax						
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	С	Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ne		Gross income from fundraising						
		including \$334	,807. of					
eve		contributions reported on line						
Other Rever		Part IV, line 18	а	396,323.				
Ĕ	b	Less: direct expenses	b	699,650.				
١	С	Net income or (loss) from fund	draising events		-303,327.			-303,327.
		Gross income from gaming ac						
		Part IV, line 19	a					
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu		Business Code				
Ī	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			688,485.	1,037.	0	303,327.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 64,240. 42,398. 2,570. 19,272. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 260,639. 172,022. 10,425. 78,192. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,128. 938. 1,564. 626. Other employee benefits 9 17,312. 26,230. 1,049. 7,869. Payroll taxes 10 Fees for services (non-employees): a Management 125. 125. Legal 25,803. 1,290. 21,933. 2,580. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 21,987. 2,373 31,753. 56,113 column (A) amount, list line 11g expenses on Sch O.) 4,144. 2,072. 2,072. Advertising and promotion 12 6,434. 2,853. 18,482. 9,195. Office expenses 13 22,632. 16,530. 344. 5,758. Information technology 14 15 Royalties 3,799. 25,325. 20,260. 1,266. 16 Occupancy 7,368. 3,645. 2,481. 1,242. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,964. 1,571. 98. 295. Depreciation, depletion, and amortization 22 23,636. 11,048. 5,022. 7,566. 23

161,333.

24

c d

е

25

62,753.

4,000.

387,021.

13,731

71,959

62,753.

13,731.

620,313.

4,000.

MERCHANTS FEES

All other expenses

Check here

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.)

PROGRAM TRAINING & ACTI

TEMPORARY FAMILY SUPPOR

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X | Balance Sheet

Part x	`	Balance Sheet							
		Check if Schedule O contains a response or not	e to an	y line in this Part X					
					(A) Beginning of year		(B) End of year		
1	1	Cash - non-interest-bearing			161,597.	1	225,230.		
2	2	Savings and temporary cash investments				2			
3	3	Pledges and grants receivable, net			17,650.	3	9,214		
4	1	Accounts receivable, net				4			
5		Loans and other receivables from current and for							
		trustees, key employees, and highest compensations	ated en	nployees. Complete					
		Part II of Schedule L				5			
6	3	Loans and other receivables from other disquali							
		section 4958(f)(1)), persons described in section							
		employers and sponsoring organizations of sec							
<u>s</u>			employees' beneficiary organizations (see instr). Complete Part II of Sch L						
Assets	7	Notes and loans receivable, net		_		7			
₹ 8	3	Inventories for sale or use				8			
9	9	Prepaid expenses and deferred charges				9	2,977		
10)a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	27,998.					
	b	Less: accumulated depreciation		3,928.	7,857.	10c	24,070		
11		Investments - publicly traded securities				11			
12	2	Investments - other securities. See Part IV, line			12				
13	3	Investments - program-related. See Part IV, line			13				
14	1	Intangible assets			14				
15	5	Other assets. See Part IV, line 11			15				
16	3	Total assets. Add lines 1 through 15 (must equ	187,104.	16	261,491				
17	7	Accounts payable and accrued expenses	3,707.	17	9,922				
18	3	Grants payable				18			
19	9	Deferred revenue				19			
20)	Tax-exempt bond liabilities				20			
21	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21			
ဖ္မ 22	2	Loans and other payables to current and former	officer	s, directors, trustees,					
		key employees, highest compensated employee	es, and	disqualified persons.					
		Complete Part II of Schedule L				22			
- 23	3	Secured mortgages and notes payable to unrela	ated thi	rd parties		23			
24	1	Unsecured notes and loans payable to unrelate	d third	parties		24			
25	5	Other liabilities (including federal income tax, pa	yables	to related third					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of					
		Schedule D			2 808	25	0 000		
26	3	Total liabilities. Add lines 17 through 25			3,707.	26	9,922		
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and					
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29		complete lines 27 through 29, and lines 33 an			160 000		025 154		
Ğ 27	7	Unrestricted net assets			169,002.	27	237,174		
ਲ 28 ਅ		Temporarily restricted net assets	14,395.	28	14,395				
멸 29	9					29			
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here					
Net Assets of 30 31 32 3		and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30			
ğ 31		Paid-in or capital surplus, or land, building, or ed				31			
를 32		Retained earnings, endowment, accumulated in			102 207	32	051 500		
- 33		Total net assets or fund balances			183,397.	33	251,569		
34	1	Total liabilities and net assets/fund balances			187,104.	34	261,491		

Form **990** (2017)

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		8,4				
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,3				
3	Revenue less expenses. Subtract line 2 from line 1	3		8,1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18	3,3	97.			
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	25	1,5	69.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	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 Sir	ngle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WALK WITH SALLY 61-1472800 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	715,716.	768,968.	831,338.	709,558.	936,714.	3,962,294.
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						
4	Total. Add lines 1 through 3	715,716.	768,968.	831,338.	709,558.	936,714.	3,962,294.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						119,121.
	Public support. Subtract line 5 from line 4.						3,843,173.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 831, 338.	(d) 2016 709,558.	(e) 2017 936, 714.	(f) Total
7	Amounts from line 4	715,716.	768,968.	831,338.	709,558.	936,/14.	3,962,294.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2 252 224
	Total support. Add lines 7 through 10		,				3,962,294.
12	'					[12]	
13	First five years. If the Form 990 is for						. □
Sec	organization, check this box and storection C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2017 (I			column (f))		14	96.99 %
	Public support percentage from 2016					15	95.37 %
	33 1/3% support test - 2017. If the o						,,,
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	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						s ▶□

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Pub	olic Support	siow, picade com	pioto i urt ii.j				
	cal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, o	· · · · · · · · · · · · · · · · · · ·	. ,	` ′	` ` `	<u> </u>	` '	``
. •	ees received. (Do not						
•	nusual grants.")						
2 Gross receipts merchandise s formed, or faci any activity the	s from admissions, sold or services per- ilities furnished in at is related to the tax-exempt purpose						
-	from activities that						
•	elated trade or bus-						
	levied for the organ-						
	fit and either paid to						
•							
furnished by a	ervices or facilities governmental unit to						
	on without charge						
	es 1 through 5						
	nded on lines 1, 2, and maisqualified persons						
from other than dis exceed the greater	on lines 2 and 3 received qualified persons that of \$5,000 or 1% of the for the year						
c Add lines 7a a	nd 7b						
	rt. (Subtract line 7c from line 6.)						
Section B. Tota	al Support						
Calendar year (or fise	cal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income dividends, pay securities loan	from interest, rments received on s, rents, royalties, om similar sources						
b Unrelated busine	ess taxable income						
(less section 51 acquired after Ju	1 taxes) from businesses une 30, 1975						
11 Net income fro activities not in whether or not	and 10bom unrelated business ncluded in line 10b, the business is						
or loss from th	Do not include gain le sale of capital n in Part VI.)						
	Add lines 9, 10c, 11, and 12.)						
14 First five year	s. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	and stop here						>
Section C. Cor	nputation of Publi	c Support Pe	rcentage				
15 Public support	t percentage for 2017 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
	t percentage from 2016					16	%
Section D. Cor	nputation of Inves	tment Incom	e Percentage				
17 Investment inc	come percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment inc	come percentage from 2	.016 Schedule A,	Part III, line 17			18	%
	ort tests - 2017. If the					33 1/3%, and line	17 is not
	1/3%, check this box ar						
b 33 1/3% supp	port tests - 2016. If the more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	ation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	- Ou		
	3b		
	3с		
	30		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		<u> </u>
m 9	90 or 99	30-EZ	2017

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

	1 ype in Non-i unctionally integrated 505	(a)(o) Supporting Sign	(continuea)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
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 organization	s	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
i dit vi	Dat N. Section A. lines 1.2. 2b. 4b. 4c. 6c. 6c. 2b. 2b. 2b. 11b. 11b. 2b.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(occurrence)
-	
-	

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

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

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

WALK WITH SALLY 61-1472800

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person Payroll Noncash X Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash X Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$12,000.	Person Payroll Noncash X Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audress, and ZIF + 4	\$	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000 .	Person X Payroll Noncash Complete Part II for noncash contributions.)

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

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
13		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		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		\$ 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
16		\$ 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
17		\$ 9,000. 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		Person X Payroll Noncash (Complete Part II for

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
19		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		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
25		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
26		\$ 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
27		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
28		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
29		\$ 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
30		Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
31		\$ 10,800. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
32		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
33		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
34	Name, audiess, and Zir + +	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
35		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
36		Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$10,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$8,280.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$12,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

61-1472800

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
43		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
44	Name, address, and ZIF + 4	\$ 12,800.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
No. 45	Nume, addi 655, and £11° T T	\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No. 46	Name, address, and ZIP + 4	* \$ 15,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1101	rumo, addi 000, and En TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
NO.	Ivallie, audi ess, dilu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization Employer identification number

WALK WITH SALLY

61-1472800

Part II	Noncash Property (see instructions). Use duplicate copies of F	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				
	PRINT ADVERTISING						
1							
		\$\$	03/11/17				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
_	TRAVEL (AUCTION)						
2							
		\$\$	07/22/17				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	HOTEL						
3							
		\$12,000.	07/22/17				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	PORTRAIT						
33							
		\$5,000 .	12/31/17				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	BEVERAGES						
34							
		\$5,900 .	03/20/17				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	VENUE						
35							
			07/22/17				
23453 11-0 ⁻			90, 990-EZ, or 990-PF) (201				

Name of organization Employer identification number

WALK WITH SALLY

61-1472800

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	BEVERAGES					
36						
		\$5,000 .	05/05/17			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	JEWELRY					
37						
		\\$5,000 .	05/08/17			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	VENUE					
38						
		s10,000.	06/22/17			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	FOOD					
39						
			07/22/17			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	BEVERAGES					
40		<u> </u>				
			07/22/17			
(a)		(a)				
No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
-art I	HOUSEHOLD ITEMS					
41	TIOOSEUODD IIEMS	—				
		—				
			07/22/17			
723453 11-0	1-17		90, 990-EZ, or 990-PF) (2017			

