			Extended to May 15,	2017		_
	0	90	Return of Organization Exempt I			OMB No. 1545-0047
For	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	-		<sup>ns)</sup> 2015
		of the Treasury	Do not enter social security numbers on this form	-	-	Open to Public
_		enue Service	Information about Form 990 and its instructions is ar year, or tax year beginning JUL 1, 2015 and		<u>s.gov/form990.</u> TUN 30, 2016	Inspection
		1		enaing U	1	
B	beck if	ole: C Name of	forganization		D Employer identific	ation number
	Addr		SIMPLE WISH, INC.			
	Name		usiness as		**_*	**8590
	Initial			Room/suite	E Telephone number	
	Final returr	0	N. OLDEN AVENUE #292			883-8484
_	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	909,847.
			TON, NJ 08618		H(a) Is this a group re	
	Appli tion pend	ing <b>F</b> Name a	nd address of principal officer: DANIELLE GLETOW		for subordinates	
		same	as C above		<b>H(b)</b> Are all subordinates in	
		empt status:		or 527		list. (see instructions)
			ONESIMPLEWISH.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 2008 N	State of legal domicile: NJ
Pa	art I		0	<u>a' 1</u> .	7.7	
e	1	Briefly describ	be the organization's mission or most significant activities: One	Simple	wish uses	cechnology
an			g awareness to the foster care sy		-	
/err	2		x      if the organization discontinued its operations or dispo-		1 1	
õ	3					16 15
ø	4		lependent voting members of the governing body (Part VI, line 1b)			-
Activities & Governance	5		of individuals employed in calendar year 2015 (Part V, line 2a)			11
tivi	6		of volunteers (estimate if necessary)			208
Ac			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		
					Prior Year	Current Year 889,816.
ne	8		and grants (Part VIII, line 1h)		1,434,305.	
Revenue	9		ce revenue (Part VIII, line 2g)		74.	<u> </u>
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		3,750.	187.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,438,129.	890,019.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		466,205.	1,095,793.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		400,205.	0.
	14	·	to or for members (Part IX, column (A), line 4)		197,202.	197,815.
Expenses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)	······	0.	0.
Den	16a	Protessional f		62	• •	•
Ä					281,512.	251,882.
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		944,919.	1,545,490.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		493,210.	-655,471.
SS	19	rievenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	-
Net Assets or Fund Balances	20	Total coosts "	Dart V lina 16)		954,125.	End of Year 303,383.
Asse Bal	20	Total assets (	. , , , , , , , , , , , , , , , , , , ,		8,045.	12,774.
Vet /	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		946,080.	290,609.
	art II				540,000	20,000.
		_	I declare that I have examined this return, including accompanying schedule	s and statem	ents and to the best of m	knowledge and helief it is
			. Declaration of preparer (other than officer) is based on all information of wh			and bollon, it is
	,	, a 2011p1010				

Sign Here		TIVE DIRECTOR	Date
Paid	Type or print name and title Print/Type preparer's name THOMAS MARTIN	Preparer's signature Date	self-employed P00123816
Preparer	Firm's name 🕨 KLATZKIN & COMPA	NY, LLP	Firm's EIN <b>** - * * * 0289</b>
Use Only	Firm's address 1670 WHITEHORSE HAMILTON, NJ 086		Phone no. (609)890-9189
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
		and the second strategies and	

532001 12-16-15	LHA For Paper	wo	rk Redu	ction Act Notice, see the	separate instru	ictions.	Form	۱
See	Schedule	0	for	Organization	Mission	Statement	Continuation	

Form **990** (2015)

One Simple Wish uses technology to bring awareness to the foster care system and brightens the lives of thousands of childern by connecting them to people who care.         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 cf 200 cf. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Form	ONE SIMPLE WISH, INC.	**-**8590 Pa
I Brefly describe the equilation's ministor: One Simple Wish luses technology to bring awareness to the foster care system and brightens the lives of thousands of childern by connecting them to people who care. 2 Did the organization case conduction provides during the year which were not listed on the prior from 980 or 880-E2. [X] Yes [ 17 Yes; describe these new services on Schoule 0. Did the organization seques conducts, or make significant changes in how it conducts, any program services, as measured by expense. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and afficiations to others, the total expenses, and revenue, fany, for each program service accompletionents for each of its three largest program services, as measured by expense. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and afficiations to others, the total expenses, and revenue, fany, for each program service export. If (1000) is one of the program and offers carf individuals a way to directly affect the life of a child in foster care. Through our website potential donors are able to brows hundre of wishes posted on behalf of the children and select which wish to grant. The wishes typically cost from \$5 to \$500, which allows almos anyone to find a wish that speaks to both their heart as well as to their budget. Moreover, OSW recognizes that donors have a desire to know exactly where their contributions go and therefore offers the opportunity for them to give more efficiently and effectively. When donor grants a wish, nearly 100% of that donation is directed towards fulfillment of that specific request. During the fiscal year, thanks to the generosity of thousands of people OSW granted 3,223 wishes. We can be accounted to frame their homes due to abuse and/or neglect experience a smoother transition into temporary foster care. This is not a group home. This is not a residential treatment facility, Milly's Place is a home. Two female residentia	Pa		
One Simple Wish uses technology to bring awareness to the foster care system and brightens the lives of thousands of childern by connecting them to people who care.         2       Other organization undertake any significant program services during the year which were not listed on the pror form 900 or 900 E27       If Yes, identifies these new services on Schedule 0.         3       Det the organization cases conducting, or make significant charges in how it conducts, any program services, an measured by separate. Social of an onto of grants and alcotatos to others, the table separates accompletements for each of its three largest program services, an measured by separate. Social of grant in grant service encoded.         4       (fewere is 1,345,1841, readragements is not of grant and alcotatos to others, the table separate in dividuals a way to directly affect the life of a child in foster care. Through our website potential donors are able to browse hundre of wishes posted on behalf of the children and select which wish to grant. The wishes typically cost from §5 to \$500, which allows almoss anyone to find a wish that speaks to both their heart as well as to their budget. Moreover, OSW recognizes that donors have a desire to throw exactly where their contributions go and therefore offers the opportunity for them to give more efficiently and effectively. When donor grants a wish, nearly 100% of but donation is directed towards fulfillment of that specific request. During the fiscal year, thanks to the generosity of thousands of people OSW granted 3,223 wishes.         ****       (means)       (means)         ****       (means)       (means)         ****       (means)       (means)         ****			
them to people who care.           2         Did the organization underlake any significant program services during the year which were not listed on the prior form 990 or 990 or 990 cr27         [] Yes []           11 'Yes, 'decome these endres on Schedule 0.         [] [] Yes []           2         Did the organization cases conducting, or make significant damages in how it conducts, any program services?         [] [] Yes []           4         Describe these changes on Schedule 0.         [] Yes []         [] Yes []           4         Describe these organizations are required to report the amount of grants and allocations to othere, the total expenses, and mereurs, if any, for each program service accompliation star end anoth the start and allocations to othere, the total expenses, and mereurs, if any, for each program service accompliation start end or the single of a single wish (SSN)'s core program and offers car1 individuals a way to directly affect the life of a child in foster care. Through our website potential donors are able to browse hundre of wishes posted on behalf of the children and select which wish to grant. The wishes typically cost from 35 to \$500, which allows almos anyone to find a wish that speaks to both their heart as well as to hopportunity for them to give more efficiently and effectively. When donor grants a wish, nearly 100% of that donation is directed towards fulfillment of that specific request. During the fiscal year, thanks to the generosity of thousands of people OSW granted 3, 229 wishes.           5         f(core ) (forewsi form their homes due to abuse and/or neglect experience a smoother transition into temporary foster care. Each yea nearly 5, 000 children enter the foster care system in NJ. Our goal is to provide 24/7 access to ba	1	One Simple Wish uses technology to bring awareness to	the foster care
Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E27 [I' Yes; describe these new services and schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services; as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are occupited there or poor the amount of grants and adjocations to others, the total expenses, and revenue. If any nearby program service accomplete with an organization strong and the poor program and offers carriin individuals a way to directly affect the life of a child in foster care. Through our website potential donors are able to brows hundre of wishes posted on behalf of the children and select which wish to grant. The wishes typically cost from \$5 to \$500, which allows almos anyone to find a wish that speaks to both their heart as well as to their sectly where their contributions go and therefore offers the opportunity for them to give more efficiently and effectively. When donor grants a wish, nearly 100% of heat donation is directed towards to the generosity of thouseands of people OSW granted 3, 223 wishes. Be (come			ern by connecting
the por Form 980 or 980 E72       Image: Style intermediation in the significant changes in how it conducts, any program services.       Image: Style intermediation is the significant changes in how it conducts, any program services, as measured by expenses.         3       Describe the envices on Schedule 0.       Image: Style intermediation is the significant changes in how it conducts, any program services, as measured by expenses.         3       Describe the envices on Schedule 0.       Image: Style intermediation is the significant changes in how it conducts, any program services, as measured by expenses.         3       Concerning intermediations are required to report the amount of grants and alocations to others, the total expenses, and revenue, if any, for each program service sequences.         4       Concerning intermediations are required to report the amount of grants and alocations to others, the total expenses, and revenue, if any, for each program service sequences.         5       Concerning intermediations are applied to the child report and of fersions carried individuals a way to directly affect the life of a child in foster care. Through our website potential donors are able to brows almoss anyone to find a wish that speaks to both their heart as well as to their heart as well as to their heart as well as to the generosity of thousands of people OSM granted or allows almoss anyone to find a wish that speaks to both their heart as well as to their field or them to give more efficiently and effectively. When donor grants a wish, nearly 100% of that donation is directed to hear field on their homes due to abuse and/or neglect experience a smoother transition of our services designed to help children metre the foster care system in NJ. Our grant is to pa		them to people who care.	
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3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		1	X Yes
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4c       (Code:			chat have agea of
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(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 1,436,995.         32002 2-16-15       Form 990			
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(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 1,436,995.         32002 2-16-15       Form 990			
4e         Total program service expenses         1,436,995.           32002         Form 990           2-16-15         2	4d	Other program services (Describe in Schedule O.)	
Form <b>990</b>			)
<sup>12002</sup> 2-16-15 <b>2</b>	4e	Total program service expenses ► 1,436,995.	
2-16-15 2			Form <b>990</b> (2
_		15	
	00	—	INC. 8888

Form	990	(201	15)

ONE SIMPLE WISH, INC. 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		v
40	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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			
		146		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
15	complete Schedule G. Part III	10		x

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ONE SIMPLE WISH, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		──
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	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
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?			- v
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33	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	- 33		<u> </u>
07	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1

Form **990** (2015)

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Pa	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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	60		
7	Organizations that may receive deductible contributions under section 170(c).	7-	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		v
<b>ا</b> م	to file Form 8282?	70		
		70		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U		8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:	0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	-		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans <b>13b</b>			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1
		Form	1 990	(2015)

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Form 990 (2015)
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### ONE SIMPLE WISH, INC.

