IRS e-file Signature Authorization for an Exempt Organization

calendar year 2015, or fiscal year beginning	, 2	2015, and ending	2

Department of the Treasury	Do not send to the IRS. Keep for your records.		2010
Internal Revenue Service	▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form88		
Name of exempt organization		Employer	identification number
WISH OF A LIF	ETIME	26-2	123649
Name and title of officer			
TOM WAGENLAND EXECUTIVE DIR			
Part I Type of I	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5 whichever is applicable, bl than 1 line in Part I. 1a Form 990 check here 2a Form 990-EZ check he		then leave le line below	line 1b , 2b , 3b , 4b , or 5b , w. Do not complete more $1, 252, 506.$
3a Form 1120-POL check	, , , , , , , , , , , , , , , , , , , ,		
4a Form 990-PF check he		-	
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	ab _	
Part II Declarat	ion and Signature Authorization of Officer		
electronic return and acco further declare that the an intermediate service provid (a) an acknowledgement of the date of any refund. If a debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	I declare that I am an officer of the above organization and that I have examined a copy impanying schedules and statements and to the best of my knowledge and belief, they are count in Part I above is the amount shown on the copy of the organization's electronic reder, transmitter, or electronic return originator (ERO) to send the organization's return to freceipt or reason for rejection of the transmission, (b) the reason for any delay in proceed pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an institution account indicated in the tax preparation software for payment of the organization to debit the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial is c payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic reflectronic funds withdrawal.	are true, consturn. I consturn. I consturn. I consturn I consture I constitute I consture I constitute	rrect, and complete. I sent to allow my d to receive from the IRS eturn or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
Officer's PIN: check one	•		
X I authorize AN	TON COLLINS MITCHELL LLP	to enter my	
	ERO firm name		Enter five numbers, b do not enter all zeros
is being filed wit enter my PIN on As an officer of t	on the organization's tax year 2015 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 2015.	thorize the	aforementioned ERO to
	this return that a copy of the return is being filed with a state agency(ies) regulating char nter my PIN on the return's disclosure consent screen.	ities as par	t of the IRS Fed/State
Officer's signature	Date ▶		
Part III Certifica	tion and Authentication		
	ur six-digit electronic filing identification		
•	your five-digit self-selected PIN. 84493354321 do not enter all zeros		
	neric entry is my PIN, which is my signature on the 2015 electronically filed return for the get this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF se Returns. Client Copy Anton Collins Mitchell LLP		
ERO's signature	Certified Public Accountants Date		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15

Form **8879-EO** (2015)