WALK WITH SALLY

61-1472800

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	ACCOMODATION					
42						
		\$\$	07/22/17			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	FURNISHINGS					
43						
		\$\$	07/22/17			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	HOTEL					
44						
		\$\$\$	07/22/17			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
4.5	MD A VIDI					
45	TRAVEL					
		\$\$	07/22/17			
(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			
3453 11-0 ⁻		Schodulo B (Form C	90, 990-EZ, or 990-PF) (20			

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number 61-1472800 WALK WITH SALLY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WALK WITH SALLY

Employer identification number 61-1472800

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's	•					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		Yes No				
Pai							
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		orically important land area				
	Protection of natural habitat	Preservation of a cert	ified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied 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							
С	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired						
	listed in the National Register						
3	Number of conservation easements modified, transferred, re						
	year▶						
4	Number of states where property subject to conservation ea	sement is located >					
5	· · · · · · · · · · · · · · · · · · ·						
	violations, and enforcement of the conservation easements in		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for				
	conservation easements.						
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,				
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descri	bes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	blic service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
h	Assets included in Form 990, Part X		▶ \$				

732051 10-09-17

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

Schedule D (Form 990) 2017

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	r Simil	ar Asse	e ts (continue	d)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	at are a si	gnificant	use of its	collection it	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizati	on's exer	npt purp	ose in Pa	rt XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			[Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included		_ ,	
	on Form 990, Part X?							L	_ Yes □	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:						
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liabil	ity?	L	_ Yes إ	No
	If "Yes," explain the arrangement in Part XIII.								[
Pai	t V Endowment Funds. Complete if	f the organization an	swered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four ye	ars back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c show	•								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	ne organiz	zation	_	
	by:								Ye	s No
	(i) unrelated organizations									
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza) 				. 3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o		` '	t or other	٠,	cumulate	ed	(d) Book v	alue
		basis (investr	nent)	basis	(other)	dep	reciation			
	Land									
	Buildings			1	2 500			10	1 2	101
	Leasehold improvements				.3,500.			19.	13,	481.
	Equipment			1	1 100		2 ^	<u> </u>	1 0	EOO
	Other				4,498.		3,9	09.		589.
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colun	nn (B). line '	10c.)				44,	070.

Schedule D (Form 990) 2017

(D) (E) (F) (G) (H)

Schedule D (Form 990) 2017 WALK WIII 5.	AUUI	01-14/2000 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
<u>(4)</u>	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		

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

Schedule D (Form 990) 2017

Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per R	eturr	٦.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total i	revenue, gains, and other support per audited financial statements			1		
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net ur	nrealized gains (losses) on investments	2a				
b	Donat	ted services and use of facilities	2b				
С	Recov	veries of prior year grants	2c				
d	Other	(Describe in Part XIII.)	2d				
		nes 2a through 2d			2e		
3	Subtra	act line 2e from line 1			3		
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:					
		tment expenses not included on Form 990, Part VIII, line 7b					
b	Other	(Describe in Part XIII.)	4b				
С	Add lii	nes 4a and 4b			4c		
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			_5_		
Par	t XII	Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ı rn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1		expenses and losses per audited financial statements			1		
		nts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donat	ted services and use of facilities	2a				
		year adjustments					
		losses					
		(Describe in Part XIII.)					
		nes 2a through 2d			2e	<u> </u>	
		act line 2e from line 1			3	<u> </u>	
		nts included on Form 990, Part IX, line 25, but not on line 1:					
		tment expenses not included on Form 990, Part VIII, line 7b					
		(Describe in Part XIII.)	4b				
		nes 4a and 4b			4c		
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	<u> </u>	
		Supplemental Information.					
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			4; Part	X, line 2; Part XI,	
ines	2d and	4 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional inf	formation.			
D 7 T	л v	TIME 2.					
PAF	(.I. Y	, LINE 2:					
7 (2)	TATTAT	MING CHANDADOC DECLIEDE MILAM A MAY DOCIM	IT () NT	DE DECOCNIT	מים	OΒ	
ACC	MOON	TING STANDARDS REQUIRE THAT A TAX POSIT	TON	DE RECOGNIZ	עם	<u>JR</u>	
חבים	P C C	GNIZED BASED ON A 'MORE-LIKELY THAN-NOT	יי חינ	מש עוטממסו	тœ	Y D D I T E C TO	
DEF	LECO	GNIZED BASED ON A MORE-DIREDI IMAN-NOI	11	IKESHOLD. IH	10.	WELDIED IO	
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P () 2	ттт	ONS TAKEN OR EXPECTED TO BE TAKEN IN A	IAA	KEIUKN. INE	OK	GANIZATION	
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יטק	THE DATE THEY ARE FILED AND A PERIOD OF FOUR YEARS FOR CALIFORNIA TAXING						
THE	אט י	TE THET AKE FILED AND A PEKTOD OF FOUR	ı EAl	O FOR CALIF	OKN	TA TAYING	
א דדת	ים∧ם	TMTEC					
-7 O.J	.пок	ITIES.					

Schedule D (Form 990) 2017	WALK WITH SALLY	61-1472800 Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Inform	nation (continued)	
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization WALK WI	TH SALLY					Employer ide 61-1472	ntification number 800
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization rais a	sed funds through any of the following Solicitates of Solicitates or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursus	tion of tion of fundra (includer	non-g gover ising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustodv	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit (contrib	utions	s or has been notified	d it is	exempt from re	egistration
CA							

Schedule G (Form 990 or 990-EZ) 2017

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WHITE LIGHT			(add col. (a) through
			WHITE NIGHT	BOWL A THON	4	col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	609,372.	113,353.	8,405.	731,130.
Œ						
	2	Less: Contributions	274,719.	53,472.	6,616.	334,807.
					-	-
	3	Gross income (line 1 minus line 2)	334,653.	59,881.	1,789.	396,323.
		, , , , , , , , , , , , , , , , , , , ,			-	-
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs	6,639.		1,917.	8,556.
Direct Expenses	_	There is a small of the small o	7,000		_,	.,
벙	7	Food and beverages	70.	1,035.		1,105.
jre.	•	1 dod and beverages				
	Ω	Entertainment	28,445.			28,445.
	9	Other direct expenses	206,165.	2,723.	1,232.	210,120.
			2: ()			248,226.
		Net income summary. Subtract line 10 from li			_	148,097.
Pa				n 990 Part IV line 19 or		140,0074
		\$15,000 on Form 990-EZ, line 6a.	unowered 100 official	1000,1 art 14, iii 10 10, 01	roportou more triari	
		ψ10,000 0111 01111 000 LZ, iii10 0d.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				3 1 3 3		
Be	_	0				
	1	Gross revenue				
	_	Cook prizes				
ses		Cash prizes				
en		Name and autom				
Direct Expenses	3	Noncash prizes				
š		Doint/facility acets				
Ë	4	Rent/facility costs				
	_	Other address to a superior and				
	5	Other direct expenses	N 0/			
	_		Yes %	Yes%	Yes %	
	6	Volunteer labor	∟ No	∟ No	∟ No	
	_				_	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	_				_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
-	_					
		ter the state(s) in which the organization condu	-			
		he organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	IE III	Yes," explain:				
	II "	Too, explain.				
	<u> </u>	то, охран.				

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 WALK WITH SALLY	-14/280	U Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100]	/0
14	the the hame 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?	Yes	☐ No
b	olf "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		
47	Mandahan diakih diana		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	,	
D -	organization's own exempt activities during the tax year > \$		
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	I, lines 9, 9b, 1	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	
1	Art - Works of art					,		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		25,000.				
6	Cars and other vehicles			·				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous					,		
13	Qualified conservation contribution -					,		
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	4	26,380.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (HOTEL (AUCTIO)	X	3	36,800.				
26	Other \blacktriangleright ($\overline{PRINT ADVERTI}$)	X	2	32,200.				
27	Other (VENUE RENTAL)	X	2	22,000.				
28	Other ► (AIRFARE (AUCT)	Х	1	20,000.	FMV			
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for o	ontributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
						\longrightarrow	Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		al contribution, and	I which isn't required to be υ	ised for			37
	exempt purposes for the entire holding period?					30a		<u>X</u>
	If "Yes," describe the arrangement in Part II.	,						v
31	Does the organization have a gift acceptance p					31	\dashv	<u> </u>
32a	Does the organization hire or use third parties of		•			00-		Х
L	contributions?					32a		Λ
	If "Yes," describe in Part II.	aluma (a) f-	r a tupo of propert	u for which column (a) is the	ankad			
33	If the organization didn't report an amount in co	Jiulilili (C) 10	a type of propert	y for which column (a) is che	eckeu,			
	describe in Part II.							

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

Schedule M (Form 990) 2017

Page 2

Schedule M (Form 990) 2017

SCHEDULE 0

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

WALK WITH SALLY

Employer identification number 61-1472800

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PARENT OR SIBLING TO CANCER. THE ADULT IN THE "FRIENDSHIP" LIVED WITH OR LOST A PARENT/SIBLING TO CANCER IN THEIR LIFETIME OR IS A CANCER SURVIVOR. THE MENTOR AND MENTEE COMMIT TO THE FRIENDSHIP FOR A MINIMUM OF 1 YEAR, SPENDING 6-8 HOURS TOGETHER EACH MONTH.

DURING 2017, WE CASE MANAGED A TOTAL OF 96 FRIENDSHIPS (MATCHING A CHILD AGE 7-17 WITH AN ADULT 18 YEARS AND OLDER), WHICH WAS A 26% INCREASE FROM THE 76 FRIENDSHIPS UNDER CASE MANAGEMENT IN 2016.