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

<ul> <li>Section A. Governing Body and Management</li> <li>1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body diegted broad authority to an executive committer or similar committee, explain in Schedule 0.</li> <li>b Enter the number of voting members included in line 1a, above, who are independent</li></ul>				
If there are material differences in voting rights among members of the governing body, or if the governing body delegate broad authority to an executive committee or similar committee, explain in Schedule 0.         ID be Enter the number of voting members included in line 1a, above, who are independent				-
<ul> <li>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.</li> <li>If the number of voting members included in line 1a, above, who are independent in the organization delegate control over management duties customarily performed by or under the direct superv of officers, directors, or trustee, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was file?</li> <li>Did the organization nave members, stockholders?</li> <li>Did the organization committee with authority to act on behalf of the governing body?</li> <li>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>Bicah committee with authority to act on behalf of the governing body?</li> <li>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smaling address? <i>Il'yes,' provide the names and addresses in Schedule O</i>.</li> <li>Section B. Policies (<i>This Section B requests information about policies not required by the Internal Flevenue Code.</i>)</li> <li>Did the organization have local chapters, branches, or affiliates?</li> <li>I' Yes,' directors, or trustee, and key employees required to discles an analy itters that could give rise to conflicts?</li> <li>Did the organization have a written conflict of interest policy? <i>II'</i> 'Ne', 'B' or 'D'''''''''''''''''''''''''''''''''</li></ul>	1	`	Yes	
<ul> <li>body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.</li> <li>Lip be there the number of voting members included in line 1a, above, who are independent</li> <li>Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe officer, director, trustee, or key employees?</li> <li>Did the organization delegate control over management duties customarily performed by or under the direct superv of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>Did the organization become aware during the year of a significant diversion of the organization semblers or stockholders?</li> <li>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>D far any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>D far any governance decisions of the organization new methings held or written actions undertaken during the year by the following the organization notemporaneously document the meetings held or written actions undertaken during the year by the following the organization nave exites? If 'Yes,'' provide the names and addresses in Schecule O</li> <li>ection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>)</li> <li>Did the organization have local chapters, branches, or affiliates?</li> <li>If 'Yes,'' did the organization have a written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization roview this Form 990.</li> <li>Did the organization nave awritten policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization is eve</li></ul>	16			ĺ.
<ul> <li>b Enter the number of voting members included in line 1a, above, who are independent</li></ul>				ĺ
<ul> <li>2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe officer, director, trustee, or key employee?</li> <li>3 Did the organization delgate control over management duties customarily performed by or under the direct superv of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization become aware during the year of a significant clargers is significant diversion of the organization become aware during the year of a significant diversion of the organization is assets?</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization is assets?</li> <li>7 Did the organization bave members, stockholders?</li> <li>7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant to approval by) members, stockholders, or persons other than the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?</li> <li>b I' Yes,'' did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?</li> <li>1 Has the organization have a written whisteblower policy? If 'No, '' go I in a 13</li> <li>b Were officers, directors, or trustes, and key employees required to discles annually interests that could give rise to conflicts?</li> <li>b Did the organization have a written whisteblo</li></ul>	4 -			l
<ul> <li>officer, director, trustee, or key employee?</li> <li>Did the organization delegate control over management duties customarily performed by or under the direct superv of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization have members or stockholders?</li> <li>Did the organization have members or stockholders?</li> <li>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>A reany governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>B cah committee with authority to act on behalf of the governing body?</li> <li>B tach committee with authority to act on behalf of the governing body?</li> <li>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If "Yes," provide the names and addresses in Schedule O</li> <li>ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)</li> <li>Did the organization have local chapters, branches, or affiliates?</li> <li>If "Yes," idd the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?</li> <li>Did the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written whistleblower policy? If "No," go to line 13</li> <li>Were off</li></ul>	15			l
<ul> <li>3 Did the organization delegate control over management duties customarily performed by or under the direct superv of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization have any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O</li> <li>ection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>)</li> <li>Oa Did the organization nave local chapters, branches, or affiliate?</li> <li>b If *Yes," did the organization is avery the ipoperations are consistent with the organization's exempt purposes?</li> <li>1a Has the organization nave written policies and procedures governing body before filing the Describe in Schedule O the process, if any, used by the organization review this Form 990.</li> <li>b Did the organization nave awritten conflict of interest policy? If 'Ne," go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization have a written conflict of interest policy? If 'Ne," go to line 13</li> <li>b Were officers, directors, or trustees, and</li></ul>				
<ul> <li>of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>Did the organization backers and significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization backers and uning the year of a significant diversion of the organization's assets?</li> <li>2 Did the organization have members, stockholders?</li> <li>7 Did the organization charve members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O</li> <li>ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)</li> <li>0a Did the organization have local chapters, branches, or affiliates?</li> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?</li> <li>1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2b Oid the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>b Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to onflicts?</li> <li>c Did the organization have a writt</li></ul>	2	2		L
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	c)(3)s only) avai	ilable	Э	
Own website Another's website X Upon request Other (explain in Schedule O				
	)			
9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	t policy, and fin	nanci	ial	
statements available to the public during the tax year.	-			
0 State the name, address, and telephone number of the person who possesses the organization's books and record	ls: ►			
The Organization - 609-883-8484				
1977 N. OLDEN AVENUE #292, TRENTON, NJ 08618				-
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2015.05050 ONE SIMPLE WISH, INC.	8	88	8	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employe	ees, Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average	(do	not c	(C Pos check	C) itior	I than	one	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (list any hours for related organizations below line)	stee or director		Officer	lirecto		tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) DANIELLE GLETOW	40.00	x		x				46,250.	0.	0.
EXECUTIVE DIRECTOR (2) DAWN PUSKAS	1.00	^		<u> </u>			4	40,230.	0.	0.
(2) DAWN PUSKAS PRESIDENT	1.00	x		x				0.	0.	0.
(3) RUTH SAVAGE	1.00						_	0.	0.	0.
SECRETARY	1.00	x		x				0.	0.	0.
(4) ELIZABETH BOLSTER-WILEY	1.00									
SECRETARY		X		X				0.	0.	Ο.
(5) ROBERT GOLDFARB	1.00									
MEMBER		X						0.	0.	0.
(6) KIMBERLY EAVES-GELB	1.00									
MEMBER		X						0.	0.	0.
(7) PATSY TALLMAN	1.00									
MEMBER		Х						0.	0.	0.
(8) KAT SWIFT	1.00									
MEMBER		Х						0.	0.	0.
(9) BRYAN ROBERTS	1.00									_
MEMBER		Х						0.	0.	0.
(10) CHRIS DEMAYO	1.00									
MEMBER		Х						0.	0.	0.
(11) GARY TIER	1.00									
MEMBER		Х						0.	0.	0.
(12) JOHN ALLEN	1.00									0
MEMBER	1 00	X						0.	0.	0.
(13) SCOTT GREENBERG	1.00	v						0	0	0
MEMBER	1 00	X						0.	0.	0.
(14) AMY MATSUO	1.00	x						0.	0.	0.
MEMBER	1 00	^						0.	0.	0.
(15) JENNIFER ENDRYJEWSKI MEMBER	1.00	x						0.	0.	0.
(16) JAMES TRINGALI	1.00	<u>_</u>			-			0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
		 				$\square$				
532007 12-16-15										Form <b>990</b> (2015)

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Par	t VII e	Section A. Officers, Direc (A) Name and title	ctors, Trus	tees, Key Em (B) Average hours per week	(do box	not c , unle	, and (C Posi heck i ss per id a di	<b>C)</b> ition more rson	) than is bot	one h an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensatio from related	n	an	(F) timate nount other	of
				(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	ie tion ted
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					-											
с		otal rom continuation sheets add lines 1b and 1c)	to Part V	I, Section A							46,250. 0. 46,250.		0. 0. 0.			0. 0. 0.
2		umber of individuals (inclunsion of individuals (inclunsion) insation from the organization from the organization of the second se	-	ot limited to th	nose	liste	ed at	bove	e) wł	no r	eceived more than \$100	0,000 of reportabl	e		Yes	0 No
3 4	line 1a	e organization list any <b>forn</b> ? <i>If</i> "Yes," complete Scher y individual listed on line 1	dule J for s	uch individual										3		x
5	and rel Did an	, ated organizations greate y person listed on line 1a l ed to the organization? <i>If</i>	r than \$150 receive or a	0,000? <i>If</i> "Yes, accrue compe	" <i>co</i> nsat	<i>mple</i> ion f	ete S rom	Sche any	edule / unr	e <i>J f</i> elat	for such individual ted organization or indiv	dual for services		4		X X
Sec 1	compl	Independent Contractors ete this table for your five	<b>s</b> highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com			rom	
	the org	janization. Report comper Name and	(A) d business					VILTI	or w		(B) Description of s		С	(C ompei		n
										_						
2		umber of independent co 00 of compensation from		•	iot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
53200 12-16-												L. L.		Form	<b>990</b> (	2015)

