Extended to May 15, 2019		_
Form 990 Return of Organization Exempt From I Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex		OMB No. 1545-0047
		^(s) 201/
Department of the Treasury	-	Open to Public
Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the lates A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending	UN 30, 2018	Inspection
B Check if C Name of organization	D Employer identific	ation number
applicable:		
Address ONE SIMPLE WISH, INC.		
Name Doing business as	26-31	28590
	E Telephone number	
Final 1977 N. OLDEN AVENUE #292	609-8	883-8484
ated City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,228,109.
	H(a) Is this a group ret	
Applica- tion pending Same as C above	for subordinates? H(b) Are all subordinates inc	
I Tax-exempt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1)$ or 527		ist. (see instructions)
J Website: WWW.ONESIMPLEWISH.ORG	H(c) Group exemption	. ,
		State of legal domicile: NJ
Part I Summary	· · · · ·	
1 Briefly describe the organization's mission or most significant activities: One Simple	e Wish uses t	echnology
to bring awareness to the foster care system a		
 a binefy describe the organization's mission of most significant activities. <u>Orice bring to bring awareness to the foster care system a</u> 2 Check this box ▶ i if the organization discontinued its operations or disposed of more 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 	1 1	
3 Number of voting members of the governing body (Part VI, line 1a)		<u>13</u> 12
4 Number of independent voting members of the governing body (Part VI, line 1b)		12
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)		200
 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 		0.
b Net unrelated business taxable income from Form 990-T, line 34		0.
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,213,435.	1,227,978.
9 Program service revenue (Part VIII, line 2g)	0.	0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43.	131.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,213,478.	1,228,109.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	671,017.	731,230.
14 Benefits paid to or for members (Part IX, column (A), line 4)	158,015.	243,776.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 53, 283.		•••
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	238,807.	206,904.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,067,839.	1,181,910.
19 Revenue less expenses. Subtract line 18 from line 12	145,639.	46,199.
Baseline Baseline 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	eginning of Current Year	End of Year
호명 20 Total assets (Part X, line 16)	455,407.	490,312.
 ⁴D 21 Total liabilities (Part X, line 26) ²E 21 Total liabilities (Part X, line 26)	19,159.	6,783.
² 코 22 Net assets or fund balances. Subtract line 21 from line 20	436,248.	483,529.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem		
	ents and to the best of my	knowledge and helief it is

Sign	Signature of officer	Date
Here	DANIELLE GLETOW, EXECUTIVE DIRECTOR	
	Type or print name and title	

	· · · · · · · · · · · · · · · · · · ·				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	THOMAS MARTIN			self-employed P00123816	
Preparer	Firm's name 🕨 KLATZKIN & COMPA			Firm's EIN 21-0650289	
Use Only	Firm's address 📘 1670 WHITEHORSE	HAM SQ RD			
HAMILTON, NJ 08690-3513				Phone no. (609) 890 – 9189	
May the IRS discuss this return with the preparer shown above? (see instructions)					
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.					

1 11-28-17		woi	k neuu	cuon aci nolice, see liie	separate instru	ictions.	
See	Schedule	0	for	Organization	Mission	Statement	Continuation

	990 (2017) ONE SIMPLE WISH, INC.	26-3128590	Pag
Pai	rt III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III \ldots		[
1	Briefly describe the organization's mission:		
	One Simple Wish uses technology to bring a	awareness to the foster car	re
	system and brightens the lives of thousand	ds of children by connectir	ng
	them to people who care.		
2	Did the organization undertake any significant program services during the year wh	lich were not listed on the	Y
	prior Form 990 or 990-EZ?		Δ
`	If "Yes," describe these new services on Schedule O.	ucts, any program services?	
3	Did the organization cease conducting, or make significant changes in how it condu-		
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three	largest program services, as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of g		
	revenue, if any, for each program service reported.	frants and anocations to others, the total expenses, a	nu
12	(Code:) (Expenses \$ 1,056,430 · including grants of \$	731,230,) (Revenue \$	
iu.	Wish granting is One Simple Wish (OSW)'s (riı
	individuals a way to directly affect the		
	care. Through our website potential dono:		red
	of wishes posted on behalf of the children		
	grant. The wishes typically cost from \$5		ost
	anyone to find a wish that speaks to both	their heart as well as to	
	their budget. Moreover, OSW recognizes the	hat donors have a desire to	2
	know exactly where their contributions go		
	opportunity for them to give more efficient		
	donor grants a wish, nearly 100% of that		
	fulfillment of that specific request. Du		٢S
	to the generosity of thousands of people (OSW granted 5,865 wishes.	
1b	(Code:) (Expenses \$6,421. including grants of \$) (Revenue \$	
	Milly's Place supports young women aging		LS
		ial treatment facility,	
	Milly's Place is a home. Ownership of Miltransferred to Men for Hope (a NJ non-pro-		
	year.	IIC/ III the coming listal	
	year.		
1c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		, , , , , , , , , , , , , , , , , , , ,	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,062,851.		
		Form 99	JO (2
32002	2 11-28-17 2		
70			
10	321 756348 8888 2017.05050 ONE SI	MPLE WISH, INC. 8888	

Form	990	(201	17)

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	X				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect						
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or						
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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,	_		77			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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			37			
	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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	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		Х			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in						
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	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 Schedule D, Parts XI and XII	12a	x				
b	Was the organization included in consolidated, independent audited financial statements for the tax year?						
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,						
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х			
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15					
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,						
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77			
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		х			

Form **990** (2017)

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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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	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	07		x
~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	28a		x
a b	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	20a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ũ	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? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		<u> </u>
00	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2017)

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Form	990 (2017) ONE SIMPLE WISH, INC. 26-31	2859	0	Pa	age 5
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				
			١	/es	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	10	2		
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	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	31	b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	a 🗌		X
b	If "Yes," enter the name of the foreign country:	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a 🗌		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?)		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50	2		
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?	6	3		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6)		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay		_		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71)		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				37
	to file Form 8282?	70	:		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_			v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		_		X X
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? 71	1		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8			
0	sponsoring organization have excess business holdings at any time during the year?	···· •	,		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9	.		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	···· —	_		
10	Section 501(c)(7) organizations. Enter:		_		
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:	_			
a	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.) 11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a		
	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?	13	a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b					
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14	a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		b		
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Form	990	(2017)
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ONE SIMPLE WISH, INC.