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

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 BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:

INDEPENDENT MEMBERS OF THE BOARD REVIEWED AND APPROVED THE EXECUTIVE'S COMPENSATION AND COMPARED IT WITH EXTERNAL MARKET DATA.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization WALK WITH SALLY	Employer identification number 61-1472800
DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST	
DOCUMENTO MADE AVAILABLE TO THE TODETC OF A REQUEST	
FORM 990 PART XII	
NO CHANGE	

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STATE COPY

TAXABLE YEAR **2017**

California Exempt Organization Annual Information Return

728941 12-06-17 FORM

199

Ca	lendar Year	2017 or fiscal year beginning (mm/dd/yyyy)		, and ending (mm/dd/yy	/y)		
C	orporation/Or	ganization name			Cali	fornia corp	oration i	number
W	ALK W	ITH SALLY				2615	909)
Ad	dditional infor	mation. See instructions.			FE			
_						61-1	472	1800
		(suite or room)				PMB no.		
Ci		OLLO STREET, SUITE 324			State	ZIP code		
	L SEG	IINDO				9024	5	
_	oreign country		ite/county		CH	Foreign p		ode
			•					
\overline{A}	First Retu	ırn Yes X No	J If exe	mpt under R&TC S	ection 237	01d, has t	the org	ganization
В	Amended	I Return ● Yes X No	engaç	jed in political activ			-	
C	IRC Secti	on 4947(a)(1) trust Yes X No						701g? ● Yes X No
D	Final Info	rmation Return?	If "Yes	s," enter the gross i	receipts fro	m nonme	mber :	sources \$
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized	L If orga	anization is exempt	t under R&	TC Sectio	n 2370)1d
		(mm/dd/yyyy) ●	and m	neets the filing fee o				
Ε		counting method: (1) X Cash (2) Accrual (3) Other						
F		eturn filed? (1) ●		organization a Lim				• Yes X No
_		(4) X Other 990 series N Did the organization file Followship a group file 2 See instructions N Did the organization file Followship as group file 2 See instructions						- T T
G	Is this a g	a group filing? See instructions Yes X No report taxable income? organization in a group exemption Yes X No Is the organization under a						
Н	If "Yes," what is the parent's name?				-			
	11 165, W	That is the parent's hame!		eral Form 1023/10				
ı	Did the o	rganization have any changes to its guidelines		iled with IRS				
•		ted to the FTB? See instructions)					
P		complete Part I unless not required to file this form. See General In		B and C.				
		1 Gross sales or receipts from other sources. From Side 2, Part	II, line 8			•	1	397,360.00
		2 Gross dues and assessments from members and affiliates				•	2	00
	Receipts	 Gross contributions, gifts, grants, and similar amounts receive Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see Gener 	ed		STMT	1 •	3	990,775.00
	and	This line must be completed. If the result is less than \$50,000, see Gener	al Information	В	STMT	2. •	4	1,388,135.00
F	Revenues	5 Cost of goods sold6 Cost or other basis, and sales expenses of assets sold	•	5		00		
						00		
		7 Total costs. Add line 5 and line 6					7	$\frac{00}{1,388,135.00}$
_		 8 Total gross income. Subtract line 7 from line 4 9 Total expenses and disbursements. From Side 2, Part II, line 1 					8	1,319,963.00
E	xpenses	10 Excess of receipts over expenses and disbursements. Subtract	o et line Q fror	n line 8			10	68,172.00
_		11 Total payments				•	11	00
		12 Use tax. See General Information K				•	12	00
		13 Payments balance. If line 11 is more than line 12, subtract line	12 from lir	ne 11		•	13	00
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 1					14	00
		15 Filing fee \$10 or \$25. See General Information F					15	N/A 00
		16 Penalties and Interest. See General Information J					16	00
		17 Balance due. Add line 12, line 15, and line 16. Then subtract	line 11 from	the result	mente and to	•	17	00
Siç	an	Under penalties of perjury, I declare that I have examined this return, including a it is true, correct, and complete. Declaration of preparer (other than taxpayer) is I	based on all i	nformation of which pr	reparer has a	ny knowled	lge.	owicage and boild,
He		Signature >	Title	GIID ED	Date			Telephone
_		Signature of officer	TREA	SURER	_			310-322-3900
		Preparer's ► TIMOTHY D. PETTIT, CPA		05/14/1	Check self-er	if nployed >		₽00393206
Pa	id			00/14/1	J Josii ei		·	● FEIN
	eparer's	Firm's name (or yours, RAIMONDO PETTIT GROUP						33-0532641
	e Only	employed) 21515 HAWTHORNE BL. #125	0					• Telephone
-5	,	and address TORRANCE, CA 90503-6583						(310)540-5990
		May the FTB discuss this return with the preparer shown above? Se	e instructio	ns		• X	Yes	No

WALK WITH SALLY

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

		1	Gross sales or receipts from all	business activities. See inst	ructions		•	1	396,323.	00
	2 Interest		Interest				•	2		00
Receipts from Other Sources 10 11 Expenses 13 and 14 Disburse- ments 16 Assets 1 Cash 2 Net accour 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage I 9 Other invest 10 a Deprecia b Less acc 11 Land 12 Other asse 13 Total asse Liabilities and 14 Accounts p 15 Contribution 16 Bonds and 17 Mortgages 18 Other liabil 19 Capital store 20 Paid-in or ca 21 Retained ea 22 Total liabi Schedule	3	Dividends					3		00	
	4					_	4		00	
from		5	Gross royalties					5		00
Other		6	Gross amount received from sal	le of assets (See Instruction	ıs)		•	6		00
Sourc	es	7	Other income			SEE STA	TEMENT 3 •	7	1,037.	00
		8	Total gross sales or receipts fro	om other sources. Add line 1	1 through lin	e 7. Enter here and o	n Side 1, Part I, line 1	8	397,360.	00
		9	Contributions, gifts, grants, and					9		00
		10	Disbursements to or for member	ers			•	10		00
		11	Compensation of officers, direct	tors, and trustees		SEE STA	TEMENT 4 •	11	64,240.	
		12	Other salaries and wages				•	12	260,639.	00
Expen	ses	13	Interest				•	13		00
and		14	Taxes				•	14	26,230.	
Disbu	rse-	15	Rents				•	15	25,325.	
ments	;	16	Depreciation and depletion (See	instructions)			•	16	1,964.	
		17	Other Expenses and Disburseme	ents		SEE STA	TEMENT 5 •	17	941,565.	
		18	Total expenses and disburseme					18	1,319,963.	00
		le L	Balance Sheet		of taxable y			of tax	able year	
				(a)	_	(b)	(c)		(d) • 225,23	
						161,597.			• 225,23	<u>, o •</u>
			s receivable						•	
			ceivable						•	
			state government obligations						<u> </u>	
			in other bonds						•	
			in stock						•	
									•	
		-	ments						•	
10 a	Depr	eciab	le assets	9,821			27,99	8.		
b	Less	accu	mulated depreciation	1,964.)	7,857.	(3,928	•)	24,07	<u> 70.</u>
11 La	and								•	
12 0	ther a	ssets	STMT 6			17,650.			• 12,19	11.
			S			187,104.			261,49	11.
			yable			3,707.			• 9,92	<u> </u>
			s, gifts, or grants payable						•	
			notes payable						•	
			payable						•	
			c or principal fund						•	
			ital surplus. Attach reconciliation rnings or income fund			183,397.			• 251,56	59
			ties and net worth			187,104.			261,49	11.
				per books with income pe	r return					
				dule if the amount on Scheo		3, column (d), is les	s than \$50,000.			
1 N	et inco	ome į	per books	• 68,	172.	7 Income recorded	on books this year			
						not included in th			•	
3 Ex	xcess	of ca	pital losses over capital gains			8 Deductions in this	return not charged			
			recorded on books this year			against book inco	me this year		•	
			corded on books this year not			9 Total. Add line 7 a				
d	educte	ed in	this return			0 Net income per re	eturn.			
6 To	otal. A	\dd lii	ne 1 through line 5	68,	172.	Subtract line 9 fro	om line 6		68,17	<u> 2.</u>

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
HOSSAIN, RUSSELL	2016 ROBINSON STREET REDONDO BEACH, CA 90278	12/31/17	10,000.
KLAWIN, TODD	645 31ST STREET MANHATTAN BEACH, CA 90266	12/31/17	5,000.
KINECTA	1440 ROSECRANS AVE. MANHATTAN BEACH, CA 90266	12/31/17	5,000.
PLAZA BANK	1419 HIGHLAND AVE. MANHATTAN BEACH, CA 90266	12/31/17	12,000.
HAMMIT, INC.	2101 PACIFIC COAST HIGHWAY HERMOSA BEACH, CA 90254	12/31/17	12,000.
SKECHERS	225 S. SEPULVEDA BLVD MANHATTAN BEACH, CA 90266	12/31/17	5,000.
GILLESPIE, JACK	746 33RD STREET MANHATTAN BEACH, CA 90266	12/31/17	5,000.
GITTELSON, ALAN AND NANCY	310 11TH STREET HERMOSA BEACH, CA 90254	12/31/17	9,000.
AZUNIA TEQUILA	321 S VERMONT AVENUE GLENDORA, CA 91741	12/31/17	5,000.
BROWNING FAMILY FOUNDATION	18827 STUDEBAKER ROAD CERRITOS, CA 90703	12/31/17	10,000.
CBS ECOMEDIA INC.	919 MANHATTAN AVENUE MANHATTAN BEACH, CA 90266	12/31/17	20,000.
CONTINENTAL DEVELOPMENT CORPORATION	2041 ROSECRANS AVE., #200 EL SEGUNDO, CA 90245	12/31/17	10,000.
DR. EDWARD AND STEFANI GLASSBERG	3828 SCHAUFELE AVE #300 LONG BEACH, CA 90808	12/31/17	6,000.
GARDNER GROUT FOUNDATION	333 S. HOPE STREET, FL 52 LOS ANGELES, CA 90071-3061	12/31/17	9,000.
HELMSTETTER FAMILY FOUNDATION	2211 ENCINITAS BLVD., SUITE 223 ENCINITAS, CA 90254	12/31/17	5,000.

