Form	887	'9 -	E	C
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IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

ONE SIMPLE WISH, INC.

For calendar year 2019, or fiscal year beginning JUL 1 , 2019, and ending JUN 30 , 2020 Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

26-312859	0
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Name and title of officer
DANIELLE GLETOW
EXECUTIVE DIRECTOR
Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box
on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b

on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,821,628.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize KLATZKIN & COMPANY, LLP	to enter my PIN	08888
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature ► Date ►	2/10/2021	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 2277380869 Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for th confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	0	
ERO's signature Thomas Martin Date 2/	/1/2021	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To De	o So	
LHA For Paperwork Reduction Act Notice, see instructions.	For	m 8879-EO (2019)
923051 10-03-19		

2019.05030 ONE SIMPLE WISH, INC.

			Extended to May 17, 2021		
For	9	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Income Tax	OMB No. 1545-0047
		uary 2020)	Do not enter social security numbers on this form as it ma		
Depa	rtment	of the Treasury	 Go to www.irs.gov/Form990 for instructions and the lat 		Open to Public Inspection
				JUN 30, 2020	
-	Check if		rorganization	D Employer identific	ation number
			SIMPLE WISH, INC.		
	Name	pe Doing b	Jusiness as	26-312859	90
	Initial return Final return	1077	and street (or P.O. box if mail is not delivered to street address) Room/su N. OLDEN AVENUE #292	ite E Telephone number 609-883-8	
	termir ated DAmen	City or t	own, state or province, country, and ZIP or foreign postal code TON , NJ 08618	G Gross receipts \$	1,851,458.
	_lreturn]Applie _tion		nd address of principal officer: DANIELLE GLETOW	H(a) Is this a group re	
	tion pendi		as C above	for subordinates	
	-			H(b) Are all subordinates in	
		empt status:	$▲$ 501(c)(3) $_$ 501(c)() \blacktriangleleft (insert no.) $_$ 4947(a)(1) or $_$ 5 ONESIMPLEWISH.ORG		list. (see instructions)
				H(c) Group exemption	
			X Corporation Trust Association Other ► L Ye	ear of formation: 2008 M	State of legal domicile: NO
Pa	art I			le Wigh empere	
e	1		e the organization's mission or most significant activities: One Simp		
ano			hope and happiness to children impact	—	
Governance	2	Check this bo	x 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
Š	3	Number of vo	ting members of the governing body (Part VI, line 1a)		12
ي م	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)		11
Activities &	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)	5	5
Ϋ́Ε			of volunteers (estimate if necessary)		184
çţi			d business revenue from Part VIII, column (C), line 12		0.
٩			business taxable income from Form 990-T, line 39		0.
				Prior Year	Current Year
n	8	Contributions	and grants (Part VIII, line 1h)	1,428,313.	1,822,470.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
sve.			come (Part VIII, column (A), lines 3, 4, and 7d)	726.	-842.
ň			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,429,039.	1,821,628.
			nilar amounts paid (Part IX, column (A), lines 1-3)	725,855.	1,116,702.
			F	0.	0.
			to or for members (Part IX, column (A), line 4)	242,939.	182,704.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ë			undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► <u>37,798.</u>	0.	0.
Expense			ng expenses (Part IX, column (D), line 25)	107 020	207 250
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	187,832.	207,250.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,156,626.	1,506,656.
	19	Revenue less	expenses. Subtract line 18 from line 12	272,413.	314,972.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
set: alar	20	Total assets (I	Part X, line 16)	758,830.	1,075,706.
t As	21	Total liabilities	(Part X, line 26)	3,568.	21,748.
Fun	22		fund balances. Subtract line 21 from line 20	755,262.	1,053,958.
Pa	art II	Signatur	Block		
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.	

Sign Here	Signature of officer DANIELLE GLETOW, EXECUT Type or print name and title	TIVE DIRECTOR	Date
Paid	Print/Type preparer's name THOMAS MARTIN	Preparer's signature Date	Check PTIN if self-employed P00123816
Preparer	Firm's name 🕨 KLATZKIN & COMPA		Firm's EIN ▶ 21-0650289
Use Only	Firm's address 1670 WHITEHORSE		
	HAMILTON, NJ 086	90-3513	Phone no. (609)890-9189
May the I	RS discuss this return with the preparer shown abc	ve? (see instructions)	X Yes No
020001 01 0		e see the senarate instructions	Form 990 (2019)

