Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization 20, or fiscal year beginning JUL 1 , 2020, and ending JUN 30

	To calcindar year 2020, or needs year beg	hand to the IDC Keep for		, ===	ZUZU
Department of the Treasury nternal Revenue Service	•	t send to the IRS. Keep for rs.gov/Form8879EO for the	•		
Name of exempt organization		13.907/1 0/11100/320 10/ 11/0	iatest information.	Taxpayer id	dentification number
	,				
ONE SIMPLE WI	SH, INC.			26-31	L28590
Name and title of officer or pe	rson subject to tax				
DANIELLE GLET					
EXECUTIVE DIR					
Part I Type of	Return and Return Inform	nation (Whole Dollars Only)			
check the box on line 1a, 2 clank, then leave line 1b, 2 ceturn, then enter -0- on the 1a Form 990 check here 2a Form 990-EZ check has Form 1120-POL check has Form 990-PF check has Form 990-T check here 2a Form 4720 check here 2a Consent to allow my interest or eceive from the IRS (a) processing the return or receive from the IRS (a) consent to initiate an electrosoftware for payment of the payment, I must contact settlement) date. I also auconfidential information ne	k here b b Total tax ere b b Tax based on e b Balance due re b Total tax (For	nd the amount on that line for er is applicable, blank (do no complete more than one line in any (Form 990, Part VIII, coluit, if any (Form 990-EZ, line 9) (Form 1120-POL, line 22)	r the return being filed wit tenter -0-). But, if you enter he Part I. mn (A), line 12) person Subject to Toral I am a person sure, (EIN) best of my knowledge an unt shown on the copy of inator (ERO) to send the retransmission, (b) the reast the U.S. Treasury and its tion account indicated in on to debit the entry to this than 2 business days prictive electronic payment of payment. I have selected	h this form wered -0- on the ered ered ered ered ered ered ered er	with respect to that I have examined a copy are contents. RS and elamontal arration or revoke ment elive
PIN: check one box only	, as my signature for the clock of	o rotarri ara, ir applicable, tr		mao withara	vai.
X Lauthorize KL	ATZKIN & COMPANY	, LLP		to enter my	PIN 08888
		ERO firm name		,	Enter five numbers, bu
					do not enter all zeros
a state agency(in PIN on the return As an officer or in PIN on the return As an officer or in PIN on the PIN o	on the tax year 2020 electronical es) regulating charities as part of n's disclosure consent screen. person subject to tax with respect ed return. If I have indicated within	the IRS Fed/State program, l	also authorize the aforenter my PIN as my signatu	nentioned EF	RO to enter my
•	ies as part of the IRS Fed/State p		•	•	• • •
	Panielle Gle				
Signature of officer or person subje	,			Date	► 5/10/2022
	tion and Authentication			2.10	<u>, - </u>
RO's EFIN/PIN. Enter yo	our six-digit electronic filing identif	ication			
	your five-digit self-selected PIN.		2277380869 Do not enter all zeros		
•	meric entry is my PIN, which is my eturn in accordance with the requ siness Returns.		•		
RO's signature	Themas m	artino	Date ▶ 5/	6/2022	
	FRO Must	Retain This Form - Se	- Instructions		
		Form to the IRS Unle		o So	
=					5 0070 50
_HA For Paperwork Rec	luction Act Notice, see instruct	ons.			Form 8879-EO (2020)

023051 11-03-20

Extended to May 16, 2022

Form **990**

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

OMB No. 1545-0047

Inspection

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. ax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 A For the 2020 calendar year, or tax year beginning

