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SCANNED NUV 1 2 2010

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Depa Inter	artment of rnal Reven	the Treasury ue Service		► The orga	nization may have	to use a copy	of this return to	satisfy stat	te reporti	ng requirem	nents	Оре	en to Pul	blic Inspection
	For the	2009 calenda	r year, o	or tax year	beginning 0	7/01/	, 2	2009, and	d endin	g Jun	e 30		, 2010	
В	Check if a	applicable		C Name of	organization			-			D Employ	er Ideni	ification Ni	umber
	Addr		lease use RS label	ONE SI	MPLE WISH	I					26-3	3128	590	
	Nam		or print or type.	Number a	and street (or P O	box if mail is no	ot delivered to str	eet addr)	Room/si	uite	E Telepho	ne num	ber	
	X Initia		See specific	70 JAC	ов ст						(60	9) 8	83-84	84
	-		Instruc- tions.		or country		5	State ZIP	code + 4	-				
)==(nded return		EWING			1	NJ 08	3628-	3345	G Gross re	eceiots	s 101	,874.
	\vdash	 -	Name a		principal officer						a group retur			Yes X No
					Jacob Ct	Ewi	na	NJ 08	3638		l affiliates incl			Yes No
1	Tax-e	exempt status) ◀ (ınsert		4947(a)(1) o		27	If 'No,	attach a list	(see ins	structions)	
Ť		site: N/A	121 00.	(0) (0			10 11 (0)(1)			H(c) Group	exemption nu	ımber •	•	
K		of organization X	Corpora	ation Tru	st Associa	tion Other	<u> </u>	L Year		ion 200			legal domic	ue N.T
_	art I	Summar		ation Tru	31 7330010	tion Other	"	12 (00)	or r orrigat	1011 200	11.11	TELC OF	icgar conne	
<u> </u>		Briefly describe		anization's	mission or me	nst significat	nt activities	One	Simp	le Wis	sh aims	to	allov	N .
-	1	caring in	_			_			~					·
ũ		enabling th										over	ıshed	families.
T.	_													
Governance	2 C	Check this box	- [if the organ	ization discor	itinued its op	erations or d	lisposed	of more	e than 25	% of its as	sets		
	1	lumber of votin	_		•								10	
es	1	lumber of inde				joverning bo	dy (Part VI, I	ine 1b)				4	0	
Activities &		otal number of				· \						5 6	50	
Act		otal number of otal gross unre					mn (C) ine 1	2				7a	30	
	1	let unrelated b						_				7b		
	 	or armoratoa b	40111000	taxable inte		550 1,					Prior Year		Cu	rrent Year
	8 C	Contributions ai	nd aran	ts (Part VIII	line 1h)					<u> </u>	Tior real		Cui	101,874.
Revenue	1	rogram servici	_											101,074.
Ver	1	nvestment inco		-		3, 4, and 7d)							
æ		Other revenue (-	
<u>.</u>		otal revenue -						, line 12)					101,874.
7	13 G	Grants and sim	ılar amo	ounts paid (Part IX, colun	nn (A), lines	1.3)							42,617.
	14 B	Benefits paid to	or for r	members (F	Part IX, colum	n (A), line 4))							
, ,	15 S	Salaries, other	comper	nsation, em	oloyee benefit	s (Part IX, c	olumn (A), lır	nes 5·10)					2,000.
136	16a P	Professional fur	ndraisin	g fees (Par	t IX, column (A), line 11e)	1							
Expenses	ЬТ	otal fundraisin	a exper	- nses (Part I	X. column (D)	. line 25) ►		2.	796.					
ũ		Other expenses		•		· •)		-,					63,558.
	1	otal expenses	•					, j	ì					108,175.
	1	Revenue less e				3 - 1 -	7.00	^_)					-6,301.
₹	_		хропоо.	00000000			11 1 20	1	.	Pogi	nning of Y		En	d of Year
Not Assets or Fund Balancos	20 T	otal assets (Pa	art X lu	ne 16)		151 C	CI 29 50	17	5	Degi		64.		4,912.
A B	21 T	otal liabilities	•	•		lm!		;	:			0.		1,550.
5	22 N	let assets or fu	•	•	ract line 21 fro	m line 20		[][[ч		9.6	64.		3,362.
Pá	art II	Signatur	e Blog	2K \	act into 21 in				-			, 0 1 •	l	3,3021
					have examined th	ns return, includ	ing accompanyin	a schedule:	s and stat	lements, and	to the best of	of my kn	owledge an	nd belief, it is
		Under penaltes of true, correct and	complete	Declaration	have examined the preparer (other t	han officer) is ba	ased on all inform	iation of wh	nich prepa	arer has any	knowledge	7	/ ~	
Sic	gn	▶ //	V	$/\lambda$							101	/Q /	(10)	
He	ere	Signature of	officer		\					Da	ate	\neg	, –	
		► Daniel	lle G	letow	,									
		Type or print												•
			7		11 -			Date	1		Check if	P	reparer's id	lentifying number ions)
Pa		Proparer's	10	\searrow		10		_ ,,	1,1		self- employed	$ \cap $		
Pr		Preparer's signature	V/V	7 4	10 Cm	/ ~	ノ	19	12/	,0				
	rer's	Firm's name (or	ANT	HONY D	SCALCIO	NE, MBA		,						
Ús	se nly	yours if self- employed).			o Drive	•				E	EiN ►			
JI	ıı y	address, and ZIP + 4		ilton			NJ O	8691		I F	Phone no	(60	9) 89	0-1200
Ma	y the IR	S discuss this			parer shown a	bove? (see			-	•				es No
- DA					ction Act Not			··········			TEEANINI	07100		orm 990 (2009)