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) See Schedule O for Organization Mission Statement Continuation

	990 (2019) ONE SIMPI				26-3	3128590	Page 2
Pa	t III Statement of Program Servi	•					
-	Check if Schedule O contains a respo	onse or note to an	y line in this Part III	<u></u>			L
1	Briefly describe the organization's mission: One Simple Wish empower	ers vou to	o restore h	ope and h	appiness t	o child	ren
	impacted by foster car						
2	Did the organization undertake any significa	nt program convid	and uring the year wi	hich woro pot listo	d on the		
2						Yes	XNo
	If "Yes," describe these new services on So						
3	Did the organization cease conducting, or r		hanges in how it conc	lucts, any program	n services?	Yes	XNo
4	If "Yes," describe these changes on Sched Describe the organization's program service		ts for each of its three	alargest program «	services as measur	ed hv exnense	5
•	Section 501(c)(3) and 501(c)(4) organization						
	revenue, if any, for each program service re	ported.	-	-		•	
4a			luding grants of \$			~ ~	
	Wish granting is One S individuals a way to d						ring
	care. Through our web						rede
	of wishes posted on be						
	grant. The wishes typ						
	anyone to find a wish						
	their budget. Moreove						
	know exactly where the						
	opportunity for them t						
	donor grants a wish, r						
	fulfillment of that sp						ks
	to the generosity of t			-			
4b	(Code:) (Expenses \$	incl	luding grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$	incl	luding grants of \$) (Revenue \$		
	· · ·						
4d	Other program services (Describe on Sched	2				N	
40	(Expenses \$ inc Total program service expenses ►	luding grants of \$ 1,377,1	253.) (Revenue \$)	
-10	רסנמו אוסטימוזו שבו אוטב בגאפו ושבש 🚩	_, , , , ,				Form 9	90 (2019
3200	2 01-20-20						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-			2			-	_
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Form	aan	(201	a)

ONE SIMPLE WISH, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	•		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	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		L	<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
32003	3 01-20-20	Form	990	(2019)

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Form 990 (2			SIMPLE		
Part IV	Checklist	of Require	d Schedule	es (continue	ed)

ONE SIMPLE WISH, INC.

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	N
	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	23		
24a	Schedule J 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		2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			T
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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		
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		
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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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?	00		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		\vdash
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			┢
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	I
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	Ł		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Form	990 (2019) ONE SIMPLE WISH, INC. 26-3128	590	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	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?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
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 payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
b	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

932005 01-20-20

Form	990	(2019))
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			1.0		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	12	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with ar	ny other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under	he direct :	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint or	ne or			
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the f	ollowing:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue C	Code.)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	0			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					\square
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	\square
14	Did the organization have a written document retention and destruction policy?			14	Х	\vdash
15	Did the process for determining compensation of the following persons include a review and appro					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		opondone			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15a		
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		F.
6-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	amont with	ha			
Ud				16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			108		<u> </u>
a			•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			401		
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17 10	List the states with which a copy of this Form 990 is required to be filed \mathbb{N}	and 000 T	(Pootion Fod (-) (o		N	le'
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection, Indiante house unaide these subjictions (1024 or 1024-A) if applicable (1024 or 1024-A) if appl	anu 990-1	(Section 501(C)(3	ys only) avai	ыdD
	for public inspection. Indicate how you made these available. Check all that apply.	0.4				
	Own website Another's website I Upon request Other (expla		,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of	interest policy, an	id tinar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's to	ooks and	records 🕨			
	The Organization - 609-883-8484					
	1 NORTH JOHNSTON AVENUE, HAMILTON, NJ 08609				000	10
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<u>م</u> د	210 756249 9999 2010 05040 ONE GIMPLE MIC		10	0.07	0	
30	210 756348 8888 2019.05040 ONE SIMPLE WIS	ын, ⊥М	NC.	888	<u>४४ </u>	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensa	ted
	Employees, and Independe	ent Contra	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.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DANIELLE GLETOW EXECUTIVE DIRECTOR	40.00	x		x				72,500.	0.	0.
(2) SCOTT GREENBERG	1.00							12,500.	0.	0.
PRESIDENT	1.00	x		x				0.	0.	0.
(3) AMY MATSUO	1.00									
VICE PRESIDENT (THRU OCTOBER 2019)		х		x				0.	0.	0.
(4) BRYAN ROBERTS	1.00							•••		
SECRETARY		x		x				0.	0.	0.
(5) CHRIS DEMAYO	1.00									
TREASURER		х		x				0.	0.	0.
(6) JOHANNA GREESON	1.00									
MEMBER		Х						0.	0.	0.
(7) DAMALI TAYLOR	1.00									
MEMBER		Х						0.	0.	0.
(8) ANDREA DOBIN	1.00									
MEMBER		Х						0.	0.	0.
(9) NEIL CAPEL	1.00							_	_	_
MEMBER		Х						0.	0.	0.
(10) MEGHAN WALBERT	1.00									•
MEMBER	1 00	X						0.	0.	0.
(11) SCOTT PASHMAN	1.00								0	0
MEMBER	1 00	Х						0.	0.	0.
(12) SUSAN GREEN	1.00	x						0.	0.	0.
MEMBER		^						0.	0.	0.
										Form 990 (2019)