WALK WITH SALLY			61-1472800
SCHUMACHER, JEFF AND JAMIE	401 5TH STREET MANHATTAN BEACH, CA 90266	12/31/17	5,000.
SCOTT, KENDRA	3800 NORTH LAMAR BLVD, SUITE 400 AUSTIN, TX 78756	12/31/17	5,000.
LAW ROCKS	1600 ROSECRANS AVENUE MANHATTAN BEACH, CA 90266	12/31/17	5,600.
MCKENNA SOUTH BAY BMW	18800 HAWTHORNE BLVD TORRANCE, CA 90504	12/31/17	17,000.
PEARLMAN GELLER FAMILY FOUNDATION	828 WOODACRES RD SANTA MONICA, CA 90402	12/31/17	10,000.
SOWERS, RICK AND MARI	522 25TH STREET HERMOSA BEACH, CA 90254	12/31/17	5,000.
DESANTIS, ROB AND REBECCA	212 THE STRAND MANHATTAN BEACH, CA 90266	12/31/17	5,000.
ROBERT R. SPRAGUE FOUNDATION	3200 PARK CENTER DRIVE, SUITE 980 COSTA MESA, CA 92663	12/31/17	5,000.
ELROD, SCOTT	12210 1/2 NEBRASKA AVE LOS ANGELES, CA 90025	12/31/17	5,000.
SOUTH BAY AUTOMATION	820 MANHATTAN AVENUE, SUITE 206 MANHATTAN BEACH, CA 90266	12/31/17	16,000.
HABER, STEPHANIE	206 1/2 FERNLEAF CORONA DEL MAR, CA 92635	12/31/17	5,000.
THE MURIEL POLLIA FOUNDATION	6255 SUNSET BLVD #801 LOS ANGELES, CA 90028	12/31/17	10,000.
TITO'S VODKA	1406 SMITH ROAD AUSTIN, TX 78721	12/31/17	10,800.
TRUNK CLUB	8833 NATIONAL BLVD CULVER CITY, CA 90232	12/31/17	5,000.
CHEVRON	324 W EL SEGUNDO BLVD EL SEGUNDO, CA 90245	12/31/17	15,500.
TOTAL INCLUDED ON LINE 3			252,900.

NONCAS	SH (CONTRI	BU'	rions	
INCLUDED	on	PART	I,	LINE	3

STATEMENT

2

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

SOUTHBAY MAGAZINE/MOON TIDE MEDIA

200 N. SEPULVEDA BLVD., SUITE 110 EL SEGUNDO,

CA 90245

PROPERTY DESCRIPTION

PRINT ADVERTISING

DATE OF GIFT TOTAL AMOUNT FMV OF GIFT

03/11/17 32,200. 32,200.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

TURKISH AIRLINES

2101 ROSECRANS AVE., SUITE 5264 EL SEGUNDO, CA 90254

PROPERTY DESCRIPTION

TRAVEL (AUCTION)

DATE OF GIFT TOTAL AMOUNT FMV OF GIFT 07/22/17 20,000. 20,000.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

ZISLIS GROUP

321 12TH STREET, SUITE 112 MANHATTAN BEACH, CA 90266

PROPERTY DESCRIPTION

HOTEL

DATE OF GIFT TOTAL AMOUNT FMV OF GIFT

07/22/17

12,000.

WALK WITH SALLY 61-1472800

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

BRADFORD RENAISSANCE PORTRAITS CORP.

2651 IRVINE AVENUE #152 COSTA MESA, CA 92627

PROPERTY DESCRIPTION

PORTRAIT

DATE OF GIFT TOTAL AMOUNT FMV OF GIFT 12/31/17 5,000. 5,000.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

SYDOW HOUSEHOLD

701 25TH STREET MANHATTAN BEACH, CA 90266

PROPERTY DESCRIPTION

BEVERAGES

DATE OF GIFT TOTAL AMOUNT FMV OF GIFT 03/20/17 5,900. 5,900.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

CONTINENTAL DEVEOPMENT CORPORATION

2041 ROSECRANS AVE., #200 MANHATTAN BEACH, CA 90266

PROPERTY DESCRIPTION

VENUE

DATE OF GIFT TOTAL AMOUNT FMV OF GIFT

07/22/17 12,000.

					
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS			
FLOWERS VINYARD	28500 SEAVIEW	ROAD CAZADERO,	CA 95421		
PROPERTY DESCRIPTION					
BEVERAGES					
	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT		
	05/05/17	5,000.	5,000.		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS			
SCOTT, KENDRA	830 S. SEPULVEDA BLVD, SUITE D204 EL SEGUNDO, CA 90245				
PROPERTY DESCRIPTION					
JEWELRY					
	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT		
	05/08/17	5,000.	5,000.		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS			
SHADE HOTEL REDONDO BEACH	655 N HARBOR	DRIVE REDONDO B	EACH, CA 90277		
PROPERTY DESCRIPTION					
VENUE					

DATE OF GIFT

06/22/17

TOTAL AMOUNT

10,000.

FMV OF GIFT

WALK WITH SALLY			61-147280			
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS				
SUPER COOL CREAMERY	8341 RIDPATH D	DRIVE LOS ANGELES, (CA 90046			
PROPERTY DESCRIPTION						
FOOD						
	DATE OF GIFT	TOTAL AMOUNT FI	MV OF GIFT			
	07/22/17	7,200.	7,200.			
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS				
TITO'S VODKA	1406 SMITH ROA	1406 SMITH ROAD AUSTIN, TX 78721				
PROPERTY DESCRIPTION						
BEVERAGES						
	DATE OF GIFT	TOTAL AMOUNT FI	MV OF GIFT			
	07/22/17	8,280.	8,280.			
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS				
		ADDRESS	H, CA 90266			
CONTRIBUTOR'S NAME THE ARTHUR J PROPERTY DESCRIPTION			H, CA 90266			

DATE OF GIFT

07/22/17

TOTAL AMOUNT

5,000.

FMV OF GIFT

61-1472800 WALK WITH SALLY

CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
SMITH AND LOKE HOUSEHOLD	1116 HARPER AV	ENUE REDONDO BEA	ACH, CA 90278
PROPERTY DESCRIPTION			
ACCOMODATION			
	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
	07/22/17	12,000.	12,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
LEIBOLD HOUSEHOLD	820 MANHATTAN ABEACH, CA 9026	AVENUE, SUITE 20	06 MANHATTAN
PROPERTY DESCRIPTION			
FURNISHINGS			
	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
	07/22/17	10,000.	10,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
CEGELSKI HOUSEHOD	3075 STONEGATE	DRIVE ALAMO, CA	A 94507
PROPERTY DESCRIPTION			
HOTEL			

07/22/17

12,800.

12,800.

61-1472800 WALK WITH SALLY

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

ZULU NYALA GAME SAFARI & LODGE 164 OAK PARK DRIVE HOLLAND, MI 49423

PROPERTY DESCRIPTION

TRAVEL

	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
	07/22/17	10,500.	10,500.
TOTAL INCLUDED ON LINE 3			172,880.
CA 199	OTHER INCOME		STATEMENT 3
DESCRIPTION			AMOUNT
PROGRAM SERVICE			1,037.
TOTAL TO FORM 199, PART II, LINE	7		1,037.

WALK WITH SALLY 61-1472800

CA 199	COMPENSATION OF	OFFICERS,	DIRECTORS AND TR	USTEES	STATEMENT	4
NAME AND ADDE	RESS		TITLE AND AVERAGE HRS WORK	ED/WK	COMPENSAT	ION
NICHOLAS ARQU 840 APOLLO ST EL SEGUNDO, O	REET, SUITE 324		SECRETARY/BOARD 1	MEMBER	64,24	40.
MICHAEL HARRI 840 APOLLO SI EL SEGUNDO, C	REET, SUITE 324		PRESIDENT/BOARD 1.50	CHAIR		0.
DARIN DERENZI 840 APOLLO SI EL SEGUNDO, C	REET, SUITE 324		TREASURER 1.50			0.
RUSSELL HUSSE 840 APOLLO ST EL SEGUNDO, C	REET, SUITE 324		BOARD MEMBER 2.00			0.
SHARON STRAUS 840 APOLLO ST EL SEGUNDO, C	REET, SUITE 324		BOARD MEMBER 2.00			0.
MALCOM GILL 840 APOLLO ST EL SEGUNDO, C	REET, SUITE 324 CA 90245		BOARD MEMBER 2.00			0.
GRACE LEUNG 840 APOLLO ST EL SEGUNDO, C	REET, SUITE 324 CA 90245		BOARD MEMBER 2.00			0.
TOTAL TO FORM	1 199, PART II, L	INE 11			64,24	40.
CA 199		OTHER	EXPENSES		STATEMENT	5
DESCRIPTION					AMOUNT	
PROGRAM TRAIN MERCHANTS FEE TEMPORARY FAM DIRECT EXPENS OTHER EMPLOYE LEGAL FEES ACCOUNTING FE OTHER PROFESS ADVERTISING	ES MILY SUPPOR SES OF FUNDRAISING EE BENEFITS EES SIONAL FEES	G EVENTS			62,75 13,75 4,00 699,65 3,12 25,80 56,13	31. 00. 50. 28. 25. 03.

WALK WITH SALLY				61-1472	800
OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE				18,49 22,69 7,30 23,69	32. 68.
TOTAL TO FORM 199, PART II, LINE	17			941,5	65.
CA 199	OTHER ASSETS			STATEMENT	6
DESCRIPTION		BEG.	OF YEAR	END OF YEA	AR
INCOME TAX RECEIVABLE PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHA	RGES		0. 17,650. 0.	9,22 2,9°	
TOTAL TO FORM 199, SCHEDULE L, LI	NE 12		17,650.	12,1	91.