Observation         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	Ра	rt VI			or poto to ony lin	a in this Dart VIII			
go of the second sec			Check il Schedule O cont	ans a response	or note to any in	(A)	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business	( <b>D</b> ) Revenue excluded from tax under
go good good good good good good good	nts	1 a	Federated campaigns	1a					
a       business Code         a       b         b       c         c       c	Srai	b	Membership dues	1b					
good good good good good good good goo	S, (	с	Fundraising events	1c	11,972.				
good good good good good good good goo	Gift lar	d	Related organizations	1d					
a       business Code         a       b         b       c         c       c	imi,	е	Government grants (contribut	ions) <b>1e</b>					
go good good good good good good good	rior S	f	All other contributions, gifts, gran	ts, and					
go good good good good good good good	ibu		similar amounts not included abo	ve 1f					
go good good good good good good good	d O	g	Noncash contributions included in lines	1a-1f: \$	170,936.				
good       2 a	an	h	Total. Add lines 1a-1f		►	889,816.			
a a   a Truestment income (including dividends, interest, and other similar amounts).   a income from investment of tax-exempt bond proceeds   5 Royalties   6 a   6 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   7 a   8 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   7 a   8 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   8 a   8 a   8 a   9 a   10 b   11 y   12 ta   12 ta   12 ta<					Business Code				
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a a   a Truestment income (including dividends, interest, and other similar amounts).   a income from investment of tax-exempt bond proceeds   5 Royalties   6 a   6 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   7 a   8 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   7 a   8 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   8 a   8 a   8 a   9 a   10 b   11 y   12 ta   12 ta   12 ta<	n S ent	с							
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a a   a Truestment income (including dividends, interest, and other similar amounts).   a income from investment of tax-exempt bond proceeds   5 Royalties   6 a   6 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   7 a   8 a   7 a   7 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   7 a   8 a   7 a   7 a   7 a   7 a   7 a   8 a   7 a   8 a   8 a   8 a   9 a   10 b   11 y   12 ta   12 ta   12 ta<	rog	е							
3       investment income (including dividends, interest, and other similar amounts)       99.       99.       99         4       income from investment of tax exempt bond proceeds       99.       99.       99         6       a Gross rents       (i) Real       (ii) Personal       99.       99.         6       a Gross rents       (ii) Real       (iii) Personal       99.       99.         7       a Gross anount from sales of inventory       (iii) Securities       (iii) Other       98.       98.         7       a Gross anount from sales of inventory       (iii) Securities       (iii) Other       98.       98.         8       a Gross income from fundralsing events (not including §       11.972. ot including §       -83.       -83.       -83.         9       a Gross income from gaming activities. See Part IV, line 19       a       19.745.       0.       90.         9       a Gross income or (loss) from gaming activities. See Part IV, line 19       a       0.       90.       90.       90.         10       a Gross income or (loss) from gaming activities. See Part IV, line 19       a       0.       90.       90.       90.         10       a Gross income or (loss) from gaming activities. See Part IV, line 19       a       0.       90.       90.	Ч								
other similar amounts)       99.       99.       99.       99.         4       income from investment of tax-exempt bond proceeds             5       Royatites               6       Gross rents		g	Total. Add lines 2a-2f		🕨				
4       Income from investment of tax-exempt bond proceeds         5       Royaties         6 a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         7 a       Gross anount from sales of assist other than inventory         b       Less: cost or other basis and sales expenses         a d sales expenses       0)         6 a)       (los)         6 a)       (los)         b       Less: cost or other basis and sales expenses         a d sales expenses       83.         c       Gain or (loss)         d       Net gain or (loss)         d       Net gain or (loss)         e       11, 972. of contributions reported on line 10: See Part IV, line 18         b       Less: direct expenses         c       Net income or (loss) from fundraising events (not including \$         orthibutions reported on line 10: See Part IV, line 19       a         b       Less: direct expenses       b         c       Net income or (loss) from gaming activities       b         10       Gross sales of inventory, less returns and allowances       a         b       Less: cost of goods sold <td< td=""><td></td><td>3</td><td></td><td></td><td></td><td>0.0</td><td></td><td></td><td></td></td<>		3				0.0			
5       Royatties       (i) Real       (ii) Persona         6 a Gross rents       (i) Real       (ii) Persona         b Less: rental expenses       (iii) Other         c Rental income or (loss)       (iii) Comer         d Net rental income or (loss)       (iii) Comer         assets other than inventory       (iii) Comer         b Less: cost or other basis       and sales expenses         and sales expenses       83.         c Gain or (loss)       -83.         d Net gain or (loss)       -83.         b Less: direct expenses       b         b Less: direct expenses       b         c Net income or (loss) from fundraising events       0.         9 Gross sincome from gaming activities. See       19,745.         9 Gross sincome from gaming activities. See       19,745.         19,745.       0.         9 Gross sales of inventory, less returns       0.         a Gross sales of inventory, less returns       0.         a dilowances       a         b Less: cost of goods sold       b         b Less: cost of goods sold       b         c Net income or (loss) from gaming activities       10         a dilowances       a         b C       Net income or (loss) from gaming act						99.			99.
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental income or (loss)       (ii) Securities       (iii) Other         7 a Gross amount from sales of       (i) Securities       (ii) Other         7 a Gross amount from sales of       (ii) Securities       (iii) Other         assets other than inventory       b Less: cost or other basis and sales expenses       83.         c Gain or (loss)       -83.       -83.         d Net gain or (loss)       -83.       -83.         a Gross income from fundraising events (not including \$ 11, 972. of contributions reported on line tc). See       -83.       -83.         Pat IV, line 18       a       a       19, 745.       -         b Less: direct expenses       b       0.       9       -         9 a Gross income from gaming activities. See       -       0.       -       -         a d allowances       a       -       -       -       -       -       -         a loss to of oloss from gales of inventory       - <td< td=""><td></td><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		4							
6 a Gross rents       0       0         b Less: rental expenses       0       0         c Rental income or (loss)       0       0         d Net rental income or (loss)       0       0         g Gross anount from sales of assets other than inventory       83.       -83.         d Net gain or (loss)       -83.       -83.         d Net gain or (loss)       -83.       -83.         d Net gain or (loss)       11,972. or contributions reported on line 1c). See       19,745.         part IV, line 18       19,745.       19,745.         b Less: direct expenses       b       0.         p Cross income from gaming activities. See       0.       0.         p C Net income or (loss) from gaming activities. See       0       0.         i0 a Gross sales of inventory.       0       0         e Net income or (loss) from gaming activities       0       0         i0 a Gross sales of inventory.       0       0       0         e Net income or (loss) from gaming activities       0       0       0         i0 a		5	Royalties		🕨				
b       Less: rental expenses				(i) Real	(ii) Personal				
c       Rental income or (loss)       (i)         d       Net rental income or (loss)       (ii)         7       a Gross amount from sales of assets other than inventory       (ii)         b       Less: cost or other basis and sales expenses       83.         c       Gain or (loss)       -83.         d       Net gain or (loss)       -83.         e       Gross income from fundraising events (not including \$									
d Net rental income or (loss)       0) Securities       0) Other         7 a Gross amount from sales of assets other than inventory       0) Securities       0) Other         b Less: cost or other basis       83.       -83.       -83.         c Gain or (loss)       -83.       -83.       -83.         d Net gain or (loss)       -83.       -83.       -83.         d Net gain or (loss)       11, 972. of contributions reported on line 1c). See Part IV, line 18       a       19, 745.         b Less: direct expenses       b       19, 745.       0.       -83.         g Gross income from gaming activities. See Part IV, line 19       a       19, 745.       0.         g Gross income from gaming activities. See Part IV, line 19       a       0.       9         g Gross income from gaming activities. See Part IV, line 19       a       0.       9         g Gross income from gaming activities       0.       0.       0.         g Gross income or (loss) from gaming activities       0.       0.       0.         g Gross income or (loss) from gaming activities       0.       0.       0.         g Gross income or (loss) from gaming activities       0.       0.       0.         g Gross income or (loss) from sales of inventory       0.       0.       0.									
7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses       83.       -83.         c Gain or (loss)       -83.       -83.         d Net gain or (loss)       -83.       -83.         d Net gain or (loss)       -83.       -83.         d Net gain or (loss)       11, 972. or contributions reported on line 1c). See Part IV, line 18       19, 745.         b Less: clirect expenses       b       19, 745.         c Ross income from gaming activities. See Part IV, line 19       a         b Less: clirect expenses       b         c Ross income from gaming activities. See Part IV, line 19       a         b Less: clirect expenses       b         c Ross alses of inventory, less returns and allowances       a         a dailowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       b         mark allewances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       b         mark allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       0         <									
assets other than inventory       b       Less: cost or other basis and sales expenses       83.         c       Gain or (loss)       -83.       -83.         d       Net gain or (loss)       19,745.       19,745.         b       Less: direct expenses       b       19,745.         c       Net income or (loss) from fundraising events       0.       9         9       Gross income from gaming activities. See       19,745.       0.       9         9       Gross income from gaming activities. See       b       9       19,745.       0.         10       Gross income from gaming activities.       b       0.       9       9         10       Gross sales of inventory, less returns and allowances       a       a       10       10         10       Gross sales of inventory, less returns and allowances       a       10       10       10         11       MISCEllaneous Revenue       Business Code       113       113       116       1187         c					🕨				
b       Less: cost or other basis and sales expenses       83. -83.         c       Gain or (loss)       -83.         d       Net gain or (loss)       -83.         d       Net gain or (loss)       -83.         a       Gross income from fundraising events (not including \$11,972.orf contributions reported on line 1c). See Part IV, line 18       19,745.         b       Less: direct expenses       b         g       Gross income from gaming activities. See Part IV, line 19       0.         g       Gross sales of inventory, less returns and allowances       a         d       Less: cost of goods sold       b         c       Net income or (loss) from gales of inventory       Image: sold inventory inventory         d       Miscellaneous Revenue       Business Code         11 a       MISCELLANEOUS       900099       187.         b		7 a		(i) Securities	(ii) Other				
and sales expenses       83.         c Gain or (loss)       -83.         d Net gain or (loss)       -83.         o Contributions reported on line 1c). See       -83.         part IV, line 18       a         a Gross income from gaming activities. See       0.         Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities.       0.         10 a Gross sales of inventory, less returns and allowances       a         and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       >         d Niscellaneous Revenue       Business Code         miscellaneous Revenue       900099         b Less: cost of goods sold       0         c d All other revenue       900099         t d All other revenue       187.         t d all other revenue			assets other than inventory						
c       Gain or (loss)       -83.       -83.         d       Net gain or (loss)       -83.       -83.         d       At gain or (loss)       11, 972. of contributions reported on line 1c). See Part IV, line 18       -83.       -83.         b       Less: direct expenses       b       19, 745.       -         c       Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19       b       0.         b       Less: direct expenses       b       -       0.         o       9       Gross sales of inventory, less returns and allowances       a       -         b       Less: cost of goods sold       -       -       -         Miscellaneous Revenue       Business Code       -       -       187.         b       -       -       -       -       187.         c       -       -       -       -       187.         b       -       -       -       -       -       20.         c       -       -       -       -       -       187.         b       -       -       -       -       -       20.       20.       20.         d       It in tht		b							
george use       0       Net gain or (loss)       -83.       -83.         a Gross income from fundraising events (not including \$11,972.of contributions reported on line 1c). See       19,745.       19,745.         b Less: direct expenses       b       19,745.       0.         a Gross income from gaming activities. See       19,745.       0.         9 Gross income from gaming activities. See       0.       0.         9 Art IV, line 19       a       b       0.         b Less: direct expenses       b       0.       0.         c Net income or (loss) from gaming activities. See       0.       0.         a dalowances       a       b       0.         b Less: cost of goods sold       b       0.       0.         c Net income or (loss) from sales of inventory        0.       0.         Miscellaneous Revenue       Business Code       187.       187.         b       0.       0.0099       187.       187.         c       0.       0.       0.       0.       0.         c       0       0.019.       0.       0.       0.019.									
8 a Gross income from fundraising events (not including \$11,972.of contributions reported on line 1c). See Part IV, line 18       a 19,745.19,745.00         9 a Gross income from gaming activities. See Part IV, line 19       b Less: direct expenses       b 0.         9 a Gross income from gaming activities. See Part IV, line 19       a       c Net income or (loss) from gaming activities       c Net income or (loss) from sales of inventory       c Net income or (loss) from sales of inventory       c Net income or (loss) from sales of inventory       c Net income or (loss) from sales of inventory						0.2			0.2
including \$ 11,972. of contributions reported on line 1c). See Part IV, line 18       a 19,745.         b Less: direct expenses       b 19,745.         c Net income or (loss) from fundraising events       0.         9 a Gross income from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       ▶         10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       ▶         Miscellaneous Revenue       Business Code         11 a MISCELLANEOUS       900099       187.         c					····· ►	-83.			-83.
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a MISCELLLANEOUS   900099 187.   c Image: Colored activities   c Image: Colored activities   d All other revenue   e Total revenue. See instructions.   12 Total revenue. See instructions.	ne	8 a							
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a MISCELLLANEOUS   900099 187.   c Image: Colored activities   c Image: Colored activities   d All other revenue   e Total revenue. See instructions.   12 Total revenue. See instructions.	/en								
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a MISCELLLANEOUS   900099 187.   c Image: Colored activities   c Image: Colored activities   d All other revenue   e Total revenue. See instructions.   12 Total revenue. See instructions.	Rev		-						
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a MISCELLLANEOUS   900099 187.   c Image: Colored activities   c Image: Colored activities   d All other revenue   e Total revenue. See instructions.   12 Total revenue. See instructions.	ler								
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   a d allowances   a b Less: cost of goods sold   b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   MISCELLANEOUS   900099   187.   c   d All other revenue   e Total. Add lines 11a-11d   12   Total revenue. See instructions.	Oth					0			
Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a			· · ·	•	····· ►	υ.			
b Less: direct expenses b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a MISCELLANEOUS   900099 187.   c Image: Code   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.		9 a							
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a MISCELLANEOUS   900099 187.   b									
10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       ▶         Miscellaneous Revenue       Business Code         11 a MISCELLLANEOUS       900099         b									
and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a MISCELLLANEOUS   900099 187.   b 187.   c 11 a   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.					····· <b>&gt;</b>				
b       Less: cost of goods sold       b          c       Net income or (loss) from sales of inventory           Miscellaneous Revenue       Business Code          Miscellaneous Revenue       Business Code          Miscellaneous Revenue       Business Code          0		10 a							
c       Net income or (loss) from sales of inventory       Image: Code state									
Miscellaneous Revenue       Business Code       11 a       MISCELLANEOUS       900099       187.       187         b									
11 a       MISCELLANEOUS       900099       187.       187         b		c							
b		44 ~		le					1.87
c					500055	10/•			1 10/.
d All other revenue									+
e Total. Add lines 11a-11d         ▶         187.           12         Total revenue. See instructions.         ▶         890,019.         0.         0.         203									+
12         Total revenue. See instructions.         890,019.         0.         203						1 2 7			
							0	0	203
					₽		0.	0.	Form <b>990</b> (2015