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7 2019.05040 ONE SIMPLE WISH, INC.

	990 (2019) ONE SIMPI	-								26-31	L28	590	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust		ploy	ees			ghe	st C			<u> </u>			
	(A) Name and title	(B) Average hours per week (list any	box, offic	not c , unle	ss pe	ition ^{more} rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e on ed
	Subtotal								72,500.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								72,500.		0.			0.
2	Total number of individuals (including but no								-	,000 of reportabl	-			
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	•			•	-		Ŭ					103	x
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	ation	n and	d otl		the organization		3		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									dual for services		4		X
<u> </u>	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedule	e J f	or su	uch	pers	son .		-			5		Х
1	Complete this table for your five highest cor	mpensated inc	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of com	ipens	ation f	from	
	the organization. Report compensation for t	the calendar y	ear e	endi	ng v	vith	or w	ithir		year.				
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(C ompei	ر) nsatioi	<u>ו</u>
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho: (se lis)	stec	above) who received m	nore than				
												Form	990 (2	2019)

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Fai	rt V	/111									
			Check if Schedule O	conta	ains a respo	onse	or note to any lin	e in this Part VIII (A)	(B)	(C)	[] (D)
								(A) Total revenue	Related or exempt		Revenue excluded
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
Am (С	Fundraising events		1c						
Gif			Related organizations								
Sin',			Government grants (contr		· ·						
ntic		t	All other contributions, gifts,			1	822,470.				
dtib		~	similar amounts not included Noncash contributions included in				022,470.				
Con		-	Total. Add lines 1a-1f				•	1,822,470.			
							Business Code				
ø	2	а									
Program Service Revenue		b									
enu Benu		с									
Rev		d									
rog		е									
а.			All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (includ other similar amounts)					4,832.			4,832.
	4		Income from investment of					1,0020			
	5		Royalties		•		-				
			,		(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
			Net rental income or (loss	;) <u></u>	(1) 011						
	7	а	Gross amount from sales of	_	(i) Securit 24 , 1 5		(ii) Other				
		L	assets other than inventory	7a	24,10						
e		D	Less: cost or other basis and sales expenses	76	29,83	30.					
/ent		с	Gain or (loss)		-5,67						
Revenue			Net gain or (loss)		-		►	-5,674.			-5,674.
ъ	8		Gross income from fundraisi								
Oth			including \$								
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses			8b					
			Net income or (loss) from		-		▶				
	9	а	Gross income from gamin								
		h	Part IV, line 19 Less: direct expenses			9a 9b					
			Net income or (loss) from								
			Gross sales of inventory, I				F				
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			ry					
s							Business Code				
Miscellaneous Revenue	11										
ven		b									
Re		c d	All other revenue								
Σ			All other revenue Total. Add lines 11a-11d								
	12		Total revenue. See instruction					1,821,628.	0.	0.	-842.
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ONE SIMPLE WISH, INC.