			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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	1	x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X_	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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			
•	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			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	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? If Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	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 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X
-				

Checklist of Required Schedules (continued)

Part IV

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 X 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 Х Schedule I 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х 24a complete Schedule K If No, go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х 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 Х Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L. Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 1 a Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х 3a this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a Х **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 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? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6ь deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c Х 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? **7** f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form **990** (2009)

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

Sec	tion A. Governing Body and Management								
				Yes	No				
1 a	Enter the number of voting members of the governing body	1a 10]						
E	Enter the number of voting members that are independent	1b 0	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a business relation, director, trustee or key employee?	ationship with any other	2	х					
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		x				
4	Did the organization make any significant changes to its organizational documents		4		X				
	since the prior Form 990 was filed?								
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?								
6 Does the organization have members or stockholders?									
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a									
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	er persons?	7b		<u>х</u>				
8	Did the organization contemporaneously document the meetings held or written actions under the following	aken during the year by							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8ь	Х					
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9						
Sec	tion B. Policies (This Section B requests information about policies not i	required by the Internal		•					
Reve	nue Code)								
				Yes	No				
	Does the organization have local chapters, branches, or affiliates?		10a		<u>X</u>				
t	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10Ъ						
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		L		}				
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u>				
t	Are officers, directors or trustees, and key employees required to disclose annually interests the conflicts?	nat could give rise	12b						
C	Does the organization regularly and consistently monitor and enforce compliance with the police $Schedule\ O\ how\ this\ is\ done$	cy? If 'Yes,' describe in	12c						
13	Does the organization have a written whistleblower policy?		13	Х					
14	Does the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decisions.	pproval by independent sion?							
a	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>				
t	Other officers of key employees of the organization		15b		<u>X</u>				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)								
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year 2	rrangement with a taxable	16a						
t	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to in joint venture arrangements under applicable federal tax law, and taken steps to safeguard to take with respect to such arrangements?	o evaluate its participation he organization's exempt	165						
Sec	status with respect to such arrangements?		16b						
	List the states with which a copy of this Form 990 is required to be filed	_							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) ava	aılable	for pu	blic				
	X Own website								
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public			inanc	ıal				
20	State the name, physical address, and telephone number of the person who possesses the bo Anthony Scalcione 6 Portofino Drive Hamilton N	-		90-8	3740				

Page 7

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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 See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no		ale an	ıy Cı			iicei, i	Jirec			
(A)	(B)	D		(0				(D)	(E)	(F)
Name and Title	Average hours per week	or director	on anshippoint frustee	_	all Key employee	hat erriployee	Forne	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Danielle Gletow										
Exec Director	30.00	Х						923.	0.	0.
Essence William Staff	30.00						х	416.	0.	0.
Patricia Evans	1									
Staff	30.00						Х	288.	0.	0.
										_
					i					
										_
	-									