X

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.

a Enter the number of voting members of the governing body at the end of the tax year 1a 1a <th></th> <th></th> <th><u></u></th> <th></th> <th></th> <th></th> <th></th> <th>X</th>			<u></u>					X
1a Enter the number of volting members of the governing body at the end of the taxy year 1a 1a 1a 1f three are mether of idencing monitoring plots and gramemets of the governing body, of the governing of electron trustee, or key employees the a tamily relationship or a business relationship with any other officer, director, trustee, or key employees the a tamily relationship or a business relationship with any other officer, director, trustee, or key employees to a gangement company or other person? 2 0 bit the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a gangement company or other person? 2 0 bit the organization make any significant drages to its governing documents since the prior Form 390 was fleat? 5 0 bit the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or tockholders? 7a 10 the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b 10 the organization have members, stockholders, or or persons who had the power to elect or appoint one or more members of the governing body? 7b 10 the organization have members, stockholders, or or pheroson who had the power to elect or appoint one or more members of the governing body? 8a Xa 10 the organization have wetter bodies? 6 7a 7a	Sec	tion A. Governing Body and Management						
if there are nativel differences in votion juber among nembers of the governing body of displated for adjustry to be exclutive commune or similar commutes, explain in Schedule 0. 1b 12 2 Did any officer, director, fusates, or key employee have a farmly relationship or a business relationship with any officer, director, fusates, or key employees to a management company or other the direct supervision of officers, directors, or trustes, or key employees to a management company or other preson? 2 3 Did the organization have aware during the your of a significant diversion of the organization have aware during the your of a significant diversion of the organization have aware during the your of a significant diversion of the organization have members, stocholders? 6 4 Did the organization have members, stocholders? 7 5 Did the organization have members, stocholders? 7 6 Did the organization have members, stocholders? 7 7 Did the organization have members, stocholders? 7 8 Did the organization have members, stocholders? 7 9 Did the organization have members, stocholders? 7 9 Did the organization chargemonesus bid or written actions undertaken during the year by the following: 7 9 Did the organization chargemonesus bid or written actions undertaken during the year by the following: 8 10			1.	Т	1 3		Yes	N
bety degited broad authority to an excerve committee or similar committies, explain its Stredule 0. 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, director, rustees, or key employee have a family relationship or a business relationship with any other officers, director, rustees, or key employees to a management company or other person? 2 3 Did the organization baceme aware during the year of a significant davesion of the organization's assets? 5 5 Did the organization have members, stockholders? 6 6 Did the organization have members, stockholders? 7 7 Did the organization have members, stockholders? 7 6 Did the organization have members, stockholders? 7 7 Did the organization have members, stockholders? 7 8 Did the organization have members, stockholders? 7 9 Did the organization have members, stockholders? 7 9 Did the organization have members, stockholders? 8 9 Did the organization have members, stockholders? 7 9 Did the organization have members, stockholders? 7 9 Did the organization have members, stockholders? 7 9	1a		1	a	13	2		
b Enter the number of voltage members included in line 1a, above, who are independentb1 _ 22								
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4 Did the organization have a written document retention and destruction policy? 14 X 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 14 X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 15b 15b if "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). 16a 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 16b Perction C. Disclosure 7 List the states with which a copy of this Form 900 is required to be filed ▶NJ 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		in Schedule O how this was done				12c		
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5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 15b 15b f" Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 6a 16a 16b 16b <td>4</td> <td></td> <td></td> <td></td> <td></td> <td>14</td> <td>Х</td> <td></td>	4					14	Х	
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a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 15b if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 6a 16a 16a 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 16b eection C. Disclosure 16b 16b 16b 16b 7 List the states with which a copy of this Form 990 is required to be filed ▶NJ 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a 16a Pection C. Disclosure 16b 16b 16b 16b 7 List the states with which a copy of this Form 990 is required to be filed ▶NJ 16c 16b 16b 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) 9 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 160 - 1000000000000000000000000000000000	а					15a	Х	Г
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? rection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ▶NJ 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ □ 0 Own website □ 0 Another's website IX 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 10 State the name, address, and telephone number of the person who possesses the organization's books and records: 1977 N. OLDEN AVENUE #292, TRENTON, NJ 08618								
6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a reaction C. Disclosure 16b 7 List the states with which a copy of this Form 990 is required to be filed ▶NJ 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ 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 policy, and financial statements available to the public during the tax year. The Organization – 609-883-8484 1977 N. OLDEN AVENUE #292, TRENTON, NJ 08618 TOR 990 (2								
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b section C. Disclosure 16b 7 List the states with which a copy of this Form 990 is required to be filed ▶NJ 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ 0 Own website ○ 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: The Organization - 609-883-8484 1977 N. OLDEN AVENUE #292, TRENTON, NJ 08618 Form 990 (2						16a		
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b in joint venture arrangements with respect to such arrangements? 16b in the states with respect to such arrangements? 16b in the states with which a copy of this Form 990 is required to be filed ▶NJ 16b 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 0 Other (explain in Schedule O) 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 9 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	b	, , , ,						
exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 7 List the states with which a copy of this Form 990 is required to be filed ▶NJ 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ 0 Own website □ 10 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 10 State the name, address, and telephone number of the person who possesses the organization's books and records: The Organization - 609-883-8484 1977 N. OLDEN AVENUE #292, TRENTON, NJ 08618					-			
 Form 990 is required to be filed ►NJ 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 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 policy, and financial statements available to the public during the tax year. 10 State the name, address, and telephone number of the person who possesses the organization's books and records: ► The Organization - 609-883-8484 1977 N. OLDEN AVENUE #292, TRENTON, NJ 08618 						16b		
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 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 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 policy, and financial statements available to the public during the tax year. 9 State the name, address, and telephone number of the person who possesses the organization's books and records: 								