Form 990 (2019)

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Form 990 (2019)	ONE	SIMPLE	WISH,	INC.		26-			
Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Charle if Cabadula O contains a version averate to any line in this Davit IV									

Check if Schedule O contains a response Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	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	1,116,702.	1,116,702.		
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,	62 500	20 650	11 050	20 000
trustees, and key employees	63,500.	30,650.	11,950.	20,900
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	103,637.	78,757.	18,006.	6,874
8 Pension plan accruals and contributions (include				-,
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
0 Payroll taxes	15,567.	11,676.	2,335.	1,556
1 Fees for services (nonemployees):				
a Management				
b Legal	10.010			
c Accounting	42,810.		42,810.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount list line 11g expenses on Sch O)	9 601	2 971	5 310	1 317
column (A) amount, list line 11g expenses on Sch 0.)	9,601. 14,135.	2,974. 10,601.	5,310. 2,120.	1,317
3 Office expenses	14,593.	12,102.	1,494.	1,317 1,414 997
4 Information technology	24,910.	24,910.		
15 Royalties				
l6 Occupancy	16,103.	12,078.	2,415.	1,610
7 Travel	11,529.	8,647.	1,729.	1,153
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest				
Payments to affiliates	17 045	17 045		
2 Depreciation, depletion, and amortization	17,045. 4,825.	17,045. 3,618.	724.	483
3 Insurance	4,043.	3,010.	/ 44 •	403
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a BANK AND CREDIT CARD FE	24,961.	24,336.	375.	250
b HOLIDAY & BIRTHDAY	11,719.	11,719.		
c COMPUTER SOFTWARE MAINT	10,845.	8,133.	1,627.	1,085
d AUTO EXPENSES	2,362.	1,890.	472.	
e All other expenses	1,812.	1,415.	238.	159
25 Total functional expenses. Add lines 1 through 24e	1,506,656.	1,377,253.	91,605.	37,798
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

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2019.05040 ONE SIMPLE WISH, INC.

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Total liabilities and net assets/fund balances

		Check if Schedule O contains a response or not	e to an	y line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			623,036.	1	556,877.
	2	Savings and temporary cash investments			45,306.	2	304,010.
	3	Pledges and grants receivable, net				3	40,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	211,886.			
	b	Less: accumulated depreciation		187,803.	41,083.	10c	24,083.
	11	Investments - publicly traded securities			45,959.	11	147,405.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			458.	14	413.
	15	Other assets. See Part IV, line 11			2,988.	15	2,918.
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	758,830.	16	1,075,706.
	17	Accounts payable and accrued expenses			3,568.	17	21,748.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
.iab		controlled entity or family member of any of the	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D		······ -		25	
	26	Total liabilities. Add lines 17 through 25	<u></u>		3,568.	26	21,748.
SS		Organizations that follow FASB ASC 958, che	eck her				
nce	07	and complete lines 27, 28, 32, and 33.			716,013.	07	1 030 508
Sala	27				39,249.	27	1,030,508. 23,450.
Ыd	28	Net assets with donor restrictions			59,249.	28	23,430.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9	58, che	еск nere 🕨 📖			
ŗ		and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current funds				29	
Ass	30	Paid-in or capital surplus, or land, building, or ec				30	
et /	31	Retained earnings, endowment, accumulated in		E E E E E E E E E E E E E E E E E E E	755,262.	31	1,053,958.
Z	32	Total net assets or fund balances			133,404.	32	

ONE SIMPLE WISH, INC.

Part X Balance Sheet

Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances

1,075,706. Form 990 (2019)

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755,262. 758,830.

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	990 (2019) 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	1,82		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,50		
3	Revenue less expenses. Subtract line 2 from line 1	3			72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			62.
5	Net unrealized gains (losses) on investments	5	-1	6,2	76.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,05	<u>3,9</u>	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			-	000	(0010)

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

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

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

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

	OMB No. 1545-0047
	2019
	Open to Public Inspection
~	identification number

Name of the o	rganization
---------------	-------------

lame	e of t	he organization							identification number
			SIMPLE WIS						6-3128590
Par	tl	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	e instruction	s.	
The o	rgani	zation is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	bed in
_		section 170(b)(1)(A)(iv). (C	complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	′0(b)(1)(A)	(v).		
7	Х	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
-		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of	f the colleg	e or
		university:							
10 L		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities related to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	t from gross investment
		income and unrelated busir		(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
г		See section 509(a)(2). (Cor	mplete Part III.)						
11 L		An organization organized a	and operated exclusion	ively to test for public sa	ifety. See	section 50)9(a)(4).		
12		An organization organized a	-	-	-			-	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus							
С		Type III functionally inte	• • • •					lly integrate	ed with,
		its supported organization							
d		Type III non-functionally						-	
		that is not functionally int			•		-	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					гтурет, туре	II, Type III	
£	Ento	functionally integrated, or r the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	Lation.			
		ide the following information	•	d organization(s)					
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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Schedule A (Form 990 or 990-EZ) 2019 ONE SIMPLE WISH, INC. Part II