Part VII Section A. Officers, Directors, Trus		ley	EIT			es,	and			loyees		<u>)[[[,]</u>
(A)	(B)				c)			(D)	(E)		(F)	
Name and Title	Average hours per week			Officer				Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	amor com fr org	stimate unt of co ipensati rom the janizati	other tion e ion
	per week	al trustee tor	Institutional trustee		employee	Highest compensated emptoyee					id relat anizatio	
	-											
	-											
	-											
	-											
	-											
	-											
	-											
	-											
			ļ									
1 b Total							•	1,627.	0.			С
2 Total number of individuals (including but not limited from the organization	l to thos	e list	ted a	abov	ve) ۱	who	rece	eived more than \$	100,000 in reportab	le comp	ensa	tion
											Yes	S No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep 	dıvıdual									3	Х	-
the organization and related organizations greater th	nan \$150	0,000)? [1	f 'Ye	es' c	omp	lete	Schedule J for su	ch	4		X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens edule J	ation for s	froi uch	m aı <i>per</i>	ny u son	nrela	ated	organization for s	services	5		<u> </u>
Section B. Independent Contractors							1		- #100 000 -6			
Complete this table for your five highest compensate compensation from the organization	ea inaep	enae	ent o	cont	ract	ors t	nat	received more tha	In \$100,000 of			
(A) Name and business addres	ss							Description	of Services	Compe	C) ensat	ion
				-								
			_									
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶	but not	limite	ed to	o the	ose	liste	d ab	ove) who received	d more than			

rar	t viii Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u></u>	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS					
≨ક	b Membership dues 1b				
20	c Fundraising events 1c 55,014.				
Z Z	-				
병칙					
S, E	e Government grants (contributions)				
8 Z					
55	f All other contributions, gifts, grants, and				
題気	similar amounts not included above 1f 46,860.				
ξŏ	q Noncash contribns included in lns 1a-1f \$				
ö₹	h Total. Add lines 1a-1f	101,874.			
	II Total. Add lines Ta-11	101,074.			
≝	Business Code				
Ę	2a				
ا پ					
W	b			. <u>.</u>	
- ≥	c				
E	d				
S					
₹	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
ğΙ	g Total. Add lines 2a-2f				
<u> </u>					
	3 Investment income (including dividends, interest and other similar amounts)				
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties			·	
	,				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
ł	·				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	/a Gross amount from sales of				1
	assets other than inventory				İ
	b Less cost or other basis	}			İ
	and sales expenses				
		i			
	c Gain or (loss)				
	d Net gain or (loss)				
	On Consequence from fundaments arounds				
삘	8a Gross income from fundraising events (not including \$ 55,014.				
	· · · · · · · · · · · · · · · · · · ·				
OTHER REVEN	of contributions reported on line 1c)				
~	See Part IV, line 18				İ
<u> </u>	b Less direct expenses b				
틴			·		
_	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities				
	9a Gross income from gaming activities See Part IV, line 19				
					ļ
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
			1	1	1
	b Less cost of goods sold b				ļ
	c Net income or (loss) from sales of inventory				1
	Miscellaneous Revenue Business Code	1			
		 		 -	
	11a	ļ			
	b	1			l
	C	 	<u> </u>		
	d All other revenue				
	e Total. Add lines 11a-11d	L			<u></u>
	12 Total revenue. See instructions	101,874.			
				1	1

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	42,617.	42,617.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,000.	1,000.	1,000.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		_		
a	Management				
ŧ	Legal				
(Accounting				
(i Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				·
ç	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
á	3				
	• •				
			-	-	
	e f All other expenses	63,558.	55,331.	5,431.	2,796.
	Total functional expenses. Add lines 1 through 24f	108,175.	98,948.	6,431.	2,796.
	Joint costs. Check here ► If following	200,2.0.	30,3.0.	0, 1011	2,,,,,,,,
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		··'		<u> </u>	Form 990 (2009

Form 990 (2009)

Part X

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Balance Sheet (**B**) End of year (A) Beginning of year 4,152 1 1,180. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 2,280. 4 500. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a 3,929. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 697. 3,232. 10 c 3,232. 10b b Less accumulated depreciation 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 4,912. 16 Total assets Add lines 1 through 15 (must equal line 34) 9,664. 16 17 0. 1,550. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 25 Other liabilities Complete Part X of Schedule D 1,550. 26 Total liabilities. Add lines 17 through 25 0. 26 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 9,664. 27 27 Unrestricted net assets 9,664. 28 -6,302.28 Temporarily restricted net assets Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 9,664. 33 3,362. 33 Total net assets or fund balances 9,664. 4,912. 34 34 Total liabilities and net assets/fund balances