ONE SIMPLE WISH, INC.

Form 990 (2015)

\* \* - \* \* \* 8590 Page 9

Part IX Statement of Functional Expenses

ONE SIMPLE WISH, INC.

	Check if Schedule O contains a respons				
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Gra	ants and other assistance to domestic organizations				
and	d domestic governments. See Part IV, line 21				
	ants and other assistance to domestic	1 005 500	1 005 500		
	dividuals. See Part IV, line 22	1,095,793.	1,095,793.		
	ants and other assistance to foreign				
-	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,	50,000.	35,000.	5,000.	10,000
	istees, and key employees	50,000.	55,000.	5,000.	10,000
	mpensation not included above, to disqualified				
	rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B)				
	her salaries and wages	132,217.	87,137.	17,522.	27,558
	nsion plan accruals and contributions (include	192,217.	07,157.	11,522.	27,550
	ction 401(k) and 403(b) employer contributions)				
	her employee benefits	105.	84.	11.	10
	ayroll taxes	15,493.	10,845.	3,098.	1,550
	es for services (non-employees):				
	anagement				
	gal				
	counting	39,705.	31,501.	4,292.	3,912
	bbying			, -	- / -
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
	her. (If line 11g amount exceeds 10% of line 25,				
	lumn (A) amount, list line 11g expenses on Sch O.)	20,027.	15,450.	2,827.	1,750
	vertising and promotion	21,439.	17,151.	2,144.	1,750 2,144
	fice expenses	14,294.	11,436.	1,429.	1,429
	formation technology				
	oyalties				
	ccupancy	28,800.	23,040.	2,880.	2,880 1,301
	avel	13,008.	10,406.	1,301.	1,301
	ayments of travel or entertainment expenses				
for	r any federal, state, or local public officials				
<b>19</b> Co	onferences, conventions, and meetings				
20 Int	terest				
2 <b>1</b> Pa	ayments to affiliates				
22 De	epreciation, depletion, and amortization	37,012.	29,608.	3,702.	3,702
<b>23</b> Ins	surance	4,648.	3,718.	465.	465
abo	her expenses. Itemize expenses not covered ove. (List miscellaneous expenses in line 24e. If line				
	e amount exceeds 10% of line 25, column (A) nount, list line 24e expenses on Schedule 0.)				
	OMPUTER SOFTWARE MAINT	14,819.	11,855.	1,482.	1,482
	ANK AND CREDIT CARD FE	12,811.	10,249.	1,281.	1,281
	ISH WORLD	8,487.	8,487.	· · ·	
-	RAVITY HILL PROGRAM	5,509.	5,509.		
	other expenses	31,323.	29,726.	799.	798
	tal functional expenses. Add lines 1 through 24e	1,545,490.	1,436,995.	48,233.	60,262
	int costs. Complete this line only if the organization			· · ·	•
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
	eck here <b>b</b> if following SOP 98-2 (ASC 958-720)				

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2015.05050 ONE SIMPLE WISH, INC.

Form **990** (2015)

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11 2015.05050 ONE SIMPLE WISH, INC.

ONE SIMPLE WISH, INC.

	ONE         ONE         SIMPLE         WISH,         INC.           Balance Sheet         Balance Sheet         Balance Sheet         Balance Sheet		~ ^ _ `	***8590 Page <b>11</b>
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	261,155.	1	203,736.
2			2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	10,648.	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	586,044.	8	43,596
9	Prepaid expenses and deferred charges	2,000.	9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 136,887.			
	b Less: accumulated depreciation 10b 83,829.	90,025.	10c	53,058
11	Investments - publicly traded securities	1,215.	11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	638.	14	593
15	Other assets. See Part IV, line 11	2,400.	15	2,400
16	Total assets. Add lines 1 through 15 (must equal line 34)	954,125.	16	303,383
17	Accounts payable and accrued expenses	8,045.	17	12,774
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	0.045	25	
26	Total liabilities. Add lines 17 through 25	8,045.	26	12,774
	Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ $X$ and			
	complete lines 27 through 29, and lines 33 and 34.			100 500
27	Unrestricted net assets	626,684.	27	182,538
28	Temporarily restricted net assets	319,396.	28	108,071
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	016 000	32	200 600
33	Total net assets or fund balances	946,080.	33	290,609
34	Total liabilities and net assets/fund balances	954,125.	34	<b>303,383</b> Form <b>990</b> (2015

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Form	990 (2015) ONE SIMPLE WISH, INC.	**.	-***8590	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,545	5,4	90.
3	Revenue less expenses. Subtract line 2 from line 1	3	-655		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	946	5,0	80.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	290	),6	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	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?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	6,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>			

Form **990** (2015)

532012 12-16-15

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Department of the Treasury

(Form	990	or	990	-EZ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

ZU 15	
Open to Public Inspection	2

OMB No. 1545-0047

2015

Internal Revenue Service N

Intern	nternal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Inspection											
Nan	ne of t	the organizati								identification number		
				SIMPLE WIS						*-**8590		
	nrt I				All organizations must c				IS.			
	organ		-		(For lines 1 through 11, o		-					
1					on of churches describe			I)(A)(i).				
2					Attach Schedule E (Forr							
3					anization described in s							
4			-	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	<b>(iii).</b> Enter	the hospital's name,		
_		city, and stat										
5					ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in		
_				Complete Part II.)								
6					mental unit described in							
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	$\square$	-			(1)(A)(vi). (Complete Par	· · · ·						
9		-		•	e than 33 1/3% of its su	-			-			
					ct to certain exceptions					-		
					e (less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	after June 30, 1975.		
10				mplete Part III.)	weby to toot for public of	ofativ Cas	anation Ef	O(a)(4)				
10 11	$\square$	0	0	•	sively to test for public sa				orry out the	purpages of and ar		
		-	-	-	sively for the benefit of, t ed in <b>section 509(a)(1)</b> o				-			
					of supporting organization							
а			-		supervised, or controlled		-		-	<i>u</i> aivina		
u					egularly appoint or elect							
			•	complete Part IV, Se		amajonty				sapporting		
b		٦ <sup>-</sup>			d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	avina		
				-	anization vested in the s			-		-		
			-	t complete Part IV,								
с		٦ <sup>-</sup>			g organization operated	in connec	tion with.	and function:	ally integrate	ed with.		
			-		s). You must complete					,		
d		-	-		organization ope				orted organi	ization(s)		
			-		zation generally must sa				-			
			-		nplete Part IV, Section	-		-				
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	S that it is a	а Туре I, Туре	e II, Type III			
		functionally	/ integrated, or	r Type III non-functio	onally integrated support	ting organi	zation.					
f	Ente	er the number	of supported of	organizations								
g	Prov	vide the follow	ing informatior	about the support	ed organization(s).							
	(	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization in your	(v) Amount c	-	(vi) Amount of		
		organizatior	ו		above (see instructions))		document?	suppor instruc	-	other support (see instructions)		
					. "	Yes	No	liistiuc	10113)	instructions)		
Tota	al											
	-											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