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	889,816.	1,213,435.	1,232,978.	1,428,313.	1,822,470.	6,587,012.
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	889,816.	1,213,435.	1,232,978.	1,428,313.	1,822,470.	6,587,012.
	The portion of total contributions						, , , , ==.
Ŭ	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,						
	h						204,278.
~	column (f)						•
	Public support. Subtract line 5 from line 4.						6,382,734.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	889,816.	1,213,435.	1,232,978.	1,428,313.	1,822,470.	6,587,012.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	99.	43.	131.	726.	4,832.	5,831.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	187.					187.
11	Total support. Add lines 7 through 10						6,593,030.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	19,745.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here			-		
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	96.81 %
	Public support percentage from 2018					15	88.52 %
	33 1/3% support test - 2019. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
F	10% -facts-and-circumstances tes						
L.							
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 160, 17a, or 17b	, check this box a	ina see instruction	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 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.)

	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	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						
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					= = = = = = = = = = = = = = = = = = =	
14	First five years. If the Form 990 is for	U U			2		
Sar	check this box and stop here		proentage	<u></u>			
	•			(5)		45	
	Public support percentage for 2019 (15	9
<u>16</u>	Public support percentage from 2018					16	9
	ction D. Computation of Invest					1 1	-
	Investment income percentage for 20					17	9
	Investment income percentage from a					18	9
19a	33 1/3% support tests - 2019. If the						line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly s	supported organiz	ation	▶∟
b	33 1/3% support tests - 2018. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ▶
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
3202	23 09-25-19				Sch	edule A (Forn	n 990 or 990-EZ) 2019
				15			_
30	210 756348 8888	20	19.05040	ONE SIMPL	E WISH, I	NC.	88881

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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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Schedule A (Form 990 or 990-EZ) 2019

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_	Comporting Organizations (continued)		Vee	Na
	Lies the exercise second a sift or contribution from any of the following newspape		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? <i>If</i> "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.			
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	~		
5	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		
800	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
1				
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
b		wetten	-)	
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	ŕ – –	NI -
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ	2019
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Schedule A (Form 990 or 990-EZ) 2019 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.

		(A) Prior Year	(B) Current Year (optional)
	1		
IS	2		
ns)	3		
	4		
	5		
or incurred for production or			
anagement, conservation, or			
roduction of income (see instructions)	6		
	7		
es 5, 6, and 7 from line 4)	8		
		(A) Prior Year	(B) Current Year (optional)
on-exempt-use assets (see			
sets held for part of year):			
3	1a		
	1b		
npt-use assets	1c		
	1d		
other			
e to non-exempt-use assets	2		
	3		
Enter 1-1/2% of line 3 (for greater amount,			
	4		
s (subtract line 4 from line 3)	5		
	6		
IS	7		
7 to line 6)	8		
			Current Year
from Section A, line 8, Column A)	1		
	2		
ar (from Section B, line 8, Column A)	3		
	4		
	5		
e 5 from line 4, unless subject to			
ee instructions).	6		
e instru	ictions).	ictions). 6	

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u> </u>
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	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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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:

MISCELLANEOUS

2015 Amount: \$ 187.

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2019.05040 ONE SIMPLE WISH, INC.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

ONE SIMPLE WISH,

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

2019

Employer identification number

2	6 –	31	28	590	
~	0	2 1	. 20	550	

Filers of:	Section:
Form 990 or 990-EZ	\fbox 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.

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.

Name of organization

Page **2**

ONE SIMPLE WISH, INC.

Employer identification number

26-3128590

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
1	NEW JERSEY ASSOCIATION OF STUDENT COUNCILS, INC PO BOX 968 DELRAN, NJ 08075	\$87,898.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
2	SALAH FOUNDATION 2805 EAST OAKLAND PARK BLVD #289 FORT LAUDERDALE, FL 33306	\$75,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
3	EUGENE KAPALOSKI 8866 COLLINGSWOOD DRIVE LOS ANGELES, CA 90069	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contribution

Name of organization

Employer identification number

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-06-19	23	Schedule B (Form	990, 990-EZ, or 990-PF