TAXABLE YEAR

Corporation Depreciation and Amortization

CALIFORNIA FORM
3885

FORM 199 FEIN 61-1472800 Attach to Form 100 or Form 100W. Corporation name California corporation number 2615909 WALK WITH SALLY Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years Method 3,601. SEE STATEMENT 27,998. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 1,964. See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 1,964 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (e) R&TC (a) Description of property (b) (d) (c) Cost or Date acquired Amortization allowed or Period or section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

61-1472800 WALK WITH SALLY

CA 388	85 		DEPRE	CIATION	STATEMENT			
ASSET DESCR	NO./ IPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	COMPUTER EQ	~						
•		01/22/16	9,821.	3,601.	\mathtt{SL}	5.00	1,964.	
2	OFFICE FURN		0.63		СТ	7 00	0	
2	COMPUTER EQ	12/31/17	963.		SL	7.00	0.	
3	COMPUTER E	12/31/17	648.		SL	5.00	0.	
4	LEASEHOLD I	IMPROVEMENTS	040.		ВП	3.00	0.	
_		12/31/17	3,500.		SL	5.00	0.	
5	LEASEHOLD	IMPROVEMENTS	•					
		12/31/17	10,000.		SL	5.00	0.	
6	OFFICE FURI							
_		12/31/17	1,200.		\mathtt{SL}	7.00	0.	
7	OFFICE FURN		401		6 7	7 00	0	
0	OHETCH HUDI	12/31/17	491.		SL	7.00	0.	
8	OFFICE FURI	12/31/17	1,375.		SL	7.00	0.	
TOTAL	TO FORM 388	 35	27,998.	3,601.			1,964.	

Date Accepted

TAXABLE YEAR

California e-file Return Authorization for

FORM

2017 Exempt O	rganizations			8453-EO
Exempt Organization name				Identifying number
WALK WITH SALLY				61-1472800
Part I Electronic Return Information	(whole dollars only)			
1 Total gross receipts (Form 199, line	4)			1 1,388,135.00
2 Total gross income (Form 199, line 8				2 1,388,135.00
3 Total expenses and disbursements (Form 199, line 9)			3 1,319,963.00
Part II Settle Your Account Electron	ically for Taxable Year 2017			
4 Electronic funds withdrawal	4a Amount	4b With	drawal date (mm/	'dd/yyyy)
Part III Banking Information (Have yo	u verified the exempt organiza	tion's banking information	n?)	
5 Routing number				
6 Account number		7 Type of acc	ount: Chec	cking Savings
Part IV Declaration of Officer				
I authorize the exempt organization's account to n line 4a. Under penalties of perjury, I declare that I am a transmitter, or intermediate service provider an California electronic return. To the best of my ka balance due return, I understand that if the Frorganization will remain liable for the fee liabilit statements be transmitted to the FTB by the ER delayed, I authorize the FTB to disclose to the Sign Here Signature of officer	n officer of the above exempt organd the amounts in Part I above agreen ownedge and belief, the exempt or anchise Tax Board (FTB) does not y and all applicable interest and per to, transmitter, or intermediate serve ERO or intermediate service pro	inization and that the informative with the amounts on the corganization's return is true, or receive full and timely paym nalties. I authorize the exemply compared to the reason(s) for the correction of the reason(s) for the reason(s).	tion I provided to morresponding lines orrect, and comple ent of the exempt of torganization retuing of the exempt of delay.	ny electronic return originator (ERO), of the exempt organization's 2017 te. If the exempt organization is filing rganization's fee liability, the exempt rn and accompanying schedules and
Part V Declaration of Electronic Reto I declare that I have reviewed the above exemp am only an intermediate service provider, I und accurately reflects the data on the return.) I have provided the organization officer with a copy of 1345, 2017 e-file Handbook for Authorized e-fit the exempt organization return is filed, whichev I declare that I have examined the above exempt true, correct, and complete. I make this declarations.	t organization's return and that the lerstand that I am not responsible f /e obtained the organization officer f all forms and information that I wi le Providers. I will keep form FTB 8 /er is later, and I will make a copy a ot organization's return and accom	entries on form FTB 8453-E for reviewing the exempt org 's signature on form FTB 84 ill file with the FTB, and I hav 8453-EO on file for four years available to the FTB upon req panying schedules and state nich I have knowledge.	anization's return. I 53-EO before transr e followed all other from the due date uest. If I am also th ments, and to the b	declare, however, that form FTB 8453-EO mitting this return to the FTB; I have requirements described in FTB Pub. of the return or four years from the date e paid preparer, under penalties of perjury,
ERO signature RAIMONDO H	PETTIT GROUP			mployed P00393206

RAIMONDO PETTIT GROUP FEIN 33-0532641 Firm's name (or yours Must if self-employed) 21515 HAWTHORNE BL. #1250 Sign and address TORRANCE, CA ZIP code 90503 - 6583Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid Check if self-Paid preparer's PTIN Paid

Preparer Must Sign

preparer's signature Firm's name (or yours if self-employed) and address

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2017

employed

FEIN

ZIP code

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0186571		Check if:									
	Ch	ange of address									
WALK WITH SALLY Name of Organization	An	Amended report									
840 APOLLO STREET, SUITE 324 Address (Number and Street)	Corporate	e or Organization No.	2615909								
EL SEGUNDO, CA 90245 City or Town, State and ZIP Code	Federal E	Employer I.D. No.	61-1472800								
ANNUAL REGISTRATION RENEWAL FEE S Make Check Payable to A	SCHEDULE (11 Cal. Code Recttorney General's Registry of		07, 311, and 312)								
Gross Receipts Fee Gross Annua	I Revenue Fee	Gross Annual F	Revenue	Fe	<u>e</u>						
	0,001 and \$250,000 \$50 0,001 and \$1 million \$75		0,001 and \$10 million 00,001 and \$50 million 50 million	\$150 \$225 \$300							
PART A - ACTIVITIES		•									
For your most recent full accounting period (beginning $01/01/2017$ ending $12/31/2017$) list: Gross annual revenue \$ 688, 485. Total assets \$ 261, 491.											
PART B - STATEMENTS REGARDING ORGANIZATION DUI	RING THE PERIOD OF THIS R	REPORT									
Note: If you answer "yes" to any of the questions below, "yes" response. Please review RRF-1 instructions f		age providing an ex	xplanation and details t	or ea	ch						
During this reporting period, were there any contracts, loading the second	<u> </u>	ensactions between	the organization	Yes	No						
and any officer, director or trustee thereof either directly of any financial interest?	•		•		х						
2. During this reporting period, were there any theft, embezor funds?	zlement, diversion or misuse of	the organization's o	charitable property		х						
During this reporting period, did non-program expenditure	es exceed 50% of gross revenu	ue?			х						
4. During this reporting period, were any organization funds with the Internal Revenue Service, attach a copy.	used to pay any penalty, fine o	or judgment? If you	filed a Form 4720		х						
5. During this reporting period, were the services of a comm If "yes," provide an attachment listing the name, address	•		ole purposes used?		х						
6. During this reporting period, did the organization receive name of the agency, mailing address, contact person, an	, ,	o, provide an attach	nment listing the		х						
7. During this reporting period, did the organization hold a rather number of raffles and the date(s) they occurred.	affle for charitable purposes? If	"yes," provide an a	ttachment indicating		х						
Does the organization conduct a vehicle donation progra operated by the charity or whether the organization contri					х						
9. Did your organization have prepared an audited financial principles for this reporting period?	statement in accordance with	generally accepted	accounting		х						
Organization's area code and telephone number $310-322-3$	900										
Organization's e-mail address GLEUNG@WALKWITHSA	LLY.ORG										
I declare under penalty of perjury that I have examined this report, i is true, correct and complete.	ncluding accompanying documen	ts, and to the best of I	my knowledge and belief, t	the cor	itent						
GRACE LEUNG	ļ	TREASURER									
Signature of authorized officer Printed Name		Title	Date								

729291 12-27-17 RRF-1 (08/2017)