2015.05050 ONE SIMPLE WISH, INC.

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#### Schedule A (Form 990 or 990-EZ) 2015 ONE SIMPLE WISH, INC. Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	169,395.	938,092.	1,096,453.	1,434,305.	889,816.	4,528,061.
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	169,395.	938,092.	1,096,453.	1,434,305.	889,816.	4,528,061.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						745,052.
6	Public support. Subtract line 5 from line 4.						3,783,009.
	ction B. Total Support						· · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	(a) 2011 169,395.	(b) 2012 938,092.	1,096,453.	1,434,305.	889,816.	4,528,061.
	Gross income from interest,						· · · ·
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		346.	224.	74.	99.	743.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		527.	4,793.	3,750.	187.	9,257.
11	Total support. Add lines 7 through 10						4,538,061.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	59,654.
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and stor	o here			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				· · · ·
14	Public support percentage for 2015 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	83.36 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	81.39 %
	33 1/3% support test - 2015. If the c					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			►X
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s
						dule A (Earm 990	

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

## Schedule A (Form 990 or 990-EZ) 2015 ONE SIMPLE WISH, INC.

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

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

Sec	ction A. Public Support		i					i
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	<b>(d)</b> 2014	(e)	2015	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
-	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disgualified persons							
b	Amounts included on lines 2 and 3 received							
-	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e	2015	(f) Total
	Amounts from line 6	(-) ==		(-)	(-) =			(1) 1 2 2 2 2
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
Ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c	;)(3) organiz	zation,
								▶∟
	ction C. Computation of Publi							
15	Public support percentage for 2015 (li	ine 8, column (f) d	livided by line 13, o	column (f))		15		%
16	Public support percentage from 2014	Schedule A, Part	III, line 15		<u></u>	16		%
e	ction D. Computation of Inves	stment Incom						
17	Investment income percentage for 20	15 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17		%
8	Investment income percentage from 2					18		%
9a	<b>33 1/3% support tests - 2015.</b> If the						, and line 1	17 is not
	more than 33 1/3%, check this box ar							
h	<b>33 1/3% support tests - 2014.</b> If the							
-	line 18 is not more than 33 1/3%, che							
20	<b>Private foundation.</b> If the organization							
	23 09-23-15			, c				) or 990-EZ) 2015
520				15				
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					•			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2015

Yes No

## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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16 2015.05050 ONE SIMPLE WISH, INC.

<ol> <li>Has the organization accepted a gift or contribution from any of the following persons?</li> <li>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</li> <li>A family member of a person described in (a) above?</li> <li>A 35% controlled entity of a person described in (a) or (b) above?/ff "Yes" to a, b, or c, provide detail in Part VI.</li> <li>Section B. Type I Supporting Organizations</li> <li>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</li> <li>Did the organization operate for the benefit of any supported organization (f) "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).</li> <li>Section C. Type II Supporting Organizations</li> <li>Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization.</li> <li>Section D. All Type III Supporting Organizations</li> <li>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's.</li> <li>Section D. All Type III Supporting Organizations</li> </ol>	11a 11b 11c 1 1 2	Yes	No
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	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a			
significant voice in the organization's investment policies and in directing the use of the organization's			
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
supported organizations played in this regard.	3		
Section E. Type III Functionally-Integrated Supporting Organizations	i		
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruct	ructions):		
a The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c 🔄 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	y (see instruction	s).	
<ul> <li>c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s</li> <li>2 Activities Test. Answer (a) and (b) below.</li> </ul>	y (see instruction	s). Yes	No
	ty (see instruction	i – – – – – – – – – – – – – – – – – – –	No
2 Activities Test. Answer (a) and (b) below.	ty (see instruction	i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of</li> </ul>	ty (see instruction	i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify</li> </ul>	ty (see instruction	i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined</li> </ul>	ty (see instruction	i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,</li> </ul>		i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more</li> </ul>		i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the</li> </ul>		i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more</li> </ul>		i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> </ul>	2a	i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> </ul>	2a	i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or</li> </ul>	2a	i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	2a 2b	i – – – – – – – – – – – – – – – – – – –	No
<ul> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or</li> </ul>	2a 2b	i – – – – – – – – – – – – – – – – – – –	No

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2015.05050 ONE SIMPLE WISH, INC.

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# Schedule A (Form 990 or 990-EZ) 2015 ONE SIMPLE WISH, INC.

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

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. S

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

Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
	Distributable Amount Subtract line 5 from line 4 unless subject to			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	i		
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
 a				
a b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
<u> </u>				

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 ONE SIMPLE WISH,:	INC.	
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Section D, lines 5, 6, and 8; and	, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)	

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)	
Department of the Treasury	

Name of the organization

Organization type (check one):

# **Schedule of Contributors**

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

INC.

OMB No. 1545-0047

2015

Employer identification number

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0	NE S	SIMPLE	WISH,

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
- · · · ·	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

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	IMPLE WISH, INC.		*-***8590
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KIDS 703 BARTLEY CHESTER ROAD FLANDERS, NJ 07836	\$86,195.	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THAMES & KOSMOS 301 FRIENDSHIP STREET PROVIDENCE , RI 02903	\$22,413.	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CREDIT UNION OF NEW JERSEY 1301 PARKWAY AVENUE EWING, NJ 08628	\$18,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MUNICH REINSURANCE 555 COLLEGE ROAD EAST PRINCETON, NJ 08540	\$20,000.	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
4 (a) No.	555 COLLEGE ROAD EAST	\$ 20,000. (c) Total contributions	PayrollNoncashX(Complete Part II for
(a)	555 COLLEGE ROAD EAST PRINCETON, NJ 08540 (b)	(c)	Payroll       Noncash       X       (Complete Part II for noncash contributions.)       (d)
(a)	555 COLLEGE ROAD EAST PRINCETON, NJ 08540 (b)	(c) Total contributions	Payroll
(a) No. (a)	555 COLLEGE ROAD EAST         PRINCETON, NJ 08540         (b)         Name, address, and ZIP + 4         (b)         (b)	(c) Total contributions \$	Payroll       Noncash         Noncash       X         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contributions.)         (Complete Part II for noncash contributions.)         (complete Part II for noncash         Noncash         Noncash         (Complete Part II for noncash contributions.)
(a) No. (a) No.	555 COLLEGE ROAD EAST         PRINCETON, NJ 08540         (b)         Name, address, and ZIP + 4         (b)         Name, address, and ZIP + 4	(c) Total contributions \$	Payroll       Noncash         Noncash       X         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         Person         Payroll         Noncash         Noncash         Noncash         (complete Part II for         Noncash         Image: Complete Part II for

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## ONE SIMPLE WISH, INC.

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

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	CLOTHING, TOYS		
1			
		\$86,195.	05/17/16
(a) No.	(b)	(c)	(d)
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
	TOYS		
2			
		\$22,413.	06/05/16
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
4	LAPTOP COMPUTERS		
			00/05/16
		\$	02/05/16
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
	·		
		\$	
(a)			
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		\$	
23453 10-2	6-15 <b>23</b>		990, 990-EZ, or 990-PF)

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	IPLE WISH, INC. Exclusively religious, charitable, etc., con	tributions to organizations described in secti	+ * - * * * 8 5 9 0 on 501(c)(7), (8), or (10) that total more than \$1,00				
	the year from any one contributor. Complete	columns (a) through (e) and the following line sus, charitable, etc., contributions of \$1,000 or less for t	entry, For organizations				
	Use duplicate copies of Part III if additio	nal space is needed.					
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
-   -							
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4 R	elationship of transferor to transferee				
-							
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
-   -							
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	elationship of transferor to transferee				
-							
o. n I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_   -							
_							
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4 R	elationship of transferor to transferee				
-							
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
ס. ו							
o. n : I							
o. 1 							
0. 1  -		(e) Transfer of gift					
0. 1  -	Transferee's name, address, a		elationship of transferor to transferee				
0. 1  - - - -	Transferee's name, address, a		elationship of transferor to transferee				

2015.05050 ONE SIMPLE WISH, INC.

(Forn	SCHEDULE D Form 990) Department of the Treasury						OMB No. 1545-0047 <b>2015</b> Open to Public Inspection		
	Revenue Service		tion about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.						
Nam	e of the organizati	ONE SIMPLE WISH, I	NC.			Employ	ver identification number * - * * * 8590		
Par	t I Organiza	ations Maintaining Donor Advise		er Similar Funds	or Ac	count			
		n answered "Yes" on Form 990, Part IV, lir							
	-		(a) Donor ad	lvised funds	(b	Funds	and other accounts		
1	Total number at e	nd of year							
2		f contributions to (during year)							
3	Aggregate value o	f grants from (during year)							
4	Aggregate value a	t end of year							
5	Did the organization	on inform all donors and donor advisors in	writing that the asse	ets held in donor advis	ed fund	S			
		on's property, subject to the organization's					Ves 📖 No		
6	0	on inform all grantees, donors, and donor a	0	0		,			
		poses and not for the benefit of the donor of	,	<i>,</i> , ,		0			
Par		ate benefit?					Ves No		
		ation Easements. Complete if the org	-		an IV, I	ne 7.			
1		servation easements held by the organizat n of land for public use (e.g., recreation or e	·		ricolly i	morton	t land area		
		of natural habitat		Preservation of a histo Preservation of a certi		•			
		n of open space		Treservation of a certi	neu ma				
2		through 2d if the organization held a quali	fied conservation co	ntribution in the form	of a con	servatio	n easement on the last		
-	day of the tax yea				Γ		eld at the End of the Tax Year		
а		onservation easements			— Г	2a			
b		ricted by conservation easements				2b			
с		vation easements on a certified historic str				2c			
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and n	ot on a historic structu	ıre				
	listed in the Nation	nal Register			L	2d			
3	Number of conser	vation easements modified, transferred, re	leased, extinguished	d, or terminated by the	organiz	ation du	uring the tax		
	year 🕨								
4		where property subject to conservation ea							
5		tion have a written policy regarding the pe							
		forcement of the conservation easements i					Yes II No		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violation	ns, and enforcing cons	servation	1 easem	ents during the year		
-							de color de la constant		
7	<b>.</b> .	ses incurred in monitoring, inspecting, hand	aling of violations, ar	id enforcing conservation	tion eas	ements	during the year		
8		vation easement reported on line 2(d) abov	vo potiofy the require	monto of contion 170	'h)(4)(D)	(1)			
0							Yes No		
9		)(4)(B)(ii)? be how the organization reports conservat							
Ū		ble, the text of the footnote to the organiza							
	conservation ease	· · ·							
Par	t III   Organiza	ations Maintaining Collections o	of Art, Historica	Treasures, or O	ther S	imilar	Assets.		
	Complete i	f the organization answered "Yes" on Form	n 990, Part IV, line 8.						
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to repo	rt in its revenue staten	nent and	d balanc	e sheet works of art,		
	historical treasure	s, or other similar assets held for public ex	hibition, education, o	or research in furthera	nce of p	ublic se	rvice, provide, in Part XIII,		
	the text of the foo	tnote to its financial statements that descr	ibes these items.						
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in	its revenue statement	and ba	lance sh	neet works of art, historical		
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or researc	h in furtherance of pul	olic serv	ice, prov	vide the following amounts		
	relating to these it								
		ided on Form 990, Part VIII, line 1							
~	.,			11					
2		received or held works of art, historical tre			gain, p	rovide			
		unts required to be reported under SFAS 1							
a b		on Form 990, Part VIII, line 1				► \$_ ► ¢			
		Prom 990, Part X				► \$ Sci	hadula D (Earm 000) 0015		
53205	1	eduction Act Notice, see the Instruction	5 IUI FUITI 990.			30	hedule D (Form 990) 2015		
11-02-	15		25						
300	315 756348	3 8888 2015.0		SIMPLE WISH	, IN	с.	88881		