Part VII	Compensation of Officers,	Directors,	Trustees,	Key I	Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors				

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

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

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

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		er an	uau	recio	n/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen				and related
	below	idual	Institutional trustee	ar	amplo	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) DANIELLE GLETOW	40.00									
EXECUTIVE DIRECTOR		Х		Х				50,000.	0.	0.
(2) SCOTT GREENBERG	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) AMY MATSUO	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) BRYAN ROBERTS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) CHRIS DEMAYO	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) JOHANNA GREESON	1.00									
MEMBER		Х						0.	0.	0.
(7) CHRIS CRAWFORD	1.00									
MEMBER		Х						0.	0.	0.
(8) STACI KOONDEL	1.00								_	_
MEMBER (THRU OCT 2017)		Х						0.	0.	0.
(9) ELIZABETH BOLSTER	1.00								_	_
MEMBER (THRU AUG 2017)		Х						0.	0.	0.
(10) ADRIENNE DOBIN	1.00									_
MEMBER		х						0.	0.	0.
(11) NEIL CAPEL	1.00									_
MEMBER		х						0.	0.	0.
(12) SRIVATSAN RAJAGOPALAN	1.00									
MEMBER (THRU MAR 2018)		Х						0.	0.	0.
(13) MEGHAN WALBERT	1.00									
MEMBER (BEG MAR 2018)		Х						0.	0.	0.
(14) SCOTT PASHMAN	1.00									
MEMBER (BEG JULY 2018)		Х						0.	0.	0.
(15) TIMMORY RIDALL	1.00									•
MEMBER (BEG OCT 2018)		X						0.	0.	0.
(16) JORDAN BARTLETT	1.00								~	^
MEMBER (AUG 2017-JULY 2018)		X					<u> </u>	0.	0.	0.
										- 000 (22.2.1)

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	990 (2017) ONE SIMPI	-								26-32	L28	590	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than is bot pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	ion amount of ed 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 the anizati d relate anizatio	e ion ed
				_		×								
1h	Sub-total								50,000.		0.			0.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	, Section A	· · · · · · ·						0. 50,000.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	2006	e) wł	io r	eceived more than \$100	0,000 of reportabl	e			0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>				-	•	•		highest compensated e			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl),000? <i>If "Yes,</i>	le co " <i>co</i>	omp mple	ensa ete S	atior Sche	n and edule	l otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i> tion B. Independent Contractors					-			-			5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t										pens	ation f	rom	
	(A) Name and business			ONI					(B) Description of s		С	(C ompe	;) nsatior	n
								_						
2	Total number of independent contractors (ir	ncluding but n	ot lii	nite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	ation 🕨				(U					Form	990 (2	2017)

732008 11-28-17

Form	ı 99	0 (;	2017) ONE S	SIMPLE WI	SH, INC.			26-3128	590 Page 9
Pa	rt V	/	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any li				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
Gran			Membership dues						
s, C Am			Fundraising events						
Gifi İlar		d	Related organizations	1d					
ns,			Government grants (contribut			-			
utio er S		f	All other contributions, gifts, gran						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included abo		227,978. 59,002.				
Du			Noncash contributions included in lines			1,227,978.			
0		<u>n</u>	Total. Add lines 1a-1f		Business Code				
ė	2	а		·					
e rvic	-	b							
i Se		с							
ran eve		d							
Program Service Revenue		е							
Ъ		f	All other program service reve						
			Total. Add lines 2a-2f						
	3		Investment income (including other similar amounts)			131.			131.
	4		Income from investment of ta			1010			
	5		Royalties						
			,	(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
			Rental income or (loss)						
	_								
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	-			
		h	assets other than inventory Less: cost or other basis						
		Š	and sales expenses						
		с	Gain or (loss)						
			Net gain or (loss)		►				
Other Revenue	8	а	Gross income from fundraisin including \$	•					
Seve			contributions reported on line						
ler F			Part IV, line 18						
Oth			Less: direct expenses						
	~		Net income or (loss) from fund		····· >				
	Э	d	Gross income from gaming ac Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam						
	10		Gross sales of inventory, less						
			and allowances	аа					
			Less: cost of goods sold						
		С	Net income or (loss) from sale						
	44	_	Miscellaneous Revenu		Business Code				
	11	a b							
		с С							<u> </u>
		d	All other revenue						
			Total. Add lines 11a-11d		▶				
	12		Total revenue. See instructions.			1,228,109.	0.	0.	131.
73200	9 11	-28	-17			9			Form 990 (2017)

Part IX Statement of Functional Expenses

ONE SIMPLE WISH, INC.