** PUBLIC DISCLOSURE COPY **

ggn

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

A For the 2017 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change WALK WITH SALLY Name change 61-1472800 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 310-322-3900 840 APOLLO STREET, SUITE 324 termin-ated 1,388,135. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return EL SEGUNDO, CA 90245 H(a) Is this a group return Applica-F Name and address of principal officer: GRACE LEUNG Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► HTTP: //WWW.WALKWITHSALLY.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association L Year of formation: 2004 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: WALK WITH SALLY IS DEDICATED TO Activities & Governance PROVIDING MENTORING SUPPORT PROGRAMS AND SERVICES TO CHILDREN OF Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 822 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 724,442. 990,775. Contributions and grants (Part VIII, line 1h) Revenue 1,037.672. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -237,986**.** -303,327. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 487,128. 688,485. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 354,237. 329,249. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 238,080. 266,076. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 567,329. 620,313. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -80,201. 68,172. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 187,104. 261,491. Total assets (Part X, line 16) 9,922. 3,707. 21 Total liabilities (Part X, line 26) 183,397. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign GRACE LEUNG, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed TIMOTHY D. PETTIT, CPA TIMOTHY D. PETTIT, C05/14/18 P00393206 Paid Firm's name RAIMONDO PETTIT Firm's EIN 33-0532641 GROUP Preparer Firm's address 21515 HAWTHORNE BL. #1250 Use Only Phone no. (310)540-5990 TORRANCE, CA 90503-6583 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WALK WITH SALLY IS DEDICATED TO PROVIDING MENTORING SUPPORT PRO	
	AND SERVICES TO CHILDREN OF PARENTS OR SIBLINGS WITH CANCER; ON	NE CHILD
	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 the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	4 005
4a		1,037.
	WALK WITH SALLY IS COMMITTED TO PROVIDING HEALING AND COMFORT T	
	CHILDREN DEBILITATED BY THE EMOTIONAL EXPERIENCE OF LIVING WITH	
	LOSING A PARENT, GUARDIAN, OR SIBLING TO CANCER. THIS HEALING	
	FACILITATED THROUGH FREE OF CHARGE MENTORING SUPPORT PROGRAMS A	
	SERVICES THAT PROVIDE AN EMOTIONALLY SAFE ENVIRONMENT FOR CHILI	
	SHARE THEIR DIFFICULT EXPERIENCE WITH SOMEONE WHO HAS SUFFERED	THE
	SAME.	
	THE FOCUS OF OUR MENTORING PROGRAM IS TO MATCH AND CREATE ONE-C	
	MENTORING RELATIONSHIPS ("FRIENDSHIPS") BETWEEN A CHILD AND AN	
		SHIP" IS
	LIVING WITH, LIVED WITH OR LOST A(SEE SCHEDULE O FOR CONTINUATION 126 120	LON)
4b)
	THE FRIENDSHIP ACTIVITY PROGRAM IS A QUARTERLY EXPERIENTIAL AND	
	EDUCATIONAL DAY-LONG EVENT FOR ALL THE MENTORING FRIENDSHIPS, T	
	FAMILIES, PROSPECTIVE FAMILIES AND MENTORS. IN 2017 WE HAD 338	
	ATTENDEES PARTICIPATE IN OUR QUARTERLY FRIENDSHIP ACTIVITIES THE	
	COMPLETELY FREE TO THE FAMILIES AND MENTORS IN OUR MENTORING PF	ROGRAM,
	WHICH WAS A 24% IN ATTENDEES FROM 2016.	
4c	(Code:) (Expenses \$ 4 , 000 • including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$4,000. including grants of \$) (Revenue \$	NCE AND
		URING
	2017, THIS PROGRAM PROVIDED \$4,000 TO THREE FAMILIES IN NEED OF	
	EMERGENCY FINANCIAL RELIEF AND ADOPTED 42 FAMILIES DURING OUR H	
	THE HOLIDAY'S CAMPAIGN WHICH BROUGHT IN OVER \$11,320 IN GIFTS E	
	FAMILIES. DURING 2016, WE PROVIDED \$5,000 TO THREE FAMILIES IN	
	EMERGENCY FINANCIAL RELIEF AND ADOPTED 14 FAMILIES DURING THE F	
	THE HOLIDAYS CAMPAIGN WHICH PROVIDED \$5,060 IN GIFTS FOR OUR FA	
	THE HOLLDHID CHARMED MILEN TROVIDED \$5,000 IN GIFTS FOR OUR FA	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	207 001	/

16340514 781727 13146.000

Form 990 (2017) WALK WITH SA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_ <u></u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2017)

Form 990 (2017) WALK WITH SALLY Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		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			
·		24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		\vdash
ZJa		25a		x
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		x
00	Schedule L, Part I	25b		
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,"			v
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		\vdash
50	If "Yes," complete Schedule R, Part V, line 2	36		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	1
	Note. All Form 990 filers are required to complete Schedule O	38	Δ	Щ_

Form **990** (2017)

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					<u>ш</u>					
		1 .	l ¬		Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	/								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			4.	X						
0-	(gambling) winnings to prize winners?	 I	 I	1c	Λ						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		7								
	filed for the calendar year ending with or within the year covered by this return										
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
32	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O										
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	If "Yes," enter the name of the foreign country:		,	4a							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	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 contribution	tions c	or gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).					Х					
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?										
	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					37					
	to file Form 8282?	1	 I	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			_		37					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		X					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received as a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received as a contribution of cars, boats, airplanes, or other vehicles, did the organizations are received as a contribution of cars, boats, airplanes, are received as a contribution of cars, and a contribution of cars, a contribution of cars, and a			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	а бу ш	е	8							
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			0							
	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		••••••••••	9b							
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	11a									
b	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	۱	I								
	organization is licensed to issue qualified health plans	13b									
	Enter the amount of reserves on hand	13c		44		X					
				14a							
a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	€ U		14b Form	990	(2017)					
				1 0111	550	(2011)					

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										
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 6										
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?										
3											
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	· · · · · · · · · · · · · · · · · · ·										
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c		X							
13	Did the organization have a written whistleblower policy?	13	X								
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?		37								
а	The organization's CEO, Executive Director, or top management official	15a	Х	37							
b	Other officers or key employees of the organization	15b		Х							
40	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			v							
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401									
800	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17 10	List the states with which a copy of this Form 990 is required to be filed CA	a!!=!-	.lo								
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) a	avaliab	ile								
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request Other (explain in Schedule O)										
10		l fina:-	oio!								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınan	cial								
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:										
20	THE ORGANIZATION - 310-322-3900										
	840 APOLLO STREET, SUITE 324, EL SEGUNDO, CA 90245										

16340514 781727 13146.000

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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.

(i) NICHOLAS ARQUETTE (1) NICHOLAS ARQUETTE (2) MICHAEL HARRINGTON (3) DARIN DERENZIS (4) RUSSELL HUSSEIN (4) RUSSELL HUSSEIN (5) SHARON STRAUSS (5) SHARON STRAUSS (6) MALCOM GILL (6) MALCOM GILL (7) GRACE LEUNG (8) SARON STRAUSS (8) SARON STRAUSS (1) Glist any hours for related organizations pelow gling light by low supplied and page of the organizations (W-2/1099-MISC) (1) NICHOLAS ARQUETTE (40 .00 X X X	(A) Name and Title	(B) Average hours per week	Average (do box						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) NICHOLAS ARQUETTE SECRETARY/BOARD MEMBER (2) MICHAEL HARRINGTON PRESIDENT/BOARD CHAIR (3) DARIN DERENZIS TREASURER (4) RUSSELL HUSSEIN BOARD MEMBER (5) SHARON STRAUSS BOARD MEMBER (6) MALCOM GILL BOARD MEMBER (7) GRACE LEUNG (8) O. O. O. O. (8) O. O. O. (9) O. O. (1) O. O. (1) O. O. (1) O. O. (2) O. O. (3) O. O. (4) O. O. (5) O. O. (6) MALCOM GILL (7) GRACE LEUNG (8) O. O. (8) O. O. (9) O. (1) O. (1) O. (1) O. (1) O. (2) O. (3) O. (4) O. (5) O. (6) O. (7) O. (8) O. (8) O. (9) O. (1) O. (1) O. (1) O. (1) O. (1) O. (2) O. (3) O. (4) O. (4) O. (5) O. (6) O. (7) O. (8) O. (8) O. (9) O. (9) O. (1) O. (2) O. (3) O. (4) O. (5) O. (6) O. (7) O. (8) O. (9) O. (9) O. (1) O. (2) O. (2) O. (3) O. (4) O. (5) O. (6) O. (7) O. (8) O. (9)		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
1.50		40.00	×		×				64 240.	0.	0
PRESIDENT/BOARD CHAIR		1.50							01/2100		
1.50		1.30	\mathbf{x}		x				0.	0.	0
X X X X X X X X X X		1.50	+						•	•	
(4) RUSSELL HUSSEIN 2.00 BOARD MEMBER X 0.0.0 (5) SHARON STRAUSS 2.00 BOARD MEMBER X 0.0.0 (6) MALCOM GILL 2.00 BOARD MEMBER X 0.0.0 (7) GRACE LEUNG 2.00	TREASURER		x		х				0.	0.	0
(5) SHARON STRAUSS	(4) RUSSELL HUSSEIN	2.00									
BOARD MEMBER X	BOARD MEMBER		X						0.	0.	0
(6) MALCOM GILL 2.00 X 0. 0. 0 BOARD MEMBER 2.00 X 0. 0	(5) SHARON STRAUSS	2.00									
BOARD MEMBER X 0. 0. 0	BOARD MEMBER		Х						0.	0.	0
(7) GRACE LEUNG 2.00	(6) MALCOM GILL	2.00									
	BOARD MEMBER		X						0.	0.	0
BOARD MEMBER X 0. 0. 0. 0	(7) GRACE LEUNG	2.00	.								
	BOARD MEMBER		X						0.	0.	0
			1								
			1								
			\vdash								
			1								

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Part VII Section A. Officers, Directors, Tr	(B)				C)			(D)	(E)		(F)	
Name and title	Average	Average Position						Reportable	Reportable	E	stimate	d
	hours per	to a moss person to would							compensation		mount (
	week	-	cer ar	nd a d	directo	or/trus	tee)	from	from related		other	
	(list any	rector						the	organizations		npensa	
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC)		rom the	
	organizations	nstee	trust		l e	npens		(W-2/1099-MISC)		ı '	ganizati id relate	
	below	lual tr	tional	١.	ploye	st con	_				anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ome			one	amean	,,,,
		┢	一		<u>×</u>	<u> </u>	_					
		1										
1b Sub-total								64,240.	0			0.
c Total from continuation sheets to Part	VII, Section A						ightharpoons	0.	0			0.
d Total (add lines 1b and 1c)								64,240.	0	•		0.
2 Total number of individuals (including but	not limited to the	nose	liste	ed al	bov	e) w	no r	eceived more than \$100	0,000 of reportable			_
compensation from the organization												
											Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J fo	r such individual									3		X
4 For any individual listed on line 1a, is the	•							•	•			
and related organizations greater than \$1										4		X
5 Did any person listed on line 1a receive of					-			ted organization or indiv	idual for services			77
rendered to the organization? If "Yes," co	mplete Schedui	e J i	for s	uch	pers	son				5		X
Section B. Independent Contractors		_							•			
1 Complete this table for your five highest	-	-							· · · · · · · · · · · · · · · · · · ·	nsation	from	
the organization. Report compensation for	or the calendar y	ear_	endi	ing v	vith	or w	ıthır T	-	year.		٠,	
(A) Name and busine	se address	NT/	ONI					(B) Description of s	envices	Compe	C) ensation	n
- Name and busines	33 addi 033	TA	OINI	<u>. </u>			\dashv	Description of a	ici vices	Compo	, ioatioi	
							\dashv					
							\dashv					
							\dashv					
							\dashv					
2 Total number of independent contractors	: (including but r	not li	mito	d to	tho	العوا	l	d ahove) who received m	ore than			
\$100,000 of compensation from the orga		IOL II		.u (U		0	٥١٥٥	a above, who received it	iore triali			
ψ 100,000 of compensation from the orga	inzauoII					_					990 (