Sche	dule D (Form 990) 2015 ONE SIM	PLE WISH,	INC.				t	**_**	*859(	) <sub>Pa</sub>	ige <b>2</b>
Par	t III   Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Oth	er Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	at are a s	ignificant ι	use of its	collectior	n items	3
	(check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
c	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit of		,		,				7.		1
Da	to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be m								Yes		No
1 41	reported an amount on Form 990, Pa			organizatio	in answered	Tes OI	1 FOUL 990	, Fait IV,	in le 9, 01		
1a	Is the organization an agent, trustee, custod		hiary for o	contribution	s or other as	sets not	included				
ia	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ —			
-									Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo							
		(a) Current year	<b>(b)</b> Pi	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years l	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities			L I							
f	and programsAdministrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 10	a. column (a	a)) held as:						
	Board designated or quasi-endowment		%	<b>5</b> , (-	-,,,						
b	Permanent endowment	%	7								
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	nd administe	ered for t	he organiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	<b>t VI</b> Land, Buildings, and Equipm										
	Complete if the organization answere								( ) ) )		
	Description of property	(a) Cost or o basis (investn			or other (other)		ccumulate preciation	a	(d) Book	value	;
10	Land	· · ·	nonny		0,000.	ue	problation		1 (	),00	0.
	Land Buildings			±					(	,	
	Leasehold improvements										
	Equipment				3,929.		3,92	29.			0.
	Other			12	2,958.		79,90		43	3,05	
	Add lines 1a through 1e. (Column (d) must e		X, colum		-	<u></u>	-			3,05	

Schedule D (Form 990) 2015

532052 09-21-15

Schedule D (Form 990) 2015 ONE SIMPLE V	WISH, INC.		**-***8590 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11c. See Form 990, Part X, lir	ne 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(3) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11d. See Form 990. Part X. lir	ne 15
-	Description		(b) Book value
(1)			(2) 2001 10.00
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4.5. \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV		Irt X, line 25.
<b>1.</b> (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	≥ 25.)►		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footn	ote to the organization's financial s	statements that reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2015

Sche	edule D (Form 990) 2015 ONE SIMPLE WISH, INC.			**_	***8590 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	915,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		5,400.		
с					
d			19,745.		
е				2e	25,145.
3	Subtract line 2e from line 1			3	890,019.
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			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	890,019.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h 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	1,570,635.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	5,400.		
b	Prior year adjustments	2b			
с	Other losses				
d			19,745.		
е	Add lines 2a through 2d			2e	25,145.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,545,490.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	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	1,545,490.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1a and 4. Part	IV lines 1b	and 2b <sup>.</sup> Part V line	4 <sup>.</sup> Part	X line 2: Part XI

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

Part X, Line 2:

The Organization's federal tax returns are subject to examination by the
IRS, generally for three years after they were filed. The statute of
limitations does not apply to unfiled returns. The Organization believes
that all required returns have been filed.
If applicable, the Organization would recognize interest paid related to
unrecognized tax benefits in interest expense and penalties in management
and general expenses. The Organization has not recognized any amounts for
interest and penalties paid at June 30, 2016 and 2015.

	I, Line	2d -	Other	Adjustments:					
532054 09-21-15					28				Schedule D (Form 990) 2015
10300315	756348	8888		2015.05050		SIMPLE	WISH,	INC.	88881

Schedule D (Form 990) 2015       ONE SIMPLE WISH, INC.         Part XIII       Supplemental Information (continued)	**-**8590 Pag
DIRECT FUNDRAISING EXPENSES, NETTED AGAINST INCOME FOR 99	0
REPORTING	19,74
Part XII, Line 2d - Other Adjustments:	
DIRECT FUNDRAISING EXPENSES, NETTED AGAINST INCOME FOR 99	
REPORTING	19,74
32055	Schedule D (Form 990) 2
<sup>29-21-15</sup> <b>29</b>	
00315 756348 8888 2015.05050 ONE SIMPLE WISH, IN	NC. 8888

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	ental Information Regarding ne organization answered "Yes" on organization entered more than \$1 Attach to Form 990 about Schedule G (Form 990 or 990-EZ	Form 990, P 15,000 on Fo 0 or Form 99	Part IV, lines 17, 18, rm 990-EZ, line 6a. 10-EZ.	or 19, or if the <i>gov/form990.</i>	OMB No. 1545-0047
Name of the organization ONE SI	MPLE WISH, INC.			Employer ic * * _ * * *	lentification number 8590
	S. Complete if the organization answ	ered "Yes" o	n Form 990, Part IV,	line 17. Form 990-	EZ filers are not
<ol> <li>Indicate whether the organization ratio</li> <li>Mail solicitations</li> <li>Internet and email solicitation</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>In organization have a writter key employees listed in Form 990,</li> </ol>	aised funds through any of the followi e Solicita f Solicita g Specia o or oral agreement with any individua Part VII) or entity in connection with p dividuals or entities (fundraisers) pure	Ition of non-g Ition of gover I fundraising I (including o professional f	overnment grants nment grants events fficers, directors, tru iundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	
		Yes No			
Total         3 List all states in which the organiza or licensing.	ion is registered or licensed to solicit	contributions	s or has been notifie	d it is exempt from	registration

532081 09-14-15

8888\_\_\_1

### Schedule G (Form 990 or 990-EZ) 2015 ONE SIMPLE WISH, INC.

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

	waaata Raad			(d) Total events
	Fiesta Food		None	(add col. (a) through
	Truck	Golf Outing		col. (c))
	(event type)	(event type)	(total number)	
1 Gross receipts	15,223.	15,480.		30,703
2 Less: Contributions	2,597.	8,361.		10,958
<b>3</b> Gross income (line 1 minus line 2)	12,626.	7,119.		19,745
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
		5,898.		5,898
		1,221.		13,847
10 Direct expense summary. Add lines 4 through	h 9 in column (d)		►	19,745
				C
	answered "Yes" on Forn	1 990, Part IV, line 19, or r	eported more than	
		(b) Pull tabs/instant		(d) Total gaming (ad
	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
	Yes %	Yes%	Yes %	
6 Volunteer labor	No No	No No	No	
7 Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
8 Net gaming income summary. Subtract line 7	' from line 1, column (d)			
· · · · ·	· · · _			
				🗌 Yes 🛄 N
if "No," explain:				
Were any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax v	ear?	Yes N
	2       Less: Contributions         3       Gross income (line 1 minus line 2)         4       Cash prizes         5       Noncash prizes         5       Noncash prizes         6       Rent/facility costs         7       Food and beverages         8       Entertainment         9       Other direct expenses         0       Direct expense summary. Add lines 4 througi         1       Net income summary. Subtract line 10 from I         1       It in Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor         7       Direct expense summary. Add lines 2 througi         8       Net gaming income summary. Subtract line 7         9       Direct expense summary. Subtract line 7         9       Net gaming income summary. Subtract line 7	2       Less: Contributions       2,597.         3       Gross income (line 1 minus line 2)       12,626.         4       Cash prizes       12,626.         4       Cash prizes       5         5       Noncash prizes       5         6       Rent/facility costs       12,626.         7       Food and beverages       12,626.         8       Entertainment       12,626.         9       Other direct expenses       12,626.         0       Direct expense summary. Add lines 4 through 9 in column (d)	2       Less: Contributions       2,597.       8,361.         3       Gross income (line 1 minus line 2)       12,626.       7,119.         4       Cash prizes	2 Less: Contributions 2,597. 8,361.   3 Gross income (line 1 minus line 2) 12,626. 7,119.   4 Cash prizes

31 2015.05050 ONE SIMPLE WISH, INC.

8888\_\_\_1

Sche	edule G (Form 990 or 990-EZ) 2015 ONE SIMPLE WISH, INC. **	*_*:	**8	590	Page
	Does the organization conduct gaming activities with nonmembers?			Yes	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
-	to administer charitable gaming?			Yes	
3	Indicate the percentage of gaming activity conducted in:				
		1	13a	1	
	The organization's facility		13b		
	An outside facility	····· -	130		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15-				Vac	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			162	
D	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount				
	of gaming revenue retained by the third party ►\$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
_					
6	Gaming manager information:				
	Name				
	Gaming manager compensation				
	Description of services provided				
	Director/officer Employee Independent contractor				
7	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t				
	organization's own exempt activities during the tax year <b>&gt;</b> \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	: III, lin	ies 9,	9b, 1	)b, 15b
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	,	- ,	, .	,
3208	3 09-14-15 Schedule G (	Form	990	or 990	-EZ) 2
	32				, -
0.0	315 756348 8888 2015.05050 ONE SIMPLE WISH, INC.			888	3

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532084	Schedule G (Form 990 or 990-EZ)
532084 04-01-15	33 2015.05050 ONE SIMPLE WISH, INC. 88881
300315 756348 8888	2015.05050 ONE SIMPLE WISH, INC. 88881

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		GO Comple	rants and Oth vernments, an ete if the organizatio on about Schedule I	nd Individua n answered "Yes" Attach to For	<b>ls in the Ŭn</b> i " on Form 990, Pa m 990.	ited States art IV, line 21 or 22.	00	OMB No. 1545-0047 <b>2015</b> Open to Public Inspection
Name of the organizat	ion		on about Schedule 1	(i orini 550) and its		1 www.ns.govnonnse		Employer identification number
		E WISH, I	NC.					**-**8590
-	nformation on Grants a							
	zation maintain records							
2 Describe in Part	award the grants or assis IV the organization's pro	stance?	oring the use of grant	funds in the Unite	d States			X Yes No
	d Other Assistance to					anization answered "	/es" on Form 990 Par	t IV line 21 for any
	hat received more than	-						
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					8			
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•	ı	L	<b>&gt;</b>
	per of other organization							
LHA For Paperwork	Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2015)