Page 3

Page 4

art III	IMPLE WISH, INC.	ns to organizations described in	26 - 3128590 n section 501(c)(7), (8), or (10) that total more than \$1,000 f
artm	from any one contributor. Complete columns (a) th	hrough (e) and the following line e	entry. For organizations
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp		or less for the year. (Enter this info. once.) \$
) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	yift
	Transferee's name, address, and		Polotionship of transferer to transferes
			Relationship of transferor to transferee
i) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		., .	
		(e) Transfer of g	yift
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of g	gift
			Deletionetin of homeforents he homefores
-	Transferee's name, address, and	121P + 4	Relationship of transferor to transferee
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
Ļ			
		(e) Transfer of g	yift
	Transforação nome address are		Polationchin of transforms to transforms
┝	Transferee's name, address, and	1 LIF + 4	Relationship of transferor to transferee
	· · · · · · · · · · · · · · · · · · ·		
ļ			

60	HEDULE D	Supplement	al Einancial Statements		OMB No. 1545-0047
	n 990)	Complete if the org	al Financial Statements anization answered "Yes" on Form 990,		2019
Depart	ment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information.		Inspection
Nam	e of the organizati	on ONE SIMPLE WISH, I	NC	Emp	ployer identification number 26-3128590
Pa	rt I Organiza	-	ed Funds or Other Similar Funds or A	L CCOL	
		n answered "Yes" on Form 990, Part IV, lir			
			(a) Donor advised funds	b) Fun	ds and other accounts
1	Total number at er	nd of year			
2	Aggregate value o	f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fun		
6			exclusive legal control?		Yes No
6			advisors in writing that grant funds can be used or donor advisor, or for any other purpose confer		
	impermissible priv			0	Yes No
Pa		a	ganization answered "Yes" on Form 990, Part IV		
1		servation easements held by the organizat		,	
	Preservation	n of land for public use (for example, recrea	ation or education)	orically	important land area
	Protection o	f natural habitat	Preservation of a certi	fied hi	storic structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qual	fied conservation contribution in the form of a co	onserv	ation easement on the last
	day of the tax year				Held at the End of the Tax Year
а				2a	
b	•	-		2b	
			ructure included in (a)	2c	
a			after 7/25/06, and not on a historic structure	2d	
3			leased, extinguished, or terminated by the orgar		l a during the tax
Ŭ	vear ►		included, once galanced, or commuted by the organ	inzation	
4		where property subject to conservation ea	sement is located		
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enf	forcement of the conservation easements	it holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcing conservati	on eas	sements during the year
	►				
7		ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation ea	asemei	nts during the year
-	►\$			-> <i>(</i>)	
8			ve satisfy the requirements of section 170(h)(4)(E		
0			ion easements in its revenue and expense state		
9		-	note to the organization's financial statements th		
		counting for conservation easements.			
Pa			f Art, Historical Treasures, or Other	Simil	ar Assets.
	Complete if	f the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and ba	lance :	sheet works
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in furthera	nce of	public
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these items.		
b			58, to report in its revenue statement and balanc		
			c exhibition, education, or research in furtheranc	e of pı	ublic service,
		ing amounts relating to these items:		•	ф.
					ቅ
2			easures, or other similar assets for financial gain,		
2	-	unts required to be reported under FASB /		PLOND	
а					\$
					\$
		eduction Act Notice, see the Instruction			* Schedule D (Form 990) 2019
	• 1 10-02-19	-			. ,

	25	
2019.05040	ONE	SIMPL

Sche		PLE WISH,						6-31			age 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simila	r Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t make si	ignificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🖂 ı		hange progra						
b	Scholarly research	e	• 🗌 C	Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of		-						-		1
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered '	'Yes" on	Form 990,	Part IV,	line 9, oi		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		•						-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								1		1
	Did the organization include an amount on Fo							L	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Pai	T V Endowment Funds. Complete if							h l.	6 N F		
		(a) Current year	(b) Pr	rior year	(c) Two year	s back ((a) Three ye	ars dack	(e) Fou	years	раск
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland		y, column (a	a)) neiù as.						
a h	Board designated or quasi-endowment ▶ Permanent endowment ▶	%	_%								
b		⁷⁰									
С	The percentages on lines 2a, 2b, and 2c sho	-									
30	Are there endowment funds not in the posse		ation tha	t are held a	nd administa	red for th	o organiza	ation			
Ja	by:			t ale field a			le organiza		1	Yes	No
	(i) Unrelated organizations								3a(i)	103	110
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the								_ 0.2		
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		0, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	· · · · ·		or other		cumulated	a I	(d) Boo	k value	 e
		basis (investr		basis		• •	reciation		(, 200		
1 a	Land	`````````````````````````````````									
b	Buildings										
	Leasehold improvements										
d	Equipment				3,929.		3,92	9.			0.
	Other				7,957.	1	.83,87		2	4,0	83.
	Add lines 1a through 1e. (Column (d) must e		X, colum		-					4,0	
	· · · · · · · · · · · · · · · · · · ·										