Form	990) (2	2017) WALK	WITH SA	LLY			61-1472	800 Page 9
Pa	rt V	<u> /III</u>	Statement of Rever	nue					
			Check if Schedule O cont	ains a respons	se or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
ts, (С	Fundraising events	1c	334,807.				
ia i		d	Related organizations	1d					
ns,			Government grants (contribut						
e ţi		f	All other contributions, gifts, gran						
년 된			similar amounts not included abo	ve 1f	655,968.				
ont		_	Noncash contributions included in lines		451,421.				
<u>a</u> C		h	Total. Add lines 1a-1f			990,775.			
					Business Code	4 000	4 007		
ice	2	-	PROGRAM SERVICE		624310	1,037.	1,037.		
ue n		b			-				
m S		С			-				
Program Service Revenue		d			-				
Pro		e	All alle and an area and a second		-				
_			All other program service reve			1,037.			
-	3	g	Total. Add lines 2a-2f			1,037.			
	3		Investment income (including						
	4		other similar amounts)						
	5		Royalties						
	3		noyanies	(i) Real	(ii) Personal				
	6	а	Gross rents	(i) Fical	(ii) i crooriur				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities					
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)		<u></u>				
e e	8	а	Gross income from fundraisin	•					
Other Revenue			including \$ 334	,807. of					
Rev			contributions reported on line	•					
je			Part IV, line 18						
₿			Less: direct expenses		b 699,650.	202 227			202 227
			Net income or (loss) from fund		· >	-303,327.			-303,327.
	9	а	Gross income from gaming at						
		h	Part IV, line 19 Less: direct expenses		b				
			Net income or (loss) from gam						
			Gross sales of inventory, less	-					
		u	and allowances		a				
		b	Less: cost of goods sold		b				
			Net income or (loss) from sale						
		_	Miscellaneous Revenu		Business Code				
	11	а							
		b							
		С							
		d	All other revenue						
		е	Total. Add lines 11a-11d		.				

688,485

1,037.

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	64 040	40 200	0 550	10 000
	trustees, and key employees	64,240.	42,398.	2,570.	19,272
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.50 500	450 000	40.405	
7	Other salaries and wages	260,639.	172,022.	10,425.	78,192
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,128.	938.	1,564.	626
10	Payroll taxes	26,230.	17,312.	1,049.	7,869
11	Fees for services (non-employees):				
а	Management				
b	Legal	125.		125.	
С	Accounting	25,803.	1,290.	21,933.	2,580
d	Lobbying				
е	D (' 1(1 ' ' ' O D ' N' ' ' 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	56,113.	21,987.	2,373.	31,753
12	Advertising and promotion	4,144.	2,072.		2,072
13	Office expenses	18,482.	9,195.	6,434.	2,853
14	Information technology	22,632.	16,530.	344.	5,758
15	Royalties				
16	Occupancy	25,325.	20,260.	1,266.	3,799
17	Travel	7,368.	3,645.	2,481.	1,242
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	1,964.	1,571.	98.	295
23	Insurance	23,636.	11,048.	7,566.	5,022
23 24	Other expenses. Itemize expenses not covered	==,,,,,,,	==, 0 = 0 0	.,2000	=, -==
	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	PROGRAM TRAINING & ACTI	62,753.	62,753.		
a h	MERCHANTS FEES	13,731.	02,700.	13,731.	
C	TEMPORARY FAMILY SUPPOR	4,000.	4,000.		
-		1,000	1,000	+	
d	All other expenses				
e oe		620,313.	387,021.	71,959.	161,333
25	Total functional expenses. Add lines 1 through 24e	020,313.	301,041.	11,333.	101,333
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (201)

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WALK WITH SALLY

Form 990 (2017) Part X Balance Sheet

Par	נא	Balance Sneet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			161,597.	1	225,230.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			17,650.	3	9,214.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compensation	ated en	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	2,977.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		27,998.			
	b	Less: accumulated depreciation	10b	3,928.	7,857.	10c	24,070.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	187,104.	16	261,491.
	17	Accounts payable and accrued expenses	3,707.	17	9,922.		
	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	
es	22	Loans and other payables to current and former	r officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
jab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D			2 505	25	0.000
	26	Total liabilities. Add lines 17 through 25			3,707.	26	9,922.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 ar			160 000		227 174
anc	27	Unrestricted net assets			169,002.	27	237,174.
Fund Balances	28	Temporarily restricted net assets		·····	14,395.	28	14,395.
pu	29	•				29	
<u>.</u>		Organizations that do not follow SFAS 117 (A	SC 958	B), check here			
S Q		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 ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			102 207	32	251 560
-	33	Total net assets or fund balances			183,397.	33	251,569.
	34	Total liabilities and net assets/fund balances			187,104.	34	261,491.

Form **990** (2017)

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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			85.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>13.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18	3,3	97.
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	25	1,5	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3а	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>X</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		
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number WALK WITH SALLY 61-1472800 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	715,716.	768,968.	831,338.	709,558.	936,714.	3,962,294.
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	B4 5 B4 6	5.60 0.60	004 000	F00 FF0	006 514	
4	Total. Add lines 1 through 3	715,716.	768,968.	831,338.	709,558.	936,714.	3,962,294.
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,						110 101
	column (f)						119,121.
6	Public support. Subtract line 5 from line 4.						3,843,173.
	etion B. Total Support	() 22/2	# N 00 / /	() 004=	(, , , , , ,		
	ndar year (or fiscal year beginning in)	(a) 2013 715, 716.	(b) 2014 768, 968.	(c) 2015 831,338.	(d) 2016 709,558.	(e) 2017 936, 714.	(f) Total
	Amounts from line 4	715,716.	700,300.	031,330.	109,556.	930,714.	3,962,294.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						3,962,294.
11 12	Gross receipts from related activities,	oto (soo instructi	one)			12	3,302,234.
13	First five years. If the Form 990 is for			d fourth or fifth to			
.0	organization, check this box and stor				-	. , . ,	
Sec	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		14	96.99 %
15	Public support percentage from 2016					15	95.37 %
	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies	· ·		,		•	\triangleright X
b	33 1/3% support test - 2016. If the						is box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	•					Ť
	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 did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,	, ,				,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first, second this	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion 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 organization	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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

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

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
1		\$ 32,200. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) (d) Total contributions Type of contribution
NO.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		\$ 20,000. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		\$ 12,000. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
4		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
5		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	\$ 5,000. Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
28		\$ 16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
29		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
30		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
31		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
32		\$5,000 .	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
33		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
34	Name, address, and 2n + +	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
35		\$12,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
36		\$5,000 .	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
37		Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
38		\$ 10,000. Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
39		Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
40	Name, address, and 2n + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
41		\$ 5,000. Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
42		Person Payroll Noncash X (Complete Part II for noncash contributions.)				

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$10,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$12,800.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$ <u>15,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PRINT ADVERTISING		
1			
		\$\$	03/11/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	TRAVEL (AUCTION)		
2			
		\$\$	07/22/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	HOTEL		
3			
		\$12,000.	07/22/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PORTRAIT		
33			
		\$5,000 .	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	BEVERAGES		
34			
		\$5,900 .	03/20/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	VENUE		
35			
			07/22/17
23453 11-0 ⁻			90, 990-EZ, or 990-PF) (201

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61-1472800

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	BEVERAGES	_				
36		_				
		\$\$,000.	05/05/17			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
Part I		(See Ilisti detions.)				
37	JEWELRY	_				
		-				
		5,000.	05/08/17			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
Part I	VENUE					
38	VIIIOI	-				
		\$\$10,000.	06/22/17			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
-	FOOD					
39		_				
			07/22/17			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	BEVERAGES					
40		_				
		s	07/22/17			
(a)		(a)				
No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
41	HOUSEHOLD ITEMS	_				
		5,000.	07/22/17			
700450 11 0		Schodule B /Form C	100 000-F7 or 000-PF\ (2017)			

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61-1472800

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ACCOMODATION		
42			
		\$\$	07/22/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FURNISHINGS		
43			
		\$10,000 .	07/22/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	HOTEL		
44			
		\$\$_	07/22/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4.5	mp a trut		
45	TRAVEL		
		\$10,500 .	07/22/17
(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
3453 11-0°	4.47		990, 990-EZ, or 990-PF) (20

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number 61-1472800 WALK WITH SALLY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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Employer identification number 61-1472800

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impor	tant land area
	Protection of natural habitat	Preservation of a certif	ied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons-	ervation eas	ements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easemer	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organizat	tion's accounting for
	conservation easements.	(4) 11: 1 : 17	. 0: ::	
Pai			ner Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	· · · · · · · · · · · · · · · · · · ·	ice 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 pub	lic service, p	provide the following amounts
	relating to these items:		_	_
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_	(ii) Assets included in Form 990, Part X			*
2	If the organization received or held works of art, historical tre	,	gaın, provid	е
	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	_	Φ.
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		🖊	Φ

Schedule D (Form 990) 2017

	t III Organizations Maintaining C	ollections of Ar	rt, His	torical Tr	easures, d	or Othe	er Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t are a si	gnificant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exer	mpt purpo:	se in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, hi	storical trea	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		-						7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance								_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabil	ity?	L	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three ye	ars back	(e) Four yo	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		<u></u> %							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	ınd administe	ered for th	ne organiza	ation		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) A	cumulated	d	(d) Book v	/alue
		basis (investn	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements			1	3,500.		1	.9.	13	,481.
d	Equipment									
	Other				4,498.		3,90	9.		,589.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	10c.)			▶	$2\overline{4}$	<u>,070.</u>