Open to Public

В	Check if applicable	C Name of organization	D Employer identif	fication number
	Addres	ONE SIMPLE WISH, INC.		
	Name change		26-31285	590
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numb	er
	Final return/	1977 N. OLDEN AVENUE #292	609-883-	-8484
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,616,166.
	Amend	TRENTON, NJ 08618	H(a) Is this a group	return
	Application	F Name and address of principal officer:DANIELLE GLETOW	for subordinate	
	pendin	same as C above	H(b) Are all subordinates	included? Yes No
ī	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach	a list. See instructions
		e: WWW.ONESIMPLEWISH.ORG	H(c) Group exempti	on number 🕨
K	Form of	organization: X Corporation Trust Association Other ► L	Year of formation: 2008	M State of legal domicile: NJ
P		Summary		
0	1	Briefly describe the organization's mission or most significant activities: One Simp		
Governance		restore hope and happiness to children impac	ted by foster	care,
ř	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more than 25% of its net a	
8	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	6
ΞĘ	6	Total number of volunteers (estimate if necessary)		
Act	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7t	
			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	1,822,470	
ē	9	Program service revenue (Part VIII, line 2g)	0.40	-
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-842	
Ξ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	,
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,821,628	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,116,702	
		Benefits paid to or for members (Part IX, column (A), line 4)	100.704	• 1
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	182,704	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0.
X	· _b `	Total fundraising expenses (Part IX, column (D), line 25) 45,771.	207 250	100 006
_	17 '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	207,250 1,506,656	189,086. 2,185,480.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	314,972	
	19 I	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or		Tabel accords (Dark V. Para 40)	Beginning of Current Year 1,075,706	
ASSE Page	20	Total assets (Part X, line 16)	21,748	
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	1,053,958	
P	<u>2 22 </u> art II	Signature Block	1,033,330	1,470,240
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the hest of r	ny knowledge and helief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		ny knowicago ana boliot, it is
	3, 001100	walla somplete bookington or property (cardy than omost) to based on an information of milest pro-	Taror nas any miowisage:	
Sig	nn l	Signature of officer	Date	
He		DANIELLE GLETOW, EXECUTIVE DIRECTOR		
110	"	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pa		THOMAS MARTIN	if self-emplo	P00123816
	+	Firm's name KLATZKIN & COMPANY, LLP	Firm's EIN	21-0650289
		Firm's address 1670 WHITEHORSE HAM SQ RD	Tim o En	
		HAMILTON, NJ 08690-3513	Phone no. (6	509)890-9189
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions	1	X Yes No

Form	1990 (2020) ONE SIMPLE WISH, INC. 26-31	28590	Page 2
Pai	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		\square
1	Briefly describe the organization's mission: One Simple Wish empowers you to restore hope and happiness to		ren
	impacted by foster care, abuse and neglect.		
	<u> </u>		
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.		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	L ∆ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured largest program services.	y expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	expenses, a	ınd
4a	0.000.000 1.647.005		
₹a	Wish granting is One Simple Wish (OSW)'s core program and off	ers ca	ring'
	individuals a way to directly affect the life of a child in f		9
			2000
	of wishes posted on behalf of the children and select which w		Leus
			1-
	grant. The wishes typically cost from \$5 to \$500, which allowed the state of the st		ost
	anyone to find a wish that speaks to both their heart as well		
	their budget. Moreover, OSW recognizes that donors have a de	<u>sire to</u>	<u> </u>
	know exactly where their contributions go and therefore offer		
	opportunity for them to give more efficiently and effectively	. When	n a
	donor grants a wish, nearly 100% of that donation is directed	toward	ds
	fulfillment of that specific request. During the fiscal year		
	to the generosity of thousands of people OSW granted 14,478 w		
4b	(Code:) (Expenses \$)
) (Lexpenses 4		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 2,030,392.		
		Form 99	90 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III 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?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			٠,,
	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
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Α.
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadyda I Dayt I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	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			X
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		22
b	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?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	222	
00000	4 40 00 00	Earm	aan	(2020)

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Form **990** (2020)