ggn

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

and ending A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change WISH OF A LIFETIME Name change 26-2123649 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 303-954-9144 110 16TH STREET, SUITE 406 200 termin-ated 1,350,260. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return DENVER, CO 80202 H(a) Is this a group return Applica-F Name and address of principal officer: TOM WAGENLANDER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ WWW.WISHOFALIFETIME.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2008 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: SHIFT HOW SOCIETY VALUES SENIORS Activities & Governance BY GRANTING AND SHARING THEIR LIFELONG WISHES Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) <u>14</u> Number of independent voting members of the governing body (Part VI, line 1b) 18 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 100 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 501,758. 569,139. Contributions and grants (Part VIII, line 1h) Revenue 499,992. 750,000. Program service revenue (Part VIII, line 2g) 220. 174. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -9,240. 574. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,060,111. 1,252,506. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 575,995. 630,513. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 479,053. 560,218. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,190,731. 61,775. 1,055,048. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,063. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 249,182. 283,499. 20 Total assets (Part X, line 16) 18,911. 46,369. 21 Total liabilities (Part X, line 26) 202,813. 264,588. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Client Copy Signature of officer Anton Collins Mitchell LLP Sign TOM WAGENLANDER, EXECUTIVE DIRECTOR Certified Public Accountants Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid WENDY DEWITT P01358310 Firm's name ANTON COLLINS MITCHELL LLP Firm's EIN 01-0724563 Preparer Firm's address 303 EAST 17TH AVENUE, SUITE 600 Use Only Phone no. 303-830-1120 DENVER, CO 80203 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form 8868 (Rev. 1-2014)				Page 2				
If you are filing for an Additional (Not Automatic) 3-Month Ext				X				
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously	filed Form 8868.					
If you are filing for an Automatic 3-Month Extension, complete Additional (Net Automatic) 0. Month Extension	te only Pa	art I (on page 1).		Market in the second control of the second				
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	ial (no copies needed)	•				
		Enter filer's	identifying number, see i	nstructions				
Type or Name of exempt organization or other filer, see instruc	ctions.		Employer identification nu	mber (EIN) or				
print								
File by the WISH OF A LIFETIME 26-2123649								
due date for filling your filling your Street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)								
return. See instructions.								
instructions. City, town or post office, state, and ZIP code. For a for DENVER, CO 80202	reign add	dress, see instructions.						
Enter the Return code for the return that this application is for (file	a popara	to application for each return)		011				
	WWW.5000.60-00223.0000.000			[]				
Application	Return	Application		Return				
ls For	Code	Is For		Code				
Form 990 or Form 990-EZ	01							
Form 990-BL	02	Form 1041-A		08				
Form 4720 (individual)	03	Form 4720 (other than individual)		09				
Form 990-PF	04	Form 5227	onto the control of t	10				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted	06	Form 8870	·	12				
Telephone No. ► 303-830-1120 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit of this is for a Group Return, enter the organization's four digit of the place of the group, check this box ► 1 request an additional 3-month extension of time until 1 for calendar year 2015, or other tax year beginning 1 for the tax year entered in line 5 is for less than 12 months, or 1 Change in accounting period 1 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO COMPLETE AND ACCURATE TAX RETURNS To the organization does not have an office or place of business and the organization is four digit of the state of the organization is four digit of the organi	and atta IOVEM neck reas GAT1	emption Number (GEN) ach a list with the names and EINs of BER 15, 2016. , and endired on: Initial return	If this is for the whole group f all members the extension g Final return	is for.				
 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, 		-	8a \$	0.				
tax payments made. Include any prior year overpayment allo previously with Form 8868.	owed as a	a credit and any amount paid	8b \$	0 .				
Balance due. Subtract line 8b from line 8a. Include your pay		n this form, if required, by using		^				
EFTPS (Electronic Federal Tax Payment System). See instru		the completed for DLife	8c \$	0.				
Juder penalties of perjury, I declare that I have examined this form, including the strue, correct, and complete, and that I am authorized to prepare this for Signature **Title** **Title**	no accomo	st be completed for Part II of anying schedules and statements, and the statements are the statements and the statements are the statements are the statements.	o the best of my knowledge and Date Signal Amount Date Da	d belief,				

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3, 3, 1, 3,
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 876,170 • including grants of \$) (Revenue \$ 750,000 •)
'i a	WE ENVISION A WORLD IN WHICH SOCIETY EMBRACES AGING AND THE INHERENT
	WISDOM THAT ACCOMPANIES IT, WHERE SENIORS ARE CELEBRATED FOR THEIR
	ACCOMPLISHMENTS AND SACRIFICES, AND WHERE INTERGENERATIONAL CONNECTIONS
	ARE PART OF OUR DAILY LIVES. WISHES CONNECT SENIORS TO PEOPLE, PURPOSE,
	AND PASSIONS TO ELIMINATE FEELINGS OF ISOLATION AND HELP THEM LIVE
	VIBRANT, PURPOSEFUL LIVES. A TRUE WISH OF A LIFETIME ACHIEVED MAKES
	OTHER GOALS SEEM POSSIBLE AND ENCOURAGES OUR WISH RECIPIENTS TO KEEP
	DREAMING AND PURSUING THEIR PASSIONS. FOR THE 2015 FISCAL YEAR, WISH OF
	A LIFETIME GRANTED 218 WISHES TO DESERVING SENIORS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	DONATED SERVICES AND USE OF FACILITIES: FOR THE 2015 FISCAL YEAR, WOL
	RECEIVED \$5,975 OF DONATED SERVICES AND USE OF FACILITIES. SERVICES
	INCLUDED MARKETING & PR, ACCOUNTING, AND OTHER PROFESSIONAL SERVICES. THE MONEY SAVED FROM THESE DONATED SERVICES ALLOWED WOL TO GRANT MORE
	WISHES FOR SENIORS IN 2015.
	WIDNED FOR DENIOND IN 2015.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 876,170.