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
	Check if Schedule O contains a respor	(1) /			<u></u>							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	731,230.	731,230.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,			11 000	16 500							
	trustees, and key employees	55,000.	27,500.	11,000.	16,500.							
6	Compensation not included above, to disqualified											
	persons (as defined under section $4958(f)(1)$) and											
_	persons described in section 4958(c)(3)(B)	170,799.	107 026	25 620	17 2/2							
7	Other salaries and wages	170,799.	127,836.	25,620.	17,343.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes	17,977.	13,483.	2,697.	1,797.							
11	Fees for services (non-employees):											
а	Management											
b	3	40 600		C 200	4 0 0 0							
с	Accounting	42,600.	31,950.	6,390.	4,260.							
d	, , , , , , , , , , , , , , , , , , , ,											
e	Professional fundraising services. See Part IV, line 17											
t	Investment management fees											
g		11,384.	8,538.	1 707	1 1 2 9							
10	column (A) amount, list line 11g expenses on Sch 0.)	14,109.	10,582.	1,707. 2,116.	<u>1,139.</u> 1,411.							
12	Advertising and promotion	12,670.	9,503.	1,900.	1,267.							
13 14	Office expenses Information technology	12,070.	5,505.	1,500.	1,207.							
14	Royalties											
16	Occupancy	29,796.	22,347.	4,469.	2,980.							
17	Travel	7,320.	5,490.	1,098.	732.							
18	Payments of travel or entertainment expenses	.,	-,									
.0	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	21,629.	16,221.	3,245.	2,163.							
23	Insurance	4,263.	3,198.	639.	426.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)											
	amount, list line 24e expenses on Schedule 0.) BANK AND CREDIT CARD FE	18,243.	13,683.	2,736.	1 0 7 /							
a	HOLIDAY & BIRTHDAY	18,243.	11,172.	4,/30.	1,824.							
b	COMPUTER SOFTWARE MAINT	8,815.	6,611.	1,322.	882.							
c	EVENT EXPENSES	7,592.	7,592.	⊥,J44•	002.							
d		17,311.	15,915.	837.	559.							
	All other expenses	1,181,910.	1,062,851.	65,776.	53,283.							
<u>25</u> 26	Joint costs. Complete this line only if the organization	-,-0-,)-0.	±,002,051•	03,110.	55,205.							
20	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here Fight following SOP 98-2 (ASC 958-720)											
	F L											

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10 2017.05050 ONE SIMPLE WISH, INC. Form **990** (2017)

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Form 990 (2017) ONE SIMPLE WISH, INC.
Part X Balance Sheet

26-3128590	Page 11

Part	^	Balance Sheet					
		Check if Schedule O contains a response or not	te to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			248,835.	1	374,240.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,000.	4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensi	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c)(3))(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)((9) voluntary			
<u>ع</u>		employees' beneficiary organizations (see instr)	. Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		[7	
₹	8	Inventories for sale or use			83,450.	8	
	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	244,886.			
	b	Less: accumulated depreciation	10b	152,295.	114,174.	10c	92,591.
1	11	Investments - publicly traded securities				11	20,578.
1	12	Investments - other securities. See Part IV, line				12	
1	13	Investments - program-related. See Part IV, line			13		
1	14	Intangible assets		548.	14	503.	
1	15	Other assets. See Part IV, line 11			2,400.	15	2,400.
1	16	Total assets. Add lines 1 through 15 (must equ			455,407.	16	490,312.
1	17	Accounts payable and accrued expenses			19,159.	17	6,783.
1	18	Grants payable		18			
1	19	Deferred revenue			19		
2	20	Tax-exempt bond liabilities		20			
2	21	Escrow or custodial account liability. Complete			21		
ສ 2	22	Loans and other payables to current and forme	r officers, d	lirectors, trustees,			
Ē		key employees, highest compensated employee	es, and dis	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
┛ 2	23	Secured mortgages and notes payable to unrela	ated third p	parties		23	
2	24	Unsecured notes and loans payable to unrelate	d third part	ties		24	
2	25	Other liabilities (including federal income tax, pa	yables to r	elated third			
		parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X of			
		Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			19,159.	26	6,783.
		Organizations that follow SFAS 117 (ASC 958		ere▶ <u>X</u> and			
ŝ		complete lines 27 through 29, and lines 33 ar					
Fund Balances	27	Unrestricted net assets			324,087.	27	457,360.
2 Bal	28	Temporarily restricted net assets		····· -	112,161.	28	26,169.
P 2	29			······		29	
		Organizations that do not follow SFAS 117 (A	SC 958), c	check here ▶			
۶		and complete lines 30 through 34.					
st 3	30	Capital stock or trust principal, or current funds		30			
š З	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
∠ 3	33	Total net assets or fund balances			436,248.	33	483,529.
3	34	Total liabilities and net assets/fund balances			455,407.	34	490,312.

Form **990** (2017)

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	990 (2017) ONE SIMPLE WISH, INC.	26-31	28590	Pag	ge 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	1,228				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,181				
3	Revenue less expenses. Subtract line 2 from line 1	3			99. 48.		
4							
5	Net unrealized gains (losses) on investments	5		L, O	82.		
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,		4.0.7	、	~ ~		
	column (B))	10	48.	3,5	29.		
Ра	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				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				v		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
-	Separate basis Consolidated basis Both consolidated and separate basis			v			
b	Were the organization's financial statements audited by an independent accountant?		2 b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	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			x			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^			
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit			х		
	Act and OMB Circular A-133?		3a		<u>^</u>		
a	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				(0017)		

Form **990** (2017)