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 WALK WITH SA	61-1472800 Page			
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, I	ine 11b. See Form 990, Part X, I	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		•		
Complete if the organization answered "Yes" or	n Form 990, Part IV, I	ine 11c. See Form 990, Part X, I	ine 13.	
(a) Description of investment	(b) Book value		: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" or		ine 11d. See Form 990, Part X, I		
(a) De	escription		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, I		art X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

(7) (8)

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per I	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		7
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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.)	 	7
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	t XII Reconciliation of Expenses per Audited Financial Statem		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	
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		
С	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	<u> </u>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		-
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)		
	t XIII Supplemental Information.		1 • 1
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1b and 2b: Part V line	4. Part X line 2. Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		.,,
	and its, and it are tall, into the and its. Those complete and part to provide any add	illonal information.	
PAF	RT X, LINE 2:		
	·		
ACC	COUNTING STANDARDS REQUIRE THAT A TAX POSI	TION BE RECOGNIZ	ZED OR
DEF	RECOGNIZED BASED ON A 'MORE-LIKELY THAN-NO	T' THRESHOLD. TH	HIS APPLIES TO
POS	SITIONS TAKEN OR EXPECTED TO BE TAKEN IN A	TAX RETURN. THI	E ORGANIZATION
DOE	ES NOT BELIEVE ITS FINANCIAL STATEMENTS IN	CLUDE (OR REFLEC	CT) ANY
UNC	CERTAIN TAX POSITIONS. THE ORGANIZATIONS T.	AX RETURNS ARE S	SUBJECT TO
EX?	AMINATION BY FEDERAL TAXING AUTHORITIES FO	R A PERIOD OF TH	HREE YEARS FROM
THE	E DATE THEY ARE FILED AND A PERIOD OF FOUR	YEARS FOR CALII	FORNIA TAXING
AU'	THORITIES.		

16340514 781727 13146.000

Schedule D (Form 990) 2017 WALK WITH SALLY	61-1472800 Page 5
Schedule D (Form 990) 2017 WALK WITH SALLY Part XIII Supplemental Information (continued)	-
-	
-	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

lame of the organization							ntification number
	TH SALLY					61-1472	800
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization rais	sed funds through any of the followir	ng acti	vities.	Check all that apply			
a Mail solicitations		ion of	non-g	overnment grants			
b X Internet and email solicitations	s f Solicitat			nment grants			
c Phone solicitations	g X Special	fundra	ising	events			
d In-person solicitations							
2 a Did the organization have a written of	_		-				
key employees listed in Form 990, P						X Yes	
b If "Yes," list the 10 highest paid indiv		ant to	agree	ments under which	the fu	indraiser is to b	0e
compensated at least \$5,000 by the	organization.						
		(iii) fundr	Did		(v)	Amount paid	(vi) Amount naid
(i) Name and address of individual	(ii) Activity	have ci	ustody	(iv) Gross receipts from activity	to (c	r retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (fundraiser)		or con contribu	trol of utions?	Iroin activity		ed in col. (i)	organization
		Yes	No				
			110				
「otal							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is	exempt from re	egistration
CA							_

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

Schedule G (Form 990 or 990-EZ) 2017

61-1472800 Page 2 Schedule G (Form 990 or 990-EZ) 2017 WALK WITH SALLY Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr				. , ,
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WHITE LIGHT			(add col. (a) through
			WHITE NIGHT	BOWL A THON	4	col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	609,372.	113,353.	8,405.	731,130.
ď	•		,		·	,
	ر ا	Less: Contributions	274,719.	53,472.	6,616.	334,807.
	-	Lead. Contributions	, -	,		, , , , ,
	3	Gross income (line 1 minus line 2)	334,653.	59,881.	1,789.	396,323.
	۳	aross ricorne (inte i minus inte 2)	001,0001	00,0021	= 7	000,0200
	 	Cash prizes				
	"	Oasii piizes				
	5	Noncash prizes				
SS	3	Noncasii prizes				
nse	_	Dont/facility acets	6,639.		1,917.	8,556.
фе	١٥	Rent/facility costs	0,039.		1,911.	0,330.
Direct Expenses	l _		70.	1,035.		1 105
rec	7	Food and beverages	70.	1,033.		1,105.
ቯ	١.		20 445			20 445
		Entertainment	28,445.	0.700	1 121	28,445.
	9	Other direct expenses		2,723.	1,232.	210,120.
	10	- · · · · · · · · · · · · · · · · · · ·			>	248,226.
D		Net income summary. Subtract line 10 from l				148,097.
Pa	ırt		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	1 5		Г
æ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billigo/progressive billigo		col. (a) through col. (c))
Rev						
_						
	1	Gross revenue				
— Se		Gross revenue				
sesu						
xbenses	2					
ot Expenses	2	Cash prizes				
irect Expenses	2	Cash prizes				
Direct Expenses	2	Cash prizes Noncash prizes				
Direct Expenses	2 3 4	Cash prizes Noncash prizes				
Direct Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs	Yes%	Yes %	Yes%	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes%	Yes% No	Yes% No	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses			$\overline{}$	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No No		□ No □	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No	No No	□ No □	
Direct Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	h 5 in column (d)	No No	No►	
Direct Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	No►	
	2 3 4 5 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)	No No	No►	
9	2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No	No	Yes No
9	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condithe organization licensed to conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No states?	No	Yes No
9	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No states?	No	Yes No
9	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condithe organization licensed to conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No states?	No	Yes No
9 a b	2 3 4 5 6 7 8 En: Is f	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No States?	No ►	
9 a b	2 3 4 5 6 7 8 Entre list 15 1f "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condithe organization licensed to conduct gaming a line," explain: ere any of the organization's gaming licenses researched.	No h 5 in column (d) r from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No ►	
9 a b	2 3 4 5 6 7 8 Entre list 15 1f "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	No h 5 in column (d) r from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No ►	

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Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 WALK WITH SALLY 61-	14728	800	Page 3
11	Does the organization conduct gaming activities with nonmembers?		es/	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	. 🗆 ነ	es/	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	\	es/	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
	E 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:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		/es	☐ No
k	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 > \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

WALK WITH SALLY

Employer identification number 61-1472800

Par	ti Types	of Property							
			(a)	(b)	(c)	(d)			
			Check if applicable	Number of contributions or	Noncash contribution amounts reported or			_	•
			арріісаріе		Form 990, Part VIII, line		ution an	- IOUITE	
1	Art - Works of a	t							
2	Art - Historical to	reasures							
3	Art - Fractional i	nterests							
4	Books and publ	ications							
5	Clothing and ho	usehold goods	X		25,00	10.			
6	Cars and other	vehicles							
7	Boats and plane	es							
8	Intellectual prop	perty							
9	Securities - Pub	licly traded							
10	Securities - Clos	sely held stock							
11	Securities - Part	nership, LLC, or							
12	Securities - Misc	cellaneous							
13	•	rvation contribution -							
		res							
14	Qualified conse	rvation contribution - Other							
15	Real estate - Re								
16		mmercial							
17		ner							
18			X	4	26 20	0.FMV			
19			Λ	4	20,30	00 • FMV			
20		cal supplies							
21									
22		ets							
23 24	Archeological a	mens							
2 4 25		HOTEL (AUCTIO)	X	3	36.80	0.FMV			
26		PRINT ADVERTI	X	2		0.FMV			
27		VENUE RENTAL	X	2		0.FMV			
28		AIRFARE (AUCT)	X	1		0.FMV			
29	7	ns 8283 received by the organi	zation durino	the tax vear for c		1			
		ganization completed Form 82		•					
		•	, ,	·		•		Yes	No
30a	During the year,	did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 th	hrough 28, that it			
		least three years from the date							
	exempt purpose	es for the entire holding period	?				30a		X
b		e the arrangement in Part II.							
31	Does the organi	zation have a gift acceptance p	policy that re	equires the review	of any nonstandard con	ntributions?	31		X
32a	Does the organi	zation hire or use third parties	or related or	ganizations to soli	cit, process, or sell nond	cash			
	contributions?						32a		X
b	If "Yes," describ	e in Part II.							
33	-	on didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is	s checked,			
	describe in Part	II.							

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

Schedule M (Form 990) 2017

SCHEDULE 0

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

WALK WITH SALLY

Employer identification number 61-1472800

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PARENT OR SIBLING TO CANCER. THE ADULT IN THE "FRIENDSHIP" LIVED WITH OR LOST A PARENT/SIBLING TO CANCER IN THEIR LIFETIME OR IS A CANCER SURVIVOR. THE MENTOR AND MENTEE COMMIT TO THE FRIENDSHIP FOR A MINIMUM OF 1 YEAR, SPENDING 6-8 HOURS TOGETHER EACH MONTH.

DURING 2017, WE CASE MANAGED A TOTAL OF 96 FRIENDSHIPS (MATCHING A CHILD AGE 7-17 WITH AN ADULT 18 YEARS AND OLDER), WHICH WAS A 26% INCREASE FROM THE 76 FRIENDSHIPS UNDER CASE MANAGEMENT IN 2016.

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

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 BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:

INDEPENDENT MEMBERS OF THE BOARD REVIEWED AND APPROVED THE EXECUTIVE'S COMPENSATION AND COMPARED IT WITH EXTERNAL MARKET DATA.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization WALK WITH SALLY DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990 PART XII	Schedule O (Form 990 or 990-EZ) (2017)	Page 2
FORM 990 PART XII	Name of the organization	Employer identification number 61-1472800
	DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST	
NO CHANGE	FORM 990 PART XII	
	NO CHANGE	