532002 12-16-15

Form 990 (2015) WISH OF A LI Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امدا		v
	complete Schedule G, Part III	19		X

Form **990** (2015)

15111109 759523 JEREMY

Form 990 (2015) WISH OF A LIFETIME Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		25
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? If res, complete schedule L, Fattiv	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200	Х	
20		28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
20	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	200		х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
0.4	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			v
6 -	Part V, line 1	34		X
	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?			_ v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			177
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

Form 990 (2015) WISH OF A LIFETIME Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check in Schedule O Contains a response of note to any line in this Part V				Ш				
				Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 10							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			77					
	(gambling) winnings to prize winners?	 I	1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10							
	filed for the calendar year ending with or within the year covered by this return 2a 18								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			3,7				
	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:	(50.4.5)							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		_		v				
	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 of the control		5b						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_		Х				
	any contributions that were not tax deductible as charitable contributions?		6a						
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	Gh.						
7	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	7a	Х					
	 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 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?								
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		X				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	I	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7 f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
		•	8						
9	Sponsoring organizations maintaining donor advised funds.								
а	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:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	,	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	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.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	L I							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	4.		v				
			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eu	14b	990	(2015				
			LOUD	ฮฮป	(2015)				

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

						Δ				
Sec	tion A. Governing Body and Management									
		Î Î			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other								
	officer, director, trustee, or key employee?			2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the		···							
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's as			4 5		X				
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		··· ├	Ť						
<i>,</i> u				7a		х				
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,		··· ⊢	<i>1</i> u						
b				7b		Х				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		···	7.0						
				8a	х					
a	The governing body?			_	X					
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 reasonable to the provide the provid					Х				
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Λ				
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Coae.)								
					Yes	No X				
	Did the organization have local chapters, branches, or affiliates?			10a						
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				٠,					
12a			⊢	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe								
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?		··· ⊢	13	Х					
14	Did the organization have a written document retention and destruction policy?		L	14	Х					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a	Х					
b	Other officers or key employees of the organization		[₫	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a								
	taxable entity during the year?		[·	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's								
	exempt status with respect to such arrangements?		1	16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s on	ly) av	ailab	e					
	for public inspection. Indicate how you made these available. Check all that apply.									
		in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		and f	inand	cial					
	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 bo	ooks and records:								
	MICHELLE WELCH - 303-830-1120									
	303 EAST 17TH AVE SUITE 600, DENVER, CO 80203									

Form **990** (2015)

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

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

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

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

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

Check this box if neither the organizat (A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an					one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee				tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) CHAR BLOOM	1.00	,,		37				0	0	•	
VICE CHAIR	1.00	Х		Х				0.	0.	0	
(2) DR. MICHAEL R WASSERMAN	1.00	X		х				0.	0.	0	
TREASURER (3) SCOTT WORRELL	1.00	^		Λ				0.	0.	0	
SECRETARY	1.00	X		Х				0.	0.	0	
(4) TOM WAGENLANDER	40.00			22					•	0	
EXECUTIVE DIRECTOR	10.00	x		Х				73,000.	0.	0	
(5) ERIC HIRSCHBERG	1.00							737333			
CHAIR		х		х				0.	0.	0	
(6) JEREMY BLOOM	5.00							-	-		
BOARD MEMBER, FOUNDER		Х						0.	0.	0	
(7) ANDREW CARROLL	1.00										
BOARD MEMBER		Х						0.	0.	0	
(8) DR. JODI CHAMBERS	1.00										
BOARD MEMBER		Х						0.	0.	0	
(9) SARAH BODHAINE	1.00										
BOARD MEMBER		Х						0.	0.	0	
(10) JOSKA HAJDU	1.00								_	_	
BOARD MEMBER		Х						0.	0.	0	
(11) JOE D'URSO	1.00	l									
BOARD MEMBER	1 00	Х						0.	0.	0	
(12) JOSEPH DAVIS	1.00	,,							_		
BOARD MEMBER	1 00	Х						0.	0.	0	
(13) LAURA LARSON	1.00	. ,							_	0	
BOARD MEMBER	1 00	Х						0.	0.	0	
(14) MARY JANE ROGERS	1.00								_	0	
BOARD MEMBER (15) GREG ANTON	1.00	Х	\vdash					0.	0.	0	
BOARD MEMBER	1.00	x						0.	0.	0	
(16) JILLAINA WACHENDORF	40.00		\vdash						•		
CEO	10.00	1		Х				141,625.	0.	0	
				_				_,:=•:			
		1									