732012 11-28-17

SCHEDULE A

(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

49	47(a)(1)	nonexe	mpt c	haritabl	e trust.
•			~~~	_	

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

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nan	ne of	the organization	SIMPLE WIS	SH TNC					6-3128590			
Pa	rt I			(All organizations must co	molete th	uis nart) Si	o instruction		0-3120390			
								5.				
	Grga	nization is not a private found A church, convention of ch				,						
1	H		,			• • •	I)(A)(I).					
2	H	A school described in sec					::)					
3	H	A hospital or a cooperative						VIII) Entor	the beenitel's name			
4		A medical research organiz	zation operated in c	onjunction with a nospita	aescribed	u in sectio	A)(1)(a)011 n	.)(III). Enter	the hospital's name,			
F		city, and state:	for the henefit of a a	allago or university owned	d or oppro	tod by a a	overnmentel	unit dooorik	and in			
5		An organization operated f section 170(b)(1)(A)(iv). (0		onege of university owner	u or opera	lieu by a g	oveninentari					
6		A federal, state, or local go		montal unit described in	nantion 1	70(6)(4)(4)	60					
6 7	X		-					ho gonoral	nublic decoribed in			
'	- 23	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describ		VIVAVVI) (Complete Par	F 11 \							
9	H	An agricultural research or				od in ooniu	upotion with a	land grant	collogo			
9		or university or a non-land-										
		university:	grant conege of agri			name, or	y, and state o	i the colleg				
10		An organization that norma		o than 33 1/304 of its our	nort from	contributi	one mombor	shin foos	and gross receipts from			
10		activities related to its exer										
		income and unrelated busi										
		See section 509(a)(2). (Co				0000 0090		gamzation				
11		An organization organized		sively to test for public sa	fetv. See	section 50)9(a)(4).					
12		An organization organized						arry out the	e purposes of one or			
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A supporting org	anization operated,	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving			
		the supported organizati	ion(s) the power to r	egularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting			
		organization. You must	complete Part IV, S	ections A and B.								
b		Type II. A supporting org	ganization supervise	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving			
		control or management of	of the supporting or	ganization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported			
	_	organization(s). You mus	st complete Part IV	, Sections A and C.								
С				ng organization operated				Illy integrat	ed with,			
	_			s). You must complete I								
d				porting organization oper								
				ization generally must sa				d an attent	iveness			
				mplete Part IV, Sections								
е				written determination fro			а Туре I, Туре	e II, Type III				
	E a t			onally integrated support		zation.						
f		er the number of supported wide the following informatio	•	ad organization(a)								
y		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	nstructions)	support (see instructions)			
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

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Schedule A (Form 990 or 990-EZ) 2017 ONE SIMPLE WISH, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,096,453.	1,434,305.	889,816.	1,213,435.	1,232,978.	5,866,987.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,096,453.	1,434,305.	889,816.	1,213,435.	1,232,978.	5,866,987.
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)						790,974.
	Public support. Subtract line 5 from line 4.						5,076,013.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c)2015 889,816.	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,096,453.	1,434,305.	009,010.	1,213,435.	1,232,978.	5,866,987.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	224	74	0.0	10	1 2 1	F 7 1
	and income from similar sources \dots	224.	74.	99.	43.	131.	571.
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	4 702	2 750	107			0 7 2 0
	assets (Explain in Part VI.)	4,793.	3,750.	187.			8,730.
	Total support. Add lines 7 through 10						5,876,288. 48,453.
	Gross receipts from related activities,	, i	,				40,455.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage	<u></u>			
-	Public support percentage for 2017 (I			olumn (f)		14	86.38 %
	Public support percentage from 2016		-			15	82.82 %
	33 1/3% support test - 2017. If the c						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2016. If the c						
~	and stop here. The organization qual						
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-circ						
18	Private foundation. If the organizatio						
						edule A (Form 990	

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Part II Sup

Schedule A (Form 990 or 990-EZ) 2017 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

1	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	17 (f) Total
	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						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
r	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.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	17 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	organization,
	check this box and stop here	- 					>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2017 (I	ine 8, column (f) d	divided by line 13,	column (f))		15	C
15			t III, line 15			16	9
15 16	Public support percentage from 2016	Schedule A, Par					
16				1			
16 Sec	Public support percentage from 2016 ction D. Computation of Invest	stment Incom	ne Percentage			17	C
16 Sec	Public support percentage from 2016 ction D. Computation of Invest Investment income percentage for 20	stment Incom 17 (line 10c, colu	me Percentage mn (f) divided by li	ne 13, column (f))		17 18	
<u>16</u> Sec 17 18	Public support percentage from 2016 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	stment Incom 17 (line 10c, colu 2016 Schedule A,	ne Percentage mn (f) divided by lin Part III, line 17	ne 13, column (f))		18	ç
16 Sec 17 18	Public support percentage from 2016 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 3 3 1/3% support tests - 2017. If the	Stment Incom 17 (line 10c, colu 2016 Schedule A, organization did	ne Percentage mn (f) divided by li Part III, line 17 not check the box	ne 13, column (f)) on line 14, and line	e 15 is more than	18 33 1/3%, ar	nd line 17 is not
<u>16</u> Sec 17 18 19a	Public support percentage from 2016 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	stment Incom 17 (line 10c, colu 2016 Schedule A, organization did nd stop here. The	The Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qua	ne 13, column (f)) on line 14, and line lifies as a publicly	e 15 is more than supported organiz	18 33 1/3% , ar	nd line 17 is not
<u>16</u> Sec 17 18 19a	Public support percentage from 2016 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 3 3 1/3% support tests - 2017. If the more than 33 1/3%, check this box a 3 3 1/3% support tests - 2016. If the	Stment Incom 177 (line 10c, colu 2016 Schedule A, organization did nd stop here. The organization did	ne Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qua not check a box or	ne 13, column (f)) on line 14, and line lifies as a publicly n line 14 or line 19a	e 15 is more than supported organiz a, and line 16 is m	18 33 1/3% , ar zation ore than 33	►
16 Sec 17 18 19a	Public support percentage from 2016 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 a 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box a a 33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, check	stment Incom 17 (line 10c, colu 2016 Schedule A, organization did nd stop here. The organization did eck this box and s	ne Percentage mn (f) divided by li Part III, line 17 not check the box e organization qua not check a box or top here. The orga	ne 13, column (f)) on line 14, and line lifies as a publicly n line 14 or line 19a nization qualifies a	e 15 is more than supported organiz a, and line 16 is m as a publicly supp	18 33 1/3%, ar zation ore than 33 orted organ	9 nd line 17 is not 1/3%, and ization ▶
16 Sec 17 18 19a b 20	Public support percentage from 2016 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 3 3 1/3% support tests - 2017. If the more than 33 1/3%, check this box a 3 3 1/3% support tests - 2016. If the	stment Incom 17 (line 10c, colu 2016 Schedule A, organization did nd stop here. The organization did eck this box and s	ne Percentage mn (f) divided by li Part III, line 17 not check the box e organization qua not check a box or top here. The orga	ne 13, column (f)) on line 14, and line lifies as a publicly n line 14 or line 19a nization qualifies a	e 15 is more than supported organiz a, and line 16 is m as a publicly supp nis box and see in	18 33 1/3%, ar zation ore than 33 orted organ structions	9 nd line 17 is not 1/3%, and ization ▶□
16 Sec 17 18 19a b 20	Public support percentage from 2016 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 a 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, check Private foundation. If the organization	stment Incom 17 (line 10c, colu 2016 Schedule A, organization did nd stop here. The organization did eck this box and s	ne Percentage mn (f) divided by li Part III, line 17 not check the box e organization qua not check a box or top here. The orga	ne 13, column (f)) on line 14, and line lifies as a publicly n line 14 or line 19a nization qualifies a	e 15 is more than supported organiz a, and line 16 is m as a publicly supp nis box and see in	18 33 1/3%, ar zation ore than 33 orted organ structions	9 nd line 17 is not 1/3%, and ization ▶