TEEA0111 01/30/10

Part XI Financial Statements and Reporting			
		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 O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	ıdıt,	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on consolidated basis, separate basis, or both	ı a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e 3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit 3b		

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Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

_		IMPLE WISH							26-3	128590	0	
Par	<u>t I</u>	Reason for Pu	blic Charity Statu	is (All organizations	must d	comple	te this	part.)	See i	nstruct	ions	
The c	orgai	nization is not a priv	ate foundation becaus	se it is (For lines 1 throug	gh 11, cl	heck onl	y one b	ox)				
1		A church, convention	on of churches or asso	ociation of churches descr	ribed in	section	170(b)(1)(A)(i).				
2		A school described	ın section 170(b)(1)(A	A)(ii). (Attach Schedule E)							
3	Ш	A hospital or coope	rative hospital service	e organization described i	n sectio	n 170(b)	(1)(A)(ii	i).				
4	Ш	A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	on 170((b)(1)(A)	(iii) Ente	er the hospital's	
_	_	name, city, and sta				- -				- .		
5		An organization open 170(b)(1)(A)(iv). (C	erated for the benefit o Complete Part II)	of a college or university	owned o	r operat	ed by a	govern	mental u	ınıt descr	ribed in section	
6				overnmental unit describ								
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8	닏	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)						
9	_	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10		An organization org	ganized and operated	exclusively to test for pub	lic safet	y See s	ection 5	509(a)(4).			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h											
	a Type I b Type II c Type III — Functionally integrated d Type III — Other											
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f												
g		Since August 17, 20	006, has the organizat	tion accepted any gift or	contribu	tion fron	n any of	the foll	owing p	ersons?		
•				. , , ,			,		31		Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to apported organization?	gether v	with pers	sons des	cribed	ın (ıı) an	ıd (ııı)	11 g (i)	
		(ii) a family mem	ber of a person desci	ribed in (i) above?							11 g (ii)	
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)	
h		Provide the following	ng information about th	ne supported organization	ıs							
	(1)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your trining ment?	the organ	ou notify ization in (i) of ipport?	organizat	ls the ion in col zed in the S ?	(vii) Amount of Supp	ort
					Yes	No	Yes	No	Yes	No		
				_								
							-				 -	

Schedule A (Form 990 or 990-EZ) 2009

Page 2

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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 1) Section A. Public Support Calendar year (or fiscal year beginning in) ► (c) 2007 (d) 2008 (f) Total (a) 2005 (b) 2006 (e) 2009 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources Net income from unrelated business activities, 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 IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 3 received from disqualified **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal yr beginning in) **(b)** 2006 (e) 2009 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► X Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	990 or 99	90-EZ)	2009	ONI	s si	MPLE	E WI	SH_						26-3	128590)	Page 4
Parti V	Supp	lement	tal Infe	ormat	tion.	Com	plete	this	par	t to p	rovide	the e	explanati	ions red	quired b	y Part I	I, line 1	0;
	Part	II, line	17a oi	r 17b;	and	Part	t III, li	ne 1	12. F	Provid	e any	other	r additior	nal info	rmation	. See in	structio	ns.
											. _							
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