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Form 990 (2020) ONE SIMPLE WISH, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a fet the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Ed.				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a ID if the organization have unrelated business goes income of \$1,000 or more during the year? 3a IV X 3b If Yes, Thas I filed a form 950°F for this year? If Yes 7 to line 3b, provide an explanation on Schedule 0 3b If Yes, Thas I filed a form 950°F for this year? If Yes 7 to line 3b, provide an explanation on Schedule 0 3c IV X 4a At any time during the calendary ear, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 4a IV X 4b If Yes, The Internation approximation for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization approximation that It was or is a party to a prohibitot as whether transaction? 5b If Yes, The Internation and Internation that It was or is a party to a prohibitot as whether transaction? 5c If Yes 5 to line 5a or 5b, did the organization the Internation and Party of a prohibitot as whether transaction? 5c If Yes, The Internation and Internation and Internation and International Accounts (FBAR). 5c If Yes, The Internation and International Accounts (FBAR). 5c If Yes, The International Accounts (FBAR) and International Accounts (FBAR). 5c If Yes, The International Accounts (FBAR) and International Accounts (FBAR). 5c If Yes, The International Accounts (FBAR) and International Accounts (FBAR). 5c If Yes, The International Accounts (FBAR). 5c If Yes, T	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 6			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1'Yes', has it filed a Form 9907 for this year of 1'Wo's to itin 83, promotive an explanation on Schedule O 3b If 1'Yes', and it filed a Form 9907 for this year of 1'Wo's to itin 83, promotive an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5b If 1'Yes' in the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c In 1'Yes' to be in the special part of the organization in Ferm 88867 securities and promotive tax years of the organization in Ferm 88867 securities any contributions that were not tax deductible? 6c In 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 1'Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9b If 1'Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c If Yes, indicate the number of forms 8882 field during the year in the fermion of the organization include with every solicitation and express statement that such contributor? 9c If Yes, indicate the number of forms 8882 field during the year. 1d Did the organization received a contribution of qualified intellectual property, did the organization file and promotified the second of the promotified in the pass of the second of the promotified in the pass of the pass of the pass	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? A b If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 888617. 6c Did the shelt of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization service a payment in excess of \$15 made party as contribution any party for goods and services provided? 7 to Yes," indicate the number of Forms 8282? filed during the year 6 Did the organization sevel any segment in excess of \$15 made party as a contribution of any party for goods and services provided? 7 to Was, and the organization received a contribution of cares, boats, airplanes, or other vehicles, did the organization file from 8282? 7 to Wash to organization received a contribution of cares, boats, airplanes, or other vehicles, did the organization file and form 1998. The organization file and party and party as a comparization file and party and party and party and party as a contribution of a donor, donor advisor, or related person? 9 sponsoring organization makes a distribution to a dono		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country ▶ 5a Was the organization party to a prohibited tax shelter transaction? 5b X b Id any taxable party notify the organization that it was or is a party to a prohibited tax enter transaction? 5c Sc X b Id any taxable party notify the organization the fire fire M88677 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). a Id the organization stat any precieve deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). a Id the organization state any receive deductible contributions under section 170(c). b If "Yes," inclinate the number of Forms 8822 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8820? c Did the organization, during the year of the value of the goods or services provided? 7b If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7c X f Did the organization received a contribution of publified training the year 9c Sponsoring organizations make any taxabolings at any time during the year 1 If If the organization received a contribution of case, books, as plants or	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: a linitiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization ilcensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see inst	е				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	_	000	10055

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a				
	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		X
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 on 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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 609-883-8484			
	1 NORTH JOHNSTON AVENUE, HAMILTON, NJ 08609			

032006 12-23-20

Form **990** (2020)

8888____1

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

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

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

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

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

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

(A)	(B)	Ĭ		((C)	•		(D)	(E)	(F)
Name and title	Average hours per week	box. offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DANIELLE GLETOW EXECUTIVE DIRECTOR	40.00	х		x				70,500.	0.	0.
(2) SCOTT GREENBERG	1.00							,	•	
PRESIDENT		х		x				0.	0.	0.
(3) BRYAN ROBERTS	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(4) ANDREA DOBIN	1.00			l						•
TREASURER	1.00	Х		Х				0.	0.	0.
(5) TRENT DIPASQUALE TREASURER	1.00	Х		x				0.	0.	0.
(6) JOHANNA GREESON	1.00	^		^				0.	0.	
MEMBER	100	х						0.	0.	0.
(7) DAMALI TAYLOR	1.00									
MEMBER		Х						0.	0.	0.
(8) CHRIS DEMAYO	1.00									
MEMBER	1 00	Х						0.	0.	0.
(9) MEGHAN WALBERT MEMBER	1.00	х						0.	0.	0.
(10) SCOTT PASHMAN	1.00									
MEMBER		Х						0.	0.	0.
(11) AMY KAUFMAN	1.00							_	_	_
MEMBER		Х						0.	0.	0.
						\vdash				
				_		_				