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1

2

3a

3b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified 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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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2017

2017.05050 ONE SIMPLE WISH, INC.

_	Continued)		Vee	Na
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ruction	-)	
c o	Activities Test. Answer (a) and (b) below.	ructions	ŕ	No
2			Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported examination (a) to which the examination was reappaping? If "Year " then in Part VI identify			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	•		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9	90 or 99	90-EZ	2017
	17			

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2017.05050 ONE SIMPLE WISH, INC.

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Schedule A (Form 990 or 990-EZ) 2017 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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
-	Excess from 2014			
-	Excess from 2015			
-	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

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26-3128590 Page 8

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

Schedule A, Part II, Line 10, Explanation for Other Income:

MISCI	ELLANEOUS	5									
2013	Amount:	\$	4,793.								
2014	Amount:	\$	3,750.								
2015	Amount:	\$	187.								
732028 10-	-06-17								Schedule A (Form 990	or 990-EZ) 2017
37032	1 756348	888	8	201	L7.05050	20 ONE	SIMPLE	WISH,	INC.		88881

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Nam	ne of	the	organ	ization
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ONE SIMPLE WISH,

Organization type (check of	ne).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 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

INC.

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.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

ONE SIMPLE WISH, INC.

Employer identification number

26-3128590

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
1	HASBRO		Person
	1027 NEWPORT AVENUE	\$\$	Payroll Noncash X
	PAWTUCKET, RI 02862		(Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
2	THE MONTEI FOUNDATION		Person X
	4608 SAWMILL ROAD	\$ 60,000.	Payroll Noncash
	COLUMBUS, OH 43220		(Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
3	DISNEY WORLDWIDE SERVICES INC		Person
	PO BOX 10120	\$ 43,413.	Payroll Noncash
	LAKE BUENA VISTA, FL 32830		(Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
4	WELLS FARGO BANK		Person X
	90 SOUTH 7TH STREET	\$30,000.	Payroll Noncash
	MINNEAPOLIS , MN 55479		(Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
5	STATE OF NEW JERSEY - DEPT OF TREASURER		Person X
	PO BOX 221	\$\$	Payroll Noncash
	TRENTON , NJ 08625-0221		(Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributio

26-3128590

ONE SIMPLE WISH, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
TOYS	2		
1			
		\$55,079.	11/27/17
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	1.5
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		—	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	())
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	Daterocontea
		—	
		\$	
(a) No.	(b)	(c)	(ما)
from	(D) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		<u> </u>	
		\$	
3453 11-01-17			90, 990-EZ, or 990-PF)

Page 3

ONE SIMPLE WISH, INC. 26-3128590 Part II Exclosering: includes, classification of comparison to organizations decoder of 2.00 or tax for the part of comparison to any status of the part of comparison of the	Name of org	anization		Employer identification number
Part III Exclosely: religious, charable, e.g., certifications to granulations described in section 301(c)(r), (s), of (10) hartsd and results and the following interview of the section of the section and the section of the section of the section and the section and the section of the section and the sectin and the section and the section and the sect	ONE SI	MPLE WISH INC.		26-3128590
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Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
723454 11-01-17 Schedule B (Form 990, 990-EZ, or 990-PF) (20	F		e) Transfer of gift	t
723454 11-01-17 Schedule B (Form 990, 990-EZ, or 990-PF) (20		Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	F			
	723454 11-01-	-17		Schedule B (Form 990, 990-EZ, or 990-PF) (2017