Page **2** 

 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 non-cash assistance	
Wishes Granted	3142	383,094.	712,699.	FMV	Toys, Clothing, and other wishes	
		$\mathbf{C}$				
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

Schedule I (Form 990) ONE SIMPLE WISH, INC. Part IV Supplemental Information	**-**8590 Page 2
	an brouge
viewable by a donor on the Organization's website. A donor	
wishes by value, age of the wish recipient, or type of wish	
the wish by a simple click on the website. All wishes are a	assigned a
number for tracking purposes.	
532291 04-01-15	Schedule I (Form 990)
36 300315 756348 8888 2015.05050 ONE SIMPLE WISH, INC.	8888 1

10

CHEDULE L Form 990 or 990-EZ)	Complete if	the o	rganization an 28b, or 28c, o ▶ Atta	swere or Form	d "Yes m 990- Form 9	Interested on Form 990, Pa EZ, Part V, line 38 990 or Form 990-E EZ) and its instruction	rt IV a or Z.	7, line 25a, 25b, 2 40b.				20	1545-00 <b>15</b> o Pub	)
ame of the organization	ONE SI	MPL	E WISH,	INC	•						ident		on nu	mbe
	nefit Trans	sacti	ons (section 5	01(c)(3	s), sect	on 501(c)(4), and 5	•				21-			
(a) Name of disqualified			elationship bet person and o	ween	disqual	art IV, line 25a or 25		escription of tran			JD.		Corre es	cted No
<ul> <li>2 Enter the amount of tage</li> <li>section 4958</li> <li>3 Enter the amount of tage</li> </ul>			-			· · · · ·				► \$ ► \$				
Complete if the reported an an (a) Name of	e organization nount on For (b) Relatio	n ansv m 990 nship	erested Per vered "Yes" on , Part X, line 5, ( (c) Purpose	Form 9 6, or 2 ( <b>(d)</b> Lo	990-EZ	, Part V, line 38a or <b>(e)</b> Original		n 990, Part IV, lin <b>f)</b> Balance due	(g)	) In	-	provec	(i) V	/ritte
interested person	with organ	ization	of loan	organi	zation?	principal amount			defa <b>Yes</b>	ault? No	comm Yes		agree Yes	-
					C									
				<b>P</b>										
art III Grants or A	ssistance	e Ber	nefiting Inte	reste	d Pe	rsons. ► \$								
Complete if the (a) Name of interested			vered "Yes" on b) Relationship interested pers the organiza	betwe son an	en	art IV, line 27. <b>(c)</b> Amount of assistance		<b>(d)</b> Type assistan			•	) Purp assist	ose o ance	f

SIMPLE WISH, INC.		**_**8	590 <sub>Pag</sub>
olving Interested Persons.			
		( ) >	(e) Sharing
(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organizatio revenues
FORMER BOARD MEMBER	9,000.	PAID FOR SE	
	nstructions).		
Transactions Involvin	ng Interest	ed Persons:	
ERLY GELB			
action: PAID FOR SERV	ICES AS CRE	ATIVE DIREC	TOR
	0		
20	50	neuule L (Form 990 (	n 990-E∠)2
	PLE WISH, 3	INC. 8	8888
	olving Interested Persons.  pred "Yes" on Form 990, Part IV, line 28a, 26  (b) Relationship between interested person and the organization  FORMER BOARD MEMBER  FORMER BOARD MEMBER  Book and the organization  FORMER BOARD MEMBER  FORMER BOARD  FORMER BOARD  FORMER BOARD  FORMER BOA	olving Interested Persons.  Ired "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (b) Relationship between interested (c) Amount of transaction FORMER BOARD MEMBER 9,000.  FORMER 9,000.  FORME	indiversion for 990, Part IV, line 28a, 28b, or 28c.          Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and the organization       Image: Descent and the organization         Image: Descent and the organization       Image: Descent and

SCHE	DULE	Μ
(Form	990)	

## **Noncash Contributions**

OMB No. 1545-0047

ſ

ZU

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

5

Name of t	ne organization
-----------	-----------------

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

Employer identification number
**-***8590

	ONE SIMPLE W	ISH, I	NC.			**_*	**8	590	
Pa	rt I Types of Property				•				
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor	<b>(d)</b> Method of de ncash contribu		0	:s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		88,443.	FAIR	MARKET	VA	LUE	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded			A					
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution - Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ( TOYS )	X	8		FAIR	MARKET	VA	LUE	
26	Other  ( LAPTOPS )	X	1	20,000.	FAIR	MARKET	VA	LUE	
27	Other  ( SCHOOL SUPPLI )	X	3	10,697.	FAIR	MARKET	VA	LUE	
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29					
								Yes	No
30a	During the year, did the organization receive b				•				
	must hold for at least three years from the dat								37
	exempt purposes for the entire holding period	?					30a		X
	If "Yes," describe the arrangement in Part II.								37
31	Does the organization have a gift acceptance						31		X
32a	Does the organization hire or use third parties contributions?		•	cit, process, or sell noncash			32a		x
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rtv for which column (a) is ch	necked.				

- describe in Part II.
- LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

532141 08-21-15

Schedule M (Form 990) (2015)	ONE	SIMPLE	WISH,	INC.
------------------------------	-----	--------	-------	------

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

Schedule M, Part I, Column (b):

10

#### Part 1, Column B reports the number of contributions received.

532142 08-21-15	Schedule M (Form 990) (2015)
300315 756348 8888	40 2015.05050 ONE SIMPLE WISH, INC. 88881

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Inspection

Employer identification number \*\*-\*\*8590

15

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.

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

ONE SIMPLE WISH, INC.

Form 990, Part I, Line 1, Description of Organization Mission:

of thousands of childern by connecting them to people who care.

Form 990, Part III, Line 2, New Program Services:

The Organization began the Milly's Place program. See page 2 of the

Form 990 for a program description.

Form 990, Part III, Line 3, Changes in Program Services:

The Organization's Wish to Work program concluded at 7/1/15.

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 11:

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: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15 Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
Name of the organization ONE SIMPLE WISH, INC.	Employer identification number **-**8590
has received a copy of the conflict of interest policy, h	as read and
understands the policy, has agreed to comply with the pol	icy, and
understands the Organization is charitable and in order t	o maintain its
federal tax exemption it must engage primarily in activit	ies which
accomplish one or more of its tax-exempted purposes.	
Form 990, Part VI, Section B, Line 15a:	
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 therfore 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 selec	ting the
outside accounting firm.	

42 2015.05050 ONE SIMPLE WISH, INC.

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

532212 09-02-15

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

# • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the origin	nal (no copies needed).
	Enter filer's	identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
,	ONE SIMPLE WISH, INC.	**-**8590
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 1977 N. OLDEN AVENUE #292	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TRENTON , NJ 08618</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)	for the return that this application is for (file a separate application for each return)
---	---

Application		Return Code	Application			Return
Is For			Is For			Code
	990 or Form 990-EZ	01				
Form	990-BL	02	Form 1041-A			08
Form	4720 (individual)	03	Form 4720 (other than individual)			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
STO	P! Do not complete Part II if you were not already granted		natic 3-month extension on a previou	usly file	ed Form 8868.	
	The Organization the books are in the care of $\blacktriangleright$ 1977 N. OLDEN A			J 08	618	
	elephone No.  609-883-8484		Fax No. ►			
	the organization does not have an office or place of business					
• If	this is for a Group Return, enter the organization's four digit					
box	$\blacktriangleright$ . If it is for part of the group, check this box $\blacktriangleright$		ch a list with the names and EINs of al	l memb	ers the extension is	for.
4	I request an additional 3-month extension of time until		15, 2017			
5	For calendar year, or other tax year beginning	JUL 1	, 2015 , and ending	JUN	30, 2016	<u> </u>
6	If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	return	
7	State in detail why you need the extension					
	ADDITIONAL TIME IS NEEDED IN (	ORDER	TO GATHER THE INFO	RMAT	ION NECESS	SARY
	TO COMPLETE AN ACCURATE INFORM	MATIO	N RETURN.			
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any			
ou	nonrefundable credits. See instructions.	01 0000,		8a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	ontor an	v refundable credits and estimated	- Ou	Ψ	•••
D.	tax payments made. Include any prior year overpayment all		•			
		oweu as a	a credit and any amount paid	01	<b>~</b>	0.
~	previously with Form 8868.			8b	\$	0.
с	Balance due. Subtract line 8b from line 8a. Include your pa	•	n this form, if required, by using			0.
	EFTPS (Electronic Federal Tax Payment System). See instru		at ha a successful to a face Davit II are	8c	\$	0.
Under it is tr	r penalties of perjury, I declare that I have examined this form, includ ue, correct, and complete, and that I am authorized to prepare this fo	ing accomp	st be completed for Part II on panying schedules and statements, and to the		f my knowledge and b	elief,
			TIVE DIRECTOR	Date		

Form 8868 (Rev. 1-2014)

523842 04-01-15

10300315 756348 8888

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Page 2 

# **RETURN MUST BE FILED ONLINE.** This form cannot be paper filed - this copy is for informational purposes only.

## Form CRI-300R Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1.	This statement contains the facts and financial information for the fiscal year ending: $\frac{06/30/2016}{month day year}$
2.	Federal ID Number (EIN)       **-**8590       2a. N.J. Charities Registration Number: CH-       3237200
3.	Full legal name of the registering organization:       ONE       SIMPLE       WISH,       INC.         In care of:       (if necessary, otherwise leave this line blank)       DANIELLE       GLETOW
4.	
NO	TE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.
5.	The principal street address of the registering organization         X       Same as Mailing Address         City       State         ZiP Code
6.	Does the organization have any offices in New Jersey in addition to the one listed above? Yes X No If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

	Contact person		Street address	City	State	ZIP Code
	Telephone number (include area	code)	Fax number (include area	code)		
7.	Organization's contact information $609 - 883 - 8484$					
	Telephone number (include area	code)		Fax number (include area co	de)	
	DANIELLE@ONESIMP	LEWISH.ORG	WWW.	ONESIMPLEWIS	SH.ORG	
	E-n	all address			Web site	
8.	Type of organization (check one)	: Foundation Trust	Individual	) Associati	on 🗌 Socie	əty
59030 02-01-		Form CRI-300R		Page 1		
			1	5		
10300	315 756348 8888	2015.	05050 ONE S	IMPLE WISH,	INC.	88881