032007 12-23-20

Section A. Officers, Directors, Trus	1	ploy	ees			ghe	st C						
(A)	(B)			(C	-			(D)	(E)			(F)	
Name and title	Average hours per		not c		more	than o		Reportable	Reportable			timate	
	week					is botl or/trus		compensation from	compensation from related			nount c other	Τ
	(list any	tor						the	organization			pensat	rion
	hours for	r direc				pa		organization	(W-2/1099-MIS			om the	
	related	tee or	ustee			ensat		(W-2/1099-MISC)			org	anizati	on
	organizations	al trus	onal tr		loyee	comp						d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	ınizatic	ns
	,	드	드	Ð	-S	표등	2						
1b Subtotal							>	70,500.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								70,500.		0.			0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed at	oove	e) wr	no re	eceived more than \$100	0,000 of reportab	le			0
compensation from the organization												Yes	No
3 Did the organization list any former officer	director, trust	ee, l	кеу е	empl	loye	e, or	hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the se			-					· · · · · · · · · · · · · · · · · · ·	the organization				
and related organizations greater than \$15			•								4		X
5 Did any person listed on line 1a receive or	-				-			-		i	_		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	іріете Ѕспеаиі	e J ī	or su	icn j	bers	son .					5		
Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
(A) Name and business	address	N	ONE	₹.				(B) Description of s	ervices	С	C) omper	;) nsatior	1
		-11	J111										
							4						
							\dashv						
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se lis	sted	d above) who received m	nore than				
\$100,000 of compensation from the organ	zation >				(0						000 (a	000

032008 12-23-20

			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			Check if Schedule O contains a response	e of flote to arry in	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	from tax under
gσ	_	_	Forderested communicates de la lacción de lacció					sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a		-			
ָה פֿ			Membership dues 1b Fundraising events 1c		-			
ifts ir A			J		_			
nila			Related organizations 1d Government grants (contributions) 1e		_			
ons			All other contributions, gifts, grants, and		-			
her		'		540 940.				
QĘ		~	Noncash contributions included in lines 1a-1f 1g \$,540,940. 55,000.	_			
Sor		_	Total. Add lines 1a-1f		2,540,940.			
<u> </u>		<u></u>	Totali Add lines 12 11	Business Code				
ø.	2	а						
vic (_	b						
Sei		С						
am		d						
Program Service Revenue		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)	>	4,857.			4,857.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a		_			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
	_		Net rental income or (loss)					
	7	а	Gross amount from sales of assets other than inventory 7a (i) Securities 49,300	(ii) Other	_			
			· 	•	_			
<u>o</u>		D	Less: cost or other basis and sales expenses 7b 49,907					
enn		_	and sales expenses $7b$ $49,907$ Gain or (loss) $7c$ -607	•	-			
Revenue			Net gain or (loss)		-607.			-607.
er	٥		Gross income from fundraising events (not		0071			0074
ОŧР	Ü	u	including \$ of					
_			contributions reported on line 1c). See					
			Part IV, line 18	,				
		b	Less: direct expenses 8t	+				
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a	1				
		b	Less: direct expenses9b					
		С	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances10		_			
			Less: cost of goods sold10	-				
		С	Net income or (loss) from sales of inventory .					
sn		_	MISCELLANEOUS	Business Code 900099	21,069.	21,069.		
neo	11		HISCENDAMEORS	300033	41,009.	41,009.		
Miscellaneous Revenue		b						
Be		q	All other revenue					
Σ			Total. Add lines 11a-11d		21,069.			
	12		Total revenue. See instructions		2,566,259.	21,069.	0.	4,250.