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_					OMB No. 1545-0047
	HEDULE D m 990)	Complete if the org	al Financial Statements anization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2017
	tment of the Treasury		Attach to Form 990.		Open to Public Inspection
	al Revenue Service e of the organizat	ion	90 for instructions and the latest information		ployer identification number
Pa	rt I Organiz	ONE SIMPLE WISH, I	NC . ed Funds or Other Similar Funds or <i>i</i>	<u> </u>	<u>26-3128590</u>
Pa		on answered "Yes" on Form 990, Part IV, lin		4000	JILS. Complete if the
	organizatio	offansweled Tes Ofform 390, Faitty, in	(a) Donor advised funds	(b) Fur	ids and other accounts
1	Total number at e	nd of year		. ,	
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	Did the organizati	on inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds	
	are the organizati	on's property, subject to the organization's	exclusive legal control?		Yes No
6	•	C	advisors in writing that grant funds can be used		
			or donor advisor, or for any other purpose confe		
Da	impermissible priv rt II Conserv				
			ganization answered "Yes" on Form 990, Part N	/, line /	
1		servation easements held by the organizat n of land for public use (e.g., recreation or e		v impo	tant land area
		of natural habitat	Preservation of a certified h	• •	
		n of open space			
2			fied conservation contribution in the form of a c	onserv	ation easement on the last
	day of the tax yea				Held at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage res	tricted by conservation easements		2b	
С	Number of conse	rvation easements on a certified historic str	ructure included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
_				2d	
3		rvation easements modified, transferred, re	leased, extinguished, or terminated by the orga	inizatio	n during the tax
4	year ►	where property subject to conservation ea	soment is located		
5		ation have a written policy regarding the pe			
Ũ	•		it holds?		Yes No
6			handling of violations, and enforcing conserva-		
		5, 1 5,			5 ,
7	. .	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	aseme	nts during the year
8	► \$ Does each conse	rvation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)	B)(i)	
	and section 170(h	n)(4)(B)(ii)?			Yes No
9	In Part XIII, descri	ibe how the organization reports conservation	ion easements in its revenue and expense state	ement, a	and balance sheet, and
	include, if applica	ble, the text of the footnote to the organiza	tion's financial statements that describes the o	rganiza	tion's accounting for
De	conservation ease		f Aut Ilistavias Trassuras av Other	Cirro il	
га		if the organization answered "Yes" on Form	f Art, Historical Treasures, or Other	31111	di Assels.
10			SC 958), not to report in its revenue statement a	and hal	ance sheet works of art
			hibition, education, or research in furtherance of		
		otnote to its financial statements that descri		1	,
b			SC 958), to report in its revenue statement and	balance	e sheet works of art, historical
	-		ducation, or research in furtherance of public s		
	relating to these if				
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1		🕨	\$
	.,			🕨	\$
2	-		asures, or other similar assets for financial gain	, provic	le
		unts required to be reported under SFAS 1		•	•
a					\$
b	ASSETS INCIDED II	1 FUITI 990, Part X		🕨	Φ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 732051 10-09-17

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Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 ONE SIM	PLE WISH,	INC.				2	6-31	2859	0 Ра	age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tre	easures, o	or Othe	r Simila	r Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following tha	t are a sig	gnificant u	se of its	collectio	n item	S
	(check all that apply):										
a	Public exhibition	C			nange progra						
b	Scholarly research	е	• 🗆 0	ther							
c	Preservation for future generations										
4	Provide a description of the organization's c							se in Par	t XIII.		
5	During the year, did the organization solicit o								1		1
Da	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Fai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
10	Is the organization an agent, trustee, custod		diany for a	ontribution	o or other or	coto not	included				
Ia			-						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L	1162		
U		and complete the lo	nowing ta	IDIE.					Amoun	+	
~	Beginning balance						1c		Amoun		
	Additions during the year										
	Distributions during the year										
f											
	Did the organization include an amount on F						·		Yes		No
	If "Yes," explain the arrangement in Part XIII						• • • • • • • • • • • • • • • • • • • •]
Pa											
		(a) Current year		or year	(c) Two year			ars back	(e) Fou	years	back
1a	Beginning of year balance									-	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column (a	l)) held as:						
а	Board designated or quasi-endowment 🕨		_%								
b	Permanent endowment	%									
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 organiz	ation that	are held a	nd administe	red for th	ne organiza	ation	,		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		owment fu	inds.							
Pa	t VI Land, Buildings, and Equipn			line dd e O			lin a 10				
	Complete if the organization answere								(1) D		
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (• •	cumulated	3	(d) Boo	k value	3
	Land				0,000.	uep	CIALION		1	0,0	00
	Land			<u>ــــــــــــــــــــــــــــــــــــ</u>	0,000.				Т	0,00	50.
	Buildings			<u> </u>	3,000.				<u>)</u>	3,00	00
	Leasehold improvements				<u>3,929</u> .		3,92	9	2	5,00	00.
	Equipment				7,957.	1	48,36		5	9,5	
	Other		X colum		-		. 10, 50			$\frac{2}{2}, 5$	
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Schedule D (Form 990) 2017

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely-held equity interests									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)									

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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Sche	dule D (Form 990) 2017 ONE SIMPLE WISH, INC.			26-	3128590 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,234,191.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	1,082.		
b	Donated services and use of facilities	. 2b	5,000.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	6,082.
3	Subtract line 2e from line 1			3	1,228,109.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
F	Total versions Add lines 2 and 4s (This must say of Form 000 Port 1 line 12)			5	1,228,109.
<u> </u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With		-	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With a.	Expenses per	-	rn.
9 Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With a.	Expenses per	-	
	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a.	Expenses per	Retu	rn.
1	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With a.	Expenses per	Retu	rn.
1 2	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a. 2a	Expenses per	Retu	rn.
1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With a. 2a 2b	Expenses per	Retu	rn.
1 2 a b	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per	Retu	rn. 1,186,910.
1 2 a b c	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per 5,000.	1 2e	rn. <u>1,186,910.</u> 5,000.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per 5,000.	1	rn. 1,186,910.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per 5,000.	1 2e	rn. <u>1,186,910.</u> 5,000.
1 2 3 4 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per 5,000.	1 2e	rn. <u>1,186,910.</u> 5,000.
1 2 3 4 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per 5,000.	1 2e	rn. <u>1,186,910.</u> 5,000.
1 2 b c d e 3 4 a b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per 5,000.	1 2e	rn. <u>1,186,910.</u> <u>5,000.</u> <u>1,181,910.</u> 0.
1 2 d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per 5,000.	1 2e 3	rn. <u>1,186,910.</u> 5,000.

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, 2018 and 2017.