Schedule D (Form 990) 2019

932052 10-02-19

Complete if the organization answered "Yes" o	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)		

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 2	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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🚺

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 ONE SIMPLE WISH, INC.			26-	3128590 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per		
	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	1,805,352.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-16,276	•	
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-16,276.
3	Subtract line 2e from line 1			3	1,821,628.
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.
					1 001 600
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,821,628.
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit		-	
	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit a.	h Expenses pe	r Retu	irn.
	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	nents Wit a.	h Expenses pe	-	
Pa	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:	nents Wit	h Expenses pe	r Retu	irn.
Pa 1	TXII 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	nents Wit a. 2a	h Expenses pe	r Retu	irn.
Pa 1 2	TXII 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	nents Wit a. 2a 2b	h Expenses pe	r Retu	irn.
Pa 1 2 a	TXII 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 Other losses	nents Wit a. 	h Expenses pe	r Retu	irn.
Pa 1 2 a b c d	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 Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses pe	r Retu	irn.
Pa 1 2 a b c d	TXII 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 Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	nents Wit a. 2a 2b 2c 2d	h Expenses pe	r Retu	rn. <u>1,506,656.</u> 0.
Pa 1 2 a b c d	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 Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents Wit a. 2a 2b 2c 2d	h Expenses pe		irn.
Pa 1 2 a b c d e	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 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:	nents Wit a. 2a 2b 2c 2d	h Expenses pe	r Retu	rn. <u>1,506,656.</u> 0.
Pa 1 2 b c d e 3	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 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	h Expenses pe	r Retu	rn. <u>1,506,656.</u> 0.
Pa 1 2 a b c d e 3 4	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 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	h Expenses pe	r Retu	rn. <u>1,506,656.</u> 0.
Pa 1 2 a b c d e 3 4 a	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 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 2d	h Expenses pe	r Retu 1 2e 3 4c	rn. <u>1,506,656.</u> 0. <u>1,506,656.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	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 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 2d	h Expenses pe	r Retu	rn. <u>1,506,656.</u> 0.

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:

932054 10-02-19

0210 756348 8888	29 DNE SIMPLE WIS	dule D (Form 990) 2019 88881

Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public	SCHEDULE I			irants and Oth					OMB No. 1545-0047
Patter to be rouged updated to be rouged updated to be rouged updated to be rouged updated to the rouge updated to updated to the rouge updated to update	(Form 990)								2019
CNE SIMPLE WISH, INC. 26-3128590 26 2 26	Department of the Treasury Internal Revenue Service		Comp		Attach to For	m 990.			-
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection interview are to award the grants or assistance? Image: Content of Content o	Name of the organiza		E WISH, I	NC.					
conteria used to avaid the grants or assistance? Image: Conteria used to avaid the grants or assistance? Image: Conteria used to avaid the grants or assistance? Image: Conteria used to avaid the grants or assistance? Image: Conteria used to avaid the grants or assistance to Consent or grants for monitoring the use of grant funds in the United States. Image: Conteria used to avaid the grants or assistance to Consent or grants for monitoring the use of grant funds in the United States. Image: Conteria used to avaid the grants or assistance to Consent or grants for monitoring the use of grant funds in the United States. Image: Conteria used to avaid the grants or assistance to Consent or grants for monitoring the use of grant funds in the United States. Image: Conteria used to avaid the grants or assistance to Consent or grants for monitoring the use of grant funds in the United States. Image: Conteria used to avaid the grants or assistance to Consent or grants for monitoring the use of grant funds in the United States. Image: Consent of Grants and Other Store or grants for monitoring the use of grant funds in the United States. Image: Consent of Grants and Consent or grants for monitoring the use of grant funds in the United States. Image: Consent of Grants and Consent or grants for monitoring the use of grant funds in the United States. Image: Consent of Grants and Consent or grants for monitoring the use of grant funds in the United States. Image: Consent of Grants and Consent or grants for monitoring the use of grant funds in the United States. Image: Consent of Grants and Consent or grants for monitoring the use of grant funds in the United States. Image: Consent of Grants and Consent or grants for monitoring the use of grant funds in the Unit	_	-							
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Form 990, Part IV, line 21, for any necipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Mained of valuation and domestic Governments. Complete if the organization answered "Ves" on Form 990, Part IV, line 21, for any necipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1(a) Name and address of organization (b) EIN (c) IPC section (d) Amount of cash grant (e) Maindo of valuation hone and domestic Government. (f) Maindo of valuation hone and domestic Government. (g) Description of noncash assistance (h) Purpose of grant or or assistance 1(a) Name and address of organization (b) EIN (c) IPC section (d) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance 1(a) Name and address of organization (b) EIN (c) IPC section 1(a) Name and address of organization (b) EIN (c) IPC section	criteria used to	award the grants or assi	stance?	-					
Image: construction of the stand stand standing of the standing									t IV line Of few env
1 (a) Name and address of organization or government (b) EIN (c) RC section (f applicable) (d) Amount of cash grant (f) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization or government (b) EIN (c) RC section (f applicable) (d) Amount of cash grant (f) Method of value (f) (g) Description of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization Image: I							anization answered	res" on Form 990, Pai	rt IV, line 21, for any
	1 (a) Name and a	ddress of organization		(c) IRC section	(d) Amount of	(e) Amount of non-cash	valuation (book, FMV, appraisal,		
3 Enter total number of other organizations listed in the line 1 table					ne line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)		0							Schodulo I (Earm 000) (2010)