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	se or note to any line in (A)	this Part IX(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	1,647,235.	1,647,235.		
_	individuals. See Part IV, line 22	1,047,233.	1,047,233.		
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				
4 5	Compensation of current officers, directors,				
J	trustees, and key employees	87,167.	41,429.	16,496.	29,242
6	Compensation not included above to disqualified	01/2010	11/12/	20,1301	23,212
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	232,418.	196,884.	28,976.	6,558
8	Pension plan accruals and contributions (include	,	,	==,,,,,,,	-,
٥	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	29,574.	22,181.	4,436.	2,957
11	Fees for services (nonemployees):	- , -	, -	,	,
b					
c		43,830.		43,830.	
	Lobbying	•		,	
е	D (' ' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' ' '				
f	Investment management fees				
g					
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	18,137.	10,582.	6,403.	1,152
12	Advertising and promotion	14,529.	10,897.	2,179.	1,152 1,453
13	Office expenses	9,081.	6,819.	1,357.	905
14	Information technology	10,333.	10,333.		
15	Royalties				
16	Occupancy	16,683.	12,513.	2,502.	1,668
17	Travel	519.	389.	78.	52
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	17,045.	17,045.		
23	Insurance	1,421.	1,066.	213.	142
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а		40,350.	40,055.	177.	118
b	COMPUTER SOFTWARE MAINT	13,985.	10,488.	2,098.	1,399
С	AUTO EXPENSES	1,924.	1,539.	385.	
d	MEMBERSHIP AND DUES	968.	726.	145.	97
е	All other expenses	281.	211.	42.	28
25	Total functional expenses. Add lines 1 through 24e	2,185,480.	2,030,392.	109,317.	45,771
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			556,877.	1	955,849.
	2	Savings and temporary cash investments			304,010.	2	313,250.
	3	Pledges and grants receivable, net		40,000.	3	30,000	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqui	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	211,886.			
	b	Less: accumulated depreciation		204,803.	24,083.	10c	7,083
	11	Investments - publicly traded securities			147,405.	11	189,943
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets		413.	14	1,018	
	15	Other assets. See Part IV, line 11			2,918.	15	2,918
	16	Total assets. Add lines 1 through 15 (must ed		ı	1,075,706.	16	1,500,061
	17	Accounts payable and accrued expenses		21,748.	17	23,813.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
≅		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrela-	ted third	parties		24	
	25	Other liabilities (including federal income tax, p	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			21,748.	26	23,813.
ý		Organizations that follow FASB ASC 958, c	neck her	re ▶ X			
ည		and complete lines 27, 28, 32, and 33.			1 000 500		1 100 200
ala	27				1,030,508.	27	1,400,380.
B	28	Net assets with donor restrictions			23,450.	28	75,868.
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
ř		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	F	1 052 052	31	1 456 040	
ž	32	Total net assets or fund balances			1,053,958.	32	1,476,248.
	33	Total liabilities and net assets/fund balances			1,075,706.	33	1,500,061.

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

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Part XI Reconciliation of Net Assets

rm	990 (2020) ONE SIMPLE WISH, INC.	26-	3128590	Pa	ge 12
a	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
l	Total revenue (must equal Part VIII, column (A), line 12)	1	2,56		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,18		
3	Revenue less expenses. Subtract line 2 from line 1	3			79.
Ļ	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,05		
5	Net unrealized gains (losses) on investments	5	4	1,5	11.
6	Donated services and use of facilities	6			
•	Investment expenses	7			
3	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,47	6,2	<u>48.</u>
a	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
	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				

ı	3b		
	Form	990	(2020)

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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 ONE SIMPLE WISH, INC. 26-3128590 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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. 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 above (see instructions))

Total

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,213,435.	1,232,978.	1,428,313.	1,822,470.	2,540,940.	8,238,136.
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	1,213,435.	1,232,978.	1,428,313.	1,822,470.	2,540,940.	8,238,136.
	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)						61,409.
6	Public support. Subtract line 5 from line 4.						8,176,727.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1,213,435.	1,232,978.	1,428,313.	1,822,470.	2,540,940.	8,238,136.
	Gross income from interest,	, ,	, ,	, ,	. ,	, ,	<u>, , , , , , , , , , , , , , , , , , , </u>
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	43.	131.	726.	4,832.	4,857.	10,589.
9	Net income from unrelated business				· · · · · · · · · · · · · · · · · · ·	-	<u> </u>
	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.)					21,069.	21,069.
11							8,269,794.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, 1	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ						
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	98.87 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	96.81 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st e	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>s</u>
					0.1	dula A (Earm 000	000 57) 0000

Schedule A (Form 990 or 990-EZ) 2020

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						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6	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.)						
	·	() 0040	(1) 0047	() 0010	1,0040	() 0000	(O.T.)
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (ine 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						ightharpoons
Ł	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che						
20							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
01		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
ad		
9b		
9c		
90		
10a		
10b		