	If "Yes," please describe the situation. 6. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the f end being reported? Yes If "Yes," please explain: 7. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? X Yes a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes b. Has a tax exemption been granted under another I.R.S. code? Yes If "Yes," advise which one: c. Has an I.R.S. tax exemption been refused, changed or revoked? If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of not and provide a detailed explanation of the circumstances on a separate sheet of paper.	iscal year- X No No X No X No X No X No
	<ul> <li>6. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the f end being reported?</li> <li>If "Yes," please explain:</li> <li>7. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?</li> <li>X Yes</li> <li>a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.</li> <li>b. Has a tax exemption been granted under another I.R.S. code?</li> </ul>	iscal year- X No No No X No
	<ul> <li>6. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the f end being reported?</li> <li>If "Yes," please explain:</li> <li>7. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?</li> </ul>	iscal year-
16.	<ul> <li>6. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the f end being reported?</li> </ul>	iscal year-
16.	<ol> <li>Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the f</li> </ol>	iscal year-
	If "Yes," please describe the situation.	
15a.	a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?	XNo
15.	See Statement 1         5. Does the organization use an independent paid fund-raiser or fund-raising counsel?         If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, registration number in New Jersey, and a contact person's name.	X No Nober, fax
14a.	a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it alreat is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.	dy exists or
	registration. GRANT ONE SIMPLE WISH TO FOSTER CHILDREN, AT-RISK YOUTH, AND VULNERABLE FAMILIES	
14.	4. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to th	is
13.	<ol> <li>Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?</li> <li>Yes If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.</li> </ol>	X No
12.	2. Is the organization authorized by any other state or jurisdiction to solicit contributions? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.	X No
11.	1. Does the organization intend to solicit contributions from the general public? Yes	No No
10.	0. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes If "Yes," indicate all of the other names used:	X No
	constitution) only if the document has been issued or amended during the fiscal year being reported.	31, 01
9.	9. Where and when was the organization legally established? Date: <u>08/07/2008</u> State: <u>NJ</u> As required by the C.R.I. Act ( <u>N.J.S.A.</u> 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of tru	

2015.05050 ONE SIMPLE WISH, INC. 8888\_\_1

18.	Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration on a separate sheet of paper.
19.	Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes X No If "Yes," please attach to this registration the relevant document.
20.	Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21.	Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.
22.	Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.
23.	Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:
	Name     Business address     Telephone number (include area code)     Title     Salary       See Statement 2

## **CRI-300R Long-Form Registration Renewal Financial Statement**

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NE	Т.		
Full legal name and street address of the organization			
Full legal name: ONE SIMPLE WISH, INC.			
Fiscal year-end being reported: 06/30/2016 Federal ID Number (EIN) **-***	8590		
Mailing address: 1977 N. OLDEN AVENUE #292, TRENTON, NJ 08618 Mailing Address P.O. Box Number or Suite	Cin	State	ZIP Code
Street address of the registering organization:	Сіту	State	ZIP Code
New Jersey Charities Registration number: CH 3237200	-00 Telephone number		83-8484 le area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

#### A. Receipts

Line A1a.	Direct Public	Support received from the following sources:
	(1)	Direct mail
	(2)	Telephone solicitation
	(3)	Commercial co-venture
	(4)	Gross receipts from fund-raising events
	(5)	Canisters, counter cards, door to door etc
	(6)	Corporations and other businesses
	(7)	Foundations and trusts
	(8)	Donated land, buildings, property, equipment
		and materials
	(9)	Legacies and bequests
	(10)	Membership dues solely resulting from
		solicitations
	(11)	Other support (specify)
Line A1b.	Total Direct P	ublic Support (add lines A1a(1) through A1a(11))
Line A1c.	Indirect Public	c Support received from the following sources:
	(1)	Federated fund-raising organization
	(2)	From an affiliated organization
	(3)	From another fund-raising organization
Line A1d.	Total Indirect	Public Support (add lines A1c(1) thru A1c(3))
Line A1e.	Total Gross (	Contributions (add lines A1b and A1d)

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Line A2. Government grants including purchase of service contracts (specify agency) a. ..... b. c. d. Line A2e. Total Government Grants (add lines 2a thru 2d) Line A3. Other Support a. Bona fide membership b. Program service revenue c. Professional services rendered by volunteers d. Miscellaneous income (specify) Line A3e. Total Other Support (add the total of lines A3a thru A3d) Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) **B. Expenses** Line B1. Program expenses Line B2. Management and general expenses Line B3. Fund-raising expenses Payments to state/national affiliates (if applicable) Line B4. Line B5. Total Expenses (add the totals of line B1 thru B4) C. Excess or Deficit For the fiscal year-end (subtract line B5 from line A4) D. Fund Balance Net assets or fund balances at beginning of year Line D1. Other changes in net assets or fund balances (attach explanation) Line D2. Net assets or fund balances at end of year (Combine line C, D1 and D2) \_\_\_\_\_ Line D3. Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose

Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our

Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

590305 04-01-15

### Long-Form Renewal Registration Statement Form CRI-300RC Confidential Information

Organization's Name: ONE SIMPLE WISH, INC.				
N.J. Charities Registration Number: CH- 3237200 -00 Federal ID Number (EIN) **-**8590				
Fiscal Year-End being reported: 06/30/2016 month day year				
24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:				
<ul> <li>a. each other?</li></ul>				
We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.				
We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.				
SignatureName       DANIELLE       GLETOW       Title       DIRECTOR       Date				
Signature Name Title Date				
This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.				

Note: Form CRI-300RC must be filed with Form CRI-300R.

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#### Programs/Charitable Purpose

Already Exists-ONE SIMPLE WISH - GRANTS WISHES TO FOSTER CHILDREN Already Exists-THE OHANA PROJECT - HELPS KIDS REMOVED FROM ABUSE Planned-MILLY'S PLACE-HOME FOR GIRLS AGING OUT OF FOSTER CARE

~ 

Statement(s) 1 8888\_1

Statement

1

Form CRI-300R		Directors, Trustees ghly Paid Employees	Statement 2
Name of Individual		Title	Telephone No.
DANIELLE GLETOW		EXECUTIVE DIRECTOR	
Address			
1977 N. OLDEN AVENU TRENTON, NJ 08618	E #292		
Salary			
50,000.			
Name of Individual		Title	Telephone No.
DAWN PUSKAS		PRESIDENT	
Address			
1977 N. OLDEN AVENU TRENTON, NJ 08618	E #292		
Salary			
0.			
Name of Individual		Title	Telephone No.
RUTH SAVAGE		SECRETARY	
Address			
1977 N. OLDEN AVENU TRENTON, NJ 08618	E #292		
Salary			
0.			

ONE SIMPLE WISH, INC.		**-**8590
Name of Individual	Title	Telephone No.
ROBERT GOLDFARB	MEMBER	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		
Name of Individual	Title	Telephone No.
KIMBERLY EAVES-GELB	MEMBER	
Address	A	
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		
Name of Individual	Title	Telephone No.
PATSY TALLMAN	MEMBER	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		
Name of Individual	Title	Telephone No.
KAT SWIFT	MEMBER	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		

ONE SIMPLE WISH, INC.		**-**8590
Name of Individual	Title	Telephone No.
BRYAN ROBERTS	MEMBER	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		
Name of Individual	Title	Telephone No.
CHRIS DEMAYO	MEMBER	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		
Name of Individual	Title	Telephone No.
GARY TIER	MEMBER	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		
Name of Individual	Title	Telephone No.
JOHN ALLEN	MEMBER	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		

ONE SIMPLE WISH, INC.		**-***8590
Name of Individual	Title	Telephone No.
ELIZABETH BOLSTER-WILEY	SECRETARY	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		
Name of Individual	Title	Telephone No.
SCOTT GREENBERG	MEMBER	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		
Name of Individual	Title	Telephone No.
AMY MATSUO	MEMBER	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		
Name of Individual	Title	Telephone No.
JENNIFER ENDRYJEWSKI	MEMBER	
Address		
1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618		
Salary		
0.		

ONE SIMPLE WISH, INC.

Name of Individual

JAMES TRINGALI

#### Address

1977 N. OLDEN AVENUE #292 TRENTON, NJ 08618

#### Salary

Ο.

Telephone No.

MEMBER

Title

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Form CRI-300RC	Explanation of Relationship Page 6, Line 25	Statement 3
	5 .	

One Simple Wish uses Kimberly Gelb as their Creative Director for which her company was paid \$9,000 during the fiscal year. She was also a board member during the fiscal year ended June 30, 2016.

5

# **RETURN MUST BE FILED ONLINE.** This form cannot be paper filed - this copy is for informational purposes only.

### Form CRI-400

(Revised April 2008)

## Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act. Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. *Please Note: Extensions of time to file cannot be granted for Initial Registrations.* 

Date fiscal year ends: 06/30/16 Date of this application: 12/15/16 N.J. Charities Registration Number: CH- 3237200

Charity's Full Legal Name: ONE SIMPLE WISH, INC.
Other Names Used (d.b.a.)
Mailing Address:
1977 N. OLDEN AVENUE #292, TRENTON, NJ 08618
Street Address:
Street Address City State ZIP Code
Check this box to flag a change of address or other vital information.
Contact Person: DANIELLE GLETOW Phone Number: 609-883-8484
E-mail: DANIELLE@ONESIMPLEWISH.ORG Federal Tax ID (EIN): **-**8590
Web site: WWW.ONESIMPLEWISH.ORG Fax Number:
1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for
the following reason(s): ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION
NECESSARY TO PREPARE AN ACCURATE REGISTRATION STATEMENT
590381 02-01-17 Form CRI-400

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application? If "No," please stop: if any prior years' filings at	ion statements for years prior to the fiscal year ending on t re delinquent, the extension request will be denied. Please ting a request for an extension on a more current year.	X Yes No
	ears' registration fees and/or penalties owed to the Charitie	es Registration Section of the Division       X    Yes    No
	registration with the Charities Registration Section? e an initial registration for which an extension of time to file	X Yes No
5. Final Check List - please review and check off	each of the five items below as they are confirmed and ac	ccomplished.
XAll of the questions on this application IXThe charity has filed all previous renewaXThe charity has paid all previous years'	al registrations and required documents. fees and penalties owed to the Division. the fiscal year being requested on this application is enclo	
	re true. I further certify that the organization has filed all prension request contains true and accurate information. W shment.	
Signature	Title	Date
	n must be signed by at least one (1) officer of the charity.	
Should you have questions regarding charities regi http://www.njconsumeraffairs.gov/ocp/charities.htr	istration in New Jersey, please visit our Web site at m where registration information, instructions, forms and a	a fee schedule may be viewed

and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the

Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

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