ONE	E SIMPLE WISH		2	6-3128590
Pai		Advised Funds or Other Similar		
- 41	the organization answered 'Yes' to	Form 990. Part IV. line 6.	rulius of Accou	ints Complete ii
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year	(a) Borior davised failes	(2), (3)	ido dila ottici deceditio
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
1	Aggregate value at end of year			****
-	,	<u></u>	<u> </u>	
5	Did the organization inform all donors and don- funds are the organization's property, subject t	or advisors in writing that the assets held in the organization's exclusive legal control	n donor advised ?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	ne benefit of the donor or donor advisor or	funds may be for any other	☐ Yes ☐ No
Pai	rt II Conservation Easements Comple		'es' to Form 990	
1	Purpose(s) of conservation easements held by		<u>cs to roini 550,</u>	Tartiv, inc 7.
'	Preservation of land for public use (e.g., re	· · · · · · · · · · · · · · · · · · ·	tion of an historically	ımportant land area
	Protection of natural habitat		tion of certified histo	·
	Preservation of open space	Treserva	dion of certified filsto	ne siructure
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution	n in the form of a cor	nservation easement on the
			l l	leld at the End of the Year
ä	a Total number of conservation easements		2a	
ŀ	b Total acreage restricted by conservation easen	nents	2b	
(c Number of conservation easements on a certifi	ed historic structure included in (a)	2c	
	d Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	2 d	
	Number of conservation easements modified, t		inated by the organiz	zation during the tax
	year ►	3 ,		3 · · · · ·
4	Number of states where property subject to cor	nservation easement is located >		
5	Does the organization have a written policy regard enforcement of the conservation easemen		handling of violation	ns, Yes No
6	Staff and volunteer hours devoted to monitoring during the year ►		easements	···
7	Amount of expenses incurred in monitoring, instituting the year ▶	specting, and enforcing conservation easer	ments \$	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements o	f section	Yes No
9	In Part XIV, describe how the organization repi include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue of the organization's financial statements the	and expense statemat describes the orga	nent, and balance sheet, and an ancient and an accounting for
Pai	rt III Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasure wered 'Yes' to Form 990, Part IV,	s, or Other Simil line 8.	ar Assets
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement	ic exhibition, education, or research in furth		
ı	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.	SFAS 116, to report in its revenue statement exhibition, education, or research in furth	ent and balance shee nerance of public ser	et works of art, historical vice, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		- \$
	(ii) Assets included in Form 990, Part X			* \$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1		ets for financial gain,	provide the following
i	a Revenues included in Form 990, Part VIII, line	1		▶ \$
ı	b Assets included in Form 990, Part X			\ \$

Schedule D (Form 990) 2009 ONE S				26-312	
Part III Organizations Mainta	ining Collections	s of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply)	on accession and oth		•	at are a significant use o	of its collection
a Public exhibition			r exchange programs		
b Scholarly research		e [Other			
c Preservation for future general					
4 Provide a description of the organ Part XIV		·	,		ın
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or receive ather than to be mair	donations of art, itained as part of	historical treasures, or the organization's colle	other similar ction?	☐ Yes ☐ No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements	Complete if oi	rganization answer		00, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or oth	er intermediary fo	or contributions or other	r assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and comp	olete the following	ı table [.]		
					Amount
c Beginning balance				1c	<u> </u>
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	п., п.,
2a Did the organization include an a		Part X, line 217			∐ Yes ☐ No
b If 'Yes,' explain the arrangement		ation analysis	d 'Vaa' ta Farm 00	0 Dort IV June 10	
Part V Endowment Funds Co		7			(a) Four years book
1 - Designation of trees belongs	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					1
b Contributions					<u> </u>
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	-	ince held as			
a Board designated or quasi-endow	rment •	 8			
b Permanent endowment ►	%				
c Term endowment	%				
3a Are there endowment funds not in organization by	n the possession of the	ne organization th	at are held and admini	stered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related of	rganizations listed as	required on Sch	edule R?		3b
4 Describe in Part XIV the intended	uses of the organiza	ation's endowmen	t funds		
Part VI Investments—Land, B	Buildings, and Ed	<mark>juipment.</mark> See	Form 990, Part X	, line 10	
Description of investment		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment		3,929.		697.	3,232.
e Other			<u> </u>		
Total. Add lines 1a through 1e (Column	n (d) must equal Forr	n 990, Part X, co	lumn (B), line 10(c))	<u> </u>	3,232.
BAA				Schei	dule D (Form 990) 2009