Par	t 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	š,		
	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	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations		1	T
			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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	2		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructi			
' a	The organization satisfied the Activities Test. Complete line 2 below.	лιэ <i>ן</i> .		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so	e instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
-	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 line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Part VI	Supple	mental	Inform	ation. Pr	ovide th	e explanatio	ns required	by Part	II, line 10; Pa	art II, line 17a or 17b; Part III, line 12;
	Part IV, Soline 1; Par	ection A, li t IV, Secti , lines 5, 6	ines 1, 2 on D, lin	!, 3b, 3c, 4l es 2 and 3	b, 4c, 5a ; Part IV	ı, 6, 9a, 9b, 9 , Section E, I	9c, 11a, 11b lines 1c, 2a,	, and 11 2b, 3a,	c; Part IV, S and 3b; Part	ection B, lines 1 and 2; Part IV, Section C, : V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
Schedu	le A,	Part	II,	Line	10,	Explar	nation	for	Other	Income:
MISCEL	LANEO	JS								
2020 Aı	mount	: \$	21,	069.						
_										

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2020

ONE SIMPLE WISH, INC. 26-3128590 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 501(c)(3) exempt private foundation Form 990-PF 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.

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).

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 ______ 🕨 \$ _

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

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

Name of organization

Employer identification number

ONE SIMPLE WISH, INC.

26-3128590

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
1	DELIVERING GOOD 266 W. 37TH STREET NEW YORK, NY 10018	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

Name of organization Employer identification number

ONE SIMPLE WISH, INC.

26-3128590

(a) No. (b) Description of noncash property given (c) FMV (or estimate) (Soe instructions.) (d) Date received 1 CLOTHING	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
\$ 55,000. 02/04/21 (a) No. (b) (c) FMV (or estimate) (See instructions.) (b) (c) FMV (or estimate) (See instructions.) (b) No. (b) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) No. (c) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) Compared to the property given (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) No. (c) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
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No. from Description of noncash property given Structions. Date received			\$ 55,000.	02/04/21
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No. from Description of noncash property given (See instructions.) (d) Date received			\$	
	No. from		FMV (or estimate)	
			\$	

Employer identification number

Name of organization

	IPLE WISH, INC.			26-3128590
fi c L	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	
o. n	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
- - -		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transf	eror to transferee
D. I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transf	eror to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
- -		t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transf	eror to transferee
D. 1 1 1 —	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
	Tropoforos's norms address a	(e) Transfer of gif		over to transfer-
1	Transferee's name, address, a	11U ZIP + 4	Relationship of transf	eror 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

ONE SIMPLE WISH, INC.

Employer identification number 26-3128590

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fu	nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor	advised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes N
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds ca	n be used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purp	oose conferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recreated	ation or education)	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the	
	day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated b	y the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		 _
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting.	, nandling of violations, and enforcing	conservation easements during the year
-	Associated for the control of the co		
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing cons	servation easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abo	us satisfy the requirements of section	170(h)(4)(D)(i)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
3	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	note to the organization 3 infancial st	atements that describes the
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures.	or Other Similar Assets.
	Complete if the organization answered "Yes" on Forn	-	
	If the organization elected, as permitted under FASB ASC 99	58, not to report in its revenue statem	ent and balance sheet works
	of art, historical treasures, or other similar assets held for pu	·	
	service, provide in Part XIII the text of the footnote to its fina	·	•
b	If the organization elected, as permitted under FASB ASC 98		
	art, historical treasures, or other similar assets held for public		
	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 FASB A		-
а	Revenue included on Form 990, Part VIII, line 1	· ·	> \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 20

Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Othe	r Similar .	Asset	S (continued	d)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t make si	gnificant use	e of its		
	collection items (check all that apply):									
а	Public exhibition	d	. 🖳	Loan or exc	hange progra	am				
b	Scholarly research	e	, [Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how tl	ney further tl	he organizatio	on's exen	npt purpose	in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or othe	er similar	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?			. Ш	Yes	No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	'Yes" on I	Form 990, P	art IV, li	ne 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•						_	_
	on Form 990, Part X?							Ш	Yes L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F						ty?	Ш	Yes L	No
	If "Yes," explain the arrangement in Part XIII.						<u></u>		L	
Pai	t V Endowment Funds. Complete i	_								
		(a) Current year	(b) ⊦	Prior year	(c) Two year	s dack (d) Three years	s dack	(e) Four yea	rs dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	red for th	e organization	on	L.	
	by:								Ye	s No
	(i) Unrelated organizations								3a(i)	-
	(ii) Related organizations	At 11-4							3a(ii)	+
_	If "Yes" on line 3a(ii), are the related organiza								3b	
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.						
i ai	Complete if the organization answere		0 Bort IV	/ lino 11a S	Soo Form 000	Dort V I	ino 10			
	· · · · · · · · · · · · · · · · · · ·	1			1				(d) Dooleys	luc
	Description of property	(a) Cost or of basis (investrong)			or other (other)	٠,	cumulated reciation	'	(d) Book va	iue
10	Land	· · · · · ·		54313	(54101)	аср				
	Land									
	Buildings Leasehold improvements				+			+		
					3,929.		3,929	+		0.
	Equipment Other				7,957.	2	00,874		7	083.
_	. Add lines 1a through 1e. (Column (d) must e		X colu				20,0,1			083.
.014		guai i oiiii ooo, i ait	., colul	(<i>D)</i> , iii i C 1	,		Sch	nedule l		