Form **990** (2015)

Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average hours per week (list any	box	Position do not check more than one ox, unless person is both an fficer and a director/trustee)				th an	Reportable compensation from the	Reportable compensation from related	l	am	timate nount o other	of
		hours for related organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee			organization: (W-2/1099-MIS		frorgand	pensa om the anizati d relate	e on ed
		below line)	Individua	Institutio	Officer	Key employee	Highest (employe	Former				orga	ınizatio	ons
			_				<u> </u>							
			_				-							
			<u> </u>											
			_				<u> </u>							
			_				\vdash							
							-							
	Sub-total	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	214,625.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0. 214,625.		0.			0.
2	Total (add lines 1b and 1c)								<u> </u>	0,000 of reportable	• •			
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sch	edul	e J t	for such individual			4		Х
5 	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-	•		ted organization or indiv	idual for services		5		Х
Sec 1	ction B. Independent Contractors Complete this table for your five highest co	empensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	npens	ation f	rom	
	the organization. Report compensation for	=	-						n the organization's tax					
	(A) Name and business	address	NO	INC	Ξ				(B) Description of s	ervices		(C Comper	nsation	1
	Total number of independent contractors (i	including but n	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi					(0					Form 9	990 (c	2015

532008 12-16-15

Form	1 990	(2015) WISH	Or A LII	. ETTME			20-2123	049 Page 9
Pa	rt VI							
		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1 1					
S, G		Fundraising events		95,700.				
äft ar /		d Related organizations						
s, (mil		Government grants (contribut						
ion		· All other contributions, gifts, gran	· -					
but		similar amounts not included abo		406,058.				
E O		Noncash contributions included in lines		406,058. 77,360.				
a Co	_	Total. Add lines 1a-1f			501,758.			
				Business Code				
ø.	2 a	BSL SPONSORSHIE		900099	750,000.	750,000.		
ه کِز	k	<u> </u>						
Sur	c							
eve	c	: t						
Program Service Revenue	6	•						
<u>r</u>	f	All other program service reve	enue					
	ç	Total. Add lines 2a-2f			750,000.			
	3	Investment income (including	•					
		other similar amounts)		>	174.			174.
	4	Income from investment of ta	x-exempt bond	proceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
	c	Rental income or (loss)						
	C	d Net rental income or (loss)		>				
	7 8	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		D				
ne	8 8	Gross income from fundraisin						
Other Revenue		including \$ 95,7						
Be		contributions reported on line	r Ic). See	98 328				
her		Part IV, line 18 Less: direct expenses	a	97,754.				
ō		Net income or (loss) from fund		>	574.			574.
		Gross income from gaming at	•		371.			371.
	9 6	Part IV, line 19						
	r	Less: direct expenses						
		Net income or (loss) from gam						
		a Gross sales of inventory, less	-					
		and allowances						
	ŀ	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a			1				
	t							
	c							
	c	All other revenue						
	6	Total. Add lines 11a-11d			4 050 505			
	12	Total revenue. See instructions.			1,252,506.	750,000.	0.	748.