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

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

_	toule D (Form 990) 2009 ONE SIMPLE WISH		-3128590 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	rinanciai Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8	and 0	
10 Da	Excess or (deficit) for the year per audited financial statements. Combine lines 3 t XII Reconciliation of Revenue per Audited Financial Statemer		turn
	Total revenue, gains, and other support per audited financial statements	its with Nevenue per Ne	1
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<u> </u>	
	Net unrealized gains on investments	2a	
	Donated services and use of facilities	2b	
		2c	
	: Recoveries of prior year grants I Other (Describe in Part XIV)	2d	
		Zu	30
	e Add lines 2a through 2d Subtract line 2e from line 1	<u> </u>	2e
		1 1	3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b	
	o Other (Describe in Part XIV) c Add lines 4a and 4b	1 46	40
		-	4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Statement	ents With Evpenses per	<u> </u>
	Total expenses and losses per audited financial statements	ents with Expenses per	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	ŗ	'
	a Donated services and use of facilities	2a	
	Prior year adjustments	2b	
	Other losses	2c	
		2d	
	d Other (Describe in Part XIV) e Add lines 2a through 2d	Zul	2e
	Subtract line 2e from line 1	-	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	1 401	4c
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	.	5
	t XIV Supplemental Information		
lıne	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pai 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d ai mation	rt III, lines 1a and 4; Part IV, lin nd 4b Also complete this part to	es 1b and 2b, Part V, o provide any additional
BAA	TEEA3304 02/02/10		Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 ONE SIMPLE WISH	26-3128590	Page 5
Schedule D (Form 990) 2009 ONE SIMPLE WISH Part XIX Supplemental Information (continued)		
-		-
		
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OMB No 1545-0047	2009	Open to Public Inspection	Employer identification number	26-3128590		stance, and X Yes No	
Grants and Other Assistance to Organizations	Governments and Individuals in the United States	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.		H	Part I General Information on Grants and Assistance	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 criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States
SCHEDINE	(Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	ONE SIMPLE WISH	Part General Int	1 Does the organizal the selection criter	2 Describe in Part IV

Part II Grants and Other Assistance to Governments and	ce to Governme	nts and Organ	izations in the Unit	ed States. Comple	te if the organizat	ion answered 'Ye	s' to Form
990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	y recipient that record of some of the sound	eceived more the	nan \$5,000. Check needed	this box if no one i	ecipient received	more than \$5,00	0. Use ▶
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							-
							-
				:			-
2 Enter total number of section 501(c)(3) and government organizations	and government org	janizations	-			A	_
3 Enter total number of other organizations	ns					A	
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice, see	the Instructions fo	ır Form 990.	TEEA3901	02/10/10	Schedi	Schedule I (Form 990) 2009

(Form 990) 2009 ONE SIMPLE WISH Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	e (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book. (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other)				nation. Complete this part to provide the information required in Part I, line 2, and any other additional information.						Schedule 1 (Form 990) 2009
Schedule I (Form 990) 2009 ONE SIMPLE WISH Part III Grants and Other Assistance to Individual: Use Part IV and Schedule I-1 (Form 990) if	(a) Type of grant or assistance (b) Number recipie				Part IV Supplemental Information. Complete this part to pr	<u>Pt_I_Line_2N/A</u>					ВАД

SCHEDULE.J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ONE SIMPLE WISH

Employer identification number 26-3128590

Par	t I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			}
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	a The organization?	5a		Х
b	hany related organization?	5b		Х
	If 'Yes' to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		•	
a	a The organization?	6a		Х
	b Any related organization?	6b		Х
	If 'Yes' to line 6a or 6b, describe in Part III			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		х
_			 	 ``
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8	ļ	х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2009

Page 2

ONE SIMPLE WISH Schedule J (Form 990) 2009

Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

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(A) Name		(i) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	compensation	Silelle	(a)-(i)(a)	Form 990 or Form 990-EZ
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ВАА				TEEA4102 02	02/02/10		Sched	Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

2009
Open to Publication

	Employer identification number
ONE SIMPLE WISH	26-3128590
Pt VI-B, Line 11A 990 Reviewed by Board and Finance Members	
Pt_VI-A, Line 2 Danielle and Board Member Marissa DeRogatis are	_sisters
	
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Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
Events Income	6,981.
Grants	2,000.
In-Kind	37,879.
Total	46,860.

Supporting Statement of:

Form 990 p $10/Line\ 24f\ col\ (B)\ -2$

Description	Amount
In kind	37,979.
Total	37,979.

Supporting Statement of:

Form 990 p 11/Line 4, column (A)

Description	Amount
Deposits held	500.
Prepaid	134.
Receivables	1,646.
Total	<u>2,280.</u>

Supporting Statement of:

Form 990 p 11/Line 4, column (B)

Description	Amount
Deposits Held	500.
Total	500.