Schedule D (Form 990) 2020 ONE SIMPLE	WISH, INC.	26	5-3128590 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			d of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)	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	e 11d. See Form 990, Part X, line 15.	
(a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	
Part X Other Liabilities.	" F 000 D 1 N / I'	44 44 0 5 000 5 1 1 1 1 1	-
Complete if the organization answered "Yes 1. (a) Description of liability	" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			1
(7)			1
(8)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

Schedule D (Form 990) 2020

Par	·	nts With	Revenue per R	eturn	·
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0 (07 771
1	Total revenue, gains, and other support per audited financial statements			1	2,607,771.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		41 511		
	Net unrealized gains (losses) on investments	2a	41,511.		
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1.		44 =46
е	Add lines 2a through 2d			2e	41,512.
3	Subtract line 2e from line 1			3	2,566,259.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,566,259.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,185,481.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d	1.		
	Add lines 2a through 2d			2e	1.
3	Subtract line 2e from line 1			3	2,185,480.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,185,480.
Par	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			l; Part	X, line 2; Part XI,
Par	t X, Line 2:				
The	Organization's federal exempt returns are	subj	ect to exa	mina	ation by
the	IRS, generally for three years after they	were	filed. Th	e	
Org	anization's state informational returns ar	e sub	ject to ex	amir	nation up
to	four years after they were filed. The stat	ute o	f limitati	ons	does not

The Organization has determined that there are no material uncertain tax positions that require disclosure in the financial statements.

apply to unfiled returns. The Organization believes that all required

Part XI, Line 2d - Other Adjustments:

Schedule D (Form 990) 2020

returns have been filed.

Schedule D (Form 990) 2020

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization							Employer identification number
	ONE SIMPL		NC.					26-3128590
Part I	General Information on Grants a	nd Assistance						
	es the organization maintain records		-		-			
cri	teria used to award the grants or assi	stance?						X Yes No
2 De	scribe in Part IV the organization's pro-	ocedures for moni	toring the use of grant	funds in the Unite	ed States.			
Part II		_				anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
	recipient that received more than					(f) Mathead of	1	1
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ter total number of section 501(c)(3) a			ne line 1 table				\

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					Toys, Clothing, and other
ishes Granted	14478	1,446,292.	55,000.	FMV	wishes
cholarships	45	135,550.	0.	FMV	N/A
outh Advisory Grants	10	10,393.	0.	FMV	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Grants and other assistance to individuals represents simple wishes to

foster children and vulnerable families. Wishes are submitted by the

Organization's network of community partners (nonprofit and governmental

agencies that serve children and families in need). These partners go

through an application process with the Organization and once approved they

may submit wishes using an online form. Wishes must be submitted for

actual children or families the partner is serving. The One Simple Wish

program manager reviews and approves each wish prior to it becoming

Part IV Supplemental Information
viewable by a donor on the Organization's website. A donor can browse
wishes by value, age of the wish recipient, or type of wish and can grant
the wish by a simple click on the website. All wishes are assigned a
number for tracking purposes.

Schedule I (Form 990)

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 instructions and the latest information.