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

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	9515	1,116,702.	0	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	ishes to	
foster children and vulnerable fam	ilies.	Wishes are	submitted	by the	
Organization's network of communit	y partne	rs (nonpro	fit and go	vernmental	
agencies that serve children and f	amilies	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 approv	es each	wish prior	to it bec	oming	

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Part IV	Supplen		Inform	nation										
Schedule I (F	orm 990)		0	NE S	IMPLE	<u>WISH</u>	<u>,</u> IN	с.				26-	<u>3128</u> 5	590 Page

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization



ONE SIMPLE WISH, INC.

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

abuse and neglect.

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

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

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

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

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

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

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

	Form 9	990,	Part	VI,	Section	в,	Line	15a	.:						
Ī	_HA For F	Paperwo	ork Redu	ction Ac	t Notice, see th	e Inst	ructions fo	or Forn	n 990 or	⁻ 990-EZ.	S	chedule C) (Form 990 or 9	990-EZ) (2	2019)
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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization ONE SIMPLE WISH, INC.	Page 2 Employer identification number 26-3128590
The executive director's salary was based on a review and	approval by the
board of directors and included an assessment of other size	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 selec	ting the
independent certified public accountants who performed the	e audit.

932212 09-06-19

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Form	8868
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(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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.

Type or	Name of exempt organization or other filer, see instruct	Taxpayer identification number (TIN)								
print	ONE SIMPLE WISH, INC.	26-3128590								
File by the due date fo filing your		20 312035	0							
return. See instructions	e									
Enter th	TRENTON, NJ U8618 Return Code for the return that this application is for (file		ate application for each return)			01				
		Return				Return				
Applica Is For		Code	Is For			Code				
	0 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 99		01	Form 1041-A			08				
	20 (individual)	03	Form 4720 (other than individual)			09				
Form 99	· · · · · ·	04	Form 5227			10				
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
	0-T (trust other than above)	06	Form 8870			12				
● If this box ▶ 1 I r th ▶	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga	Group Exe and atta Ma anization's	emption Number (GEN) If uch a list with the names and TINs of $y 17, 2021$, to file s return for: d ending JUN 30, 2020	this is fo all memb	r the whole group, c ers the extension is npt organization retu 	for.				
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less							
	y nonrefundable credits. See instructions.			3a	\$	0.				
	his application is for Forms 990-PF, 990-T, 4720, or 6069,					0				
	timated tax payments made. Include any prior year overp			3b	\$	0.				
	lance due. Subtract line 3b from line 3a. Include your pay					0.				
	ing EFTPS (Electronic Federal Tax Payment System). See			3c						
instructi	: If you are going to make an electronic funds withdrawal ons.	(airect ae	bit) with this form 8868, see form 84	453-EO ai	na Form 8879-EU to	r payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice, Mail to: Department Internal F Ogden, UT	c of Reven	the Treasury ue Service Center		Form 8868 (Re	ev. 1-2020)				

OMB No. 1545-0047