732054 10-09-17

		Schedule	D (Form 990) 20 ⁻

SCHEDULE I (Form 990)		Go	irants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			-	Attach to For rs.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organization	ONE SIMPL	E WISH, I	NC.					Employer identification number 26-3128590
Part I General Infor	mation on Grants a	Ind Assistance						
criteria used to awar	d the grants or assi	stance?					sistance, and the sele	
						anization answered "	Yes" on Form 990, Pa	rt IV line 21 for any
		-	be duplicated if addit					
1 (a) Name and addre or govern	ss of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of 3 Enter total number of LHA For Paperwork Re	of other organization	s listed in the line		ne line 1 table				Schedule I (Form 990) (2017)

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Wishes Granted	5772	588,778.	142,452.	FMV	Toys, Clothing, and other wishes				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.					
Part I, Line 2:									
Grants and other assistance to ind	ividuals	represent	s simple w	vishes to					
foster children and vulnerable fam	ilies.	- Wishes are	submitted	by the					
Organization's network of communit									
agencies that serve children and f	amilles	in need).	These par	tners go					
through an application process wit	h the Or	ganization	and once	approved they					
may submit wishes using an online	form. W	ishes must	be submit	ted for					
actual children or families the pa	rtner is	serving.	The One S	imple Wish					

program manager reviews and approves each wish prior to it becoming

Schedule I (Form 990) ONE SIMPLE WISH, INC. Part IV Supplemental Information	26-3128590 Page 2
viewable by a donor on the Organization's website. A don	nor can browse
wishes by value, age of the wish recipient, or type of w	
the wish by a simple click on the website. All wishes a	
number for tracking purposes.	
732291 04-01-17	Schedule I (Form 990)
32 370321 756348 8888 2017 05050 ONE SIMPLE WISH T	NC 8888 1

10370321 756348 8888

2017.05050 ONE SIMPLE WISH, INC.

8888 T

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open To Public

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Department of the Treasury	
Internal Revenue Service	

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

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

Inspection Employer identification number 26-3128590

ZU

Name of	the	organization
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ONE SIMPLE WISH, INC.

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (TOYS)	Х		59,002.	FAIR MARKET	VAL	νUΕ	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29		<u> </u>		
~~	5 · · · · · · · · · · · · · · · · · · ·						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							Х
	exempt purposes for the entire holding period?	,				30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	aliay that w	any iron the review	of any populard contribu	itiono2	24		Х
31						31		
JZd	Does the organization hire or use third parties of contributions?		-			32a		х
h	contributions?					JZd		
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of proport	v for which column (a) is cho	cked			
00	describe in Part II.		a type of propert	y to which countril (a) is che	onco,			

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

Schedule M (Form 990) 2017

732141 09-07-17

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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):

Part I, Column B reports the number of contributions received

Schedule M (Form 990) 2017

732142 09-07-17

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 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

26-3128590

ONE SIMPLE WISH, INC.

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

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

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

One Simple Wish ceased conducting the Ohana Project during the fiscal

year. OSW found that it was more efficient and individualized to fill

the needs previously met through the Ohana project directly through the

existing Wish Granting Program. This shift also opened the resource up

to everyone supported by OSW nationally, without the need to be close

in proximity to Trenton, NJ.

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

There are no committees with the authority to act on behalf of the

governing board. Therefore there is no documentation of any such meetings.

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

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

Form 990, Part VI, Section B, Line 12c: The Organization regularly and consistently monitors and enforces compliance with the conflict of interest policy by requiring each director, principal officer and member of a committee with governing board delegated LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) 732211 09-07-17 35

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2017.05050 ONE SIMPLE WISH, INC. 8888__1

Schedule O (Form 990 or 990-EZ) (2017)	Page 2			
Name of the organization ONE SIMPLE WISH, INC.	Employer identification number 26-3128590			
powers to annually sign a statement. This statement affi	rms such person:			
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 therefore there is no process for

determining other officers' compensation.

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest

policy, and financial statements available to the public upon request.

Form 990, Part XII, line 2c

There was no change in the process of overseeing or selecting the

outside accounting firm.

732212 09-07-17

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

36 2017.05050 ONE SIMPLE WISH, INC. (Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter In	er sidenuryn	ig number	
Type or	Name of exempt organization or other filer, see instructions.			Employe	Employer identification number (EIN) or		
print						26 3128500	
File by the	ONE SIMPLE WISH, INC.	· .		<u> </u>	26-3128590		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.Soc1977 N. OLDEN AVENUE #292\$\$200000000000000000000000000000000000				ocial security number (SSN)		
instructions	City, town or post office, state, and ZIP code. For a f TRENTON , NJ 08618	oreign add	lress, see instructions.				
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)				
Applicat	on	Return	Application			Return	
Is For		Code	Is For	Code			
Form 990) or Form 990-EZ	01	Form 990-T (corporation)		(
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990)-T (trust other than above) The Organizati	06	Form 8870			12	
• If this box 1 I re for	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the or tax year beginning JUL 1, 2017 ne tax year entered in line 1 is for less than 12 months, of checked the provided	Group Exe and atta Ma organizatio , an	emption Number (GEN) I uch a list with the names and EINs of y 15, 2019, to file on's return for: d ending JUN 30, 2018	f this is fo all memb	or the whole g pers the exten npt organizati	roup, check this Ision is for.	
	Change in accounting period						
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 nrefundable credits. See instructions.	, 01 0009,	enter the tentative tax, less any	3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069) ontor on	u refundable eredite and	3a	\$	0.	
	imated tax payments made. Include any prior year over			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa			- 30	Ψ	<u>.</u>	
	using EFTPS (Electronic Federal Tax Payment System).	•	· · ·	3c	\$	0.	
-	If you are going to make an electronic funds withdrawa				nd Form 8870		
instructio	, , ,			-50°LO a			
	or Privacy Act and Paperwork Reduction Act Notice.	soo instr	uctions		Form 9	868 (Rev. 1-2017)	
	or Finacy Act and Faper work neutrion Act Notice	, 300 1130			1 UIII O		

Mail to: Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045

723841 04-01-17

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Entor filor's identifying number

OMB No. 1545-1709