Employer identification number ONE SIMPLE WISH, INC. 26-3128590

rai	LI	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported or Form 990, Part VIII, line	noncash contrib	determir	_	s
1	Art -	Works of art							
2		Historical treasures							
		Fractional interests							
4		s and publications							
5		ning and household goods	X		55.00	0.FAIR MARKE	T VA	LUE	
6		and other vehicles							
7		s and planes							
8		ectual property							
9		rities - Publicly traded							
10		rities - Closely held stock							
		rrities - Closely field stock							
11									
40		interests							
		ırities - Miscellaneous							
13		ified conservation contribution -							
		oric structures							
14		ified conservation contribution - Other							
15		estate - Residential							
16		estate - Commercial							
17		estate - Other							
18		ectibles							
19		I inventory							
20		s and medical supplies							
21		dermy							
22		orical artifacts							
23		ntific specimens							
24	Arch	eological artifacts							
25	Othe	r > ()							
26	Othe	r > ()							
27	Othe	r > ()							
28	Othe	r > (
29		ber of Forms 8283 received by the organiz							
	for w	hich the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a	Durir	ng the year, did the organization receive by	/ contributio	n any property rep	oorted in Part I, lines 1 tl	nrough 28, that it			
	must	hold for at least three years from the date	of the initia	al contribution, and	which isn't required to	be used for			
	exen	npt purposes for the entire holding period?	·				30a		X
b		es," describe the arrangement in Part II.							
31		s the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard con	tributions?	31		Х
32a		the organization hire or use third parties of							
		ributions?		•			32a		Х
b	If "Ye	es," describe in Part II.							
33	If the	e organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is	checked,			
		ribe in Part II.							
114	F-	r Denemurant Deduction Act Notice and	the Instruc	tions for Form 00		Cabadula	M /Fam	~ 000	0000

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

Schedule M (Form 990) 2020

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.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ONE SIMPLE WISH, INC.

Employer identification number 26-3128590

Form 990, Part I, Line 1, Description of Organization Mission: abuse and neglect.

Form 990, Part VI, Section A, line 8b:

There are no committees with the authority to act on behalf of the governing board. Therefore there is no documentation of any such meetings.

Form 990, Part VI, Section B, line 11b:

One Simple Wish handles most communication via email. The Form 990 is uploaded to a secure Dropbox file with a password and distributed to Board members. They have 3 business days to review it and provide feedback, in writing. If no feedback, they are asked to respond to the email that they have read and reviewed the Form 990.

Form 990, Part VI, Section B, Line 12c:

The Organization regularly and consistently monitors and enforces compliance with the conflict of interest policy by requiring each director, principal officer and member of a committee with governing board delegated powers to annually sign a statement. This statement affirms such person: has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempted purposes.

Form 990, Part VI, Section B, Line 15a:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization ONE SIMPLE WISH, INC.	Employer identification number 26-3128590
The executive director's salary was based on a review and	approval by the
board of directors and included an assessment of other si	milar
organizations in the Mercer County area as well as an exp	ectation of
growth. The decision was documented in the organization'	s minutes. No
other officers receive compensation therefore there is no	process for
determining other officers' compensation.	
	_
Form 990, Part VI, Section C, Line 19:	
The Organization makes its governing documents, conflict	of interest
policy, and financial statements available to the public	upon request.
Form 990, Part XII, line 2c	
There was no change in the process of overseeing or select	ting the
independent certified public accountants who performed th	e audit.
	_

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

filing of th	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-r	on-profits.				
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
-	rations required to file an income tax return other than Form 7004 to request an extension of time to file incom		· · · · · · · · · · · · · · · · · · ·	os, REMIC	s, and trusts		
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identification numb	er (TIN)	
print File by the	ONE SIMPLE WISH, INC.				26-312859	0	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, some 1977 N. OLDEN AVENUE #292	ee instruc	tions.				
instructions.	City, town or post office, state, and ZIP code. For a for TRENTON, NJ 08618	oreign add	lress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)				
Form 990-PF			Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11			
• The bo	The Organization of the care of ► 1 NORTH JOHNSTO none No. ► 609-883-8484		Form 8870 ENUE - HAMILTON, No Fax No. ►	J 086	09	12	
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box	Group Exe		f this is fo	r the whole group, c		
the ▶[▶[the organization named above. The extension is for the organization's return for: calendar year or X tax year beginning JUL 1, 2020 , and ending JUN 30, 2021 .						
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less				
	nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and	3a	\$	0.	
esti	mated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
	If you are going to make an electronic funds withdrawal					r payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)