Form 990 (2015) WISH OF A LIFETIME Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,				
	trustees, and key employees	145,375.	100,309.	10,176.	34,890
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	403,137.	261,661.	28,220.	113,256
8	Pension plan accruals and contributions (include	-	-	-	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	37,358.	25,359.	2,568.	9,431
10	Payroll taxes	44,643.	29,399.	3,125.	9,431 12,119
1	Fees for services (non-employees):	,	- ,	,	, -
	Management				
b					
	Accounting	44,820.	27,128.	6,332.	11,360
		11,0200	2772200	0,3321	11,500
	Lobbying Professional fundraising services. See Part IV, line 17				
e					
f	······				
9	Other. (If line 11g amount exceeds 10% of line 25,	8,316.	5,013.	1,303.	2,000
	column (A) amount, list line 11g expenses on Sch 0.)	53,819.	36,314.	3,272.	14,233
12	Advertising and promotion	32,654.	17,564.	3,333.	11,757
13	Office expenses	22,433.	14,110.	840.	7,483
14	Information technology	22,433.	14,110.	040.	7,403
15	Royalties	49,026.	22 410	2 402	12 12/
6	Occupancy	-	32,410.	3,492.	13,124 2,797
17	Travel	3,482.	158.	527.	4,191
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25		٥٦	
19	Conferences, conventions, and meetings	25.		25.	
20	Interest				
21	Payments to affiliates	4 000	0.765	000	0.66
22	Depreciation, depletion, and amortization	4,007.	2,765.	280.	962
23	Insurance	4,052.	1,869.	1,489.	694
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	202 001	202 001		
a		302,801.	302,801.	CEO	2 20
b	AUTO AND PARKING	11,147.	7,200.	652.	3,295
С		2,905.	2,826.	32.	47
d		1,805.	984.	301.	520
е	· — — •	18,926.	8,300.	7,016.	3,610
25	Total functional expenses. Add lines 1 through 24e	1,190,731.	876,170.	72,983.	241,578
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	25,578.	1	37,533.		
	2	Savings and temporary cash investments			160,365.	2	147,645.
	3	Pledges and grants receivable, net			35,378.	3	37,034.
	4	Accounts receivable, net			-	4	
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in sectio	-	· ·			
		employers and sponsoring organizations of sec					
છ		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	5			9,603.	9	11,053.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	29,617.			
	b	Less: accumulated depreciation	10b	9,010.	1,718.	10c	20,607.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			16,540.	15	29,627.
	16	Total assets. Add lines 1 through 15 (must equ	249,182.	16	283,499.		
	17	Accounts payable and accrued expenses			46,369.	17	17,245.
	18	Grants payable				18	
	19	Deferred revenue				19	1,666.
	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 current and forme	r office	rs, directors, trustees,			
≝		key employees, highest compensated employe					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). Complete Part X of			
		Schedule D			16 260	25	10 011
	26	Total liabilities. Add lines 17 through 25			46,369.	26	18,911.
		Organizations that follow SFAS 117 (ASC 95		ck here ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 and lines 34 and lines 34 and lines 35 a			112,813.		17/ 500
<u>a</u>	27	Unrestricted net assets			90,000.	27	174,588.
Fund Balances	28	Temporarily restricted net assets			30,000.	28	30,000.
pur	29	Permanently restricted net assets				29	
Ę.		Organizations that do not follow SFAS 117 (A	ASC 958	B), check here			
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or e				31	
Net	32	Retained earnings, endowment, accumulated in			202,813.	32	264,588.
_	33	Total net assets or fund balances			249,182.	33	283,499.
	34	Total liabilities and net assets/fund balances			449,104·	34	Z03,499.

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)		1,25		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,19		
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	2,8	13.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	26	4,5	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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
	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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	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				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WISH OF A LIFETIME

Employer identification number 26-2123649

_		D (D I !: /	01 11 1111	1 1110				0 2123013
Pa		Reason for Public						
he o	organ	ization is not a private found			-	-		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Ш	A school described in sect						
3		A hospital or a cooperative					-	
4		A medical research organiz	ation operated in co	njunction with a hospita	I describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	_	city, and state:						
5		An organization operated for		llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
	_	section 170(b)(1)(A)(iv). (C	•					
6		A federal, state, or local go	-					
7	X	An organization that norma	•	intial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oport from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	•	·	,		• • • • • • • • • • • • • • • • • • • •	•
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
	_	See section 509(a)(2). (Co	,					
10		An organization organized a	•	•	-			
11		An organization organized a	· ·	•	=		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	~					Check the box in
		lines 11a through 11d that				-	· · · · · ·	
а			· · · · · · · · · · · · · · · · · · ·	•		•		
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o						
b			•					-
		control or management o			same perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus						
С		☐ Type III functionally inte					• •	ed with,
		its supported organizatio						!+!(-)
a	L	☐ Type III non-functionally						
		that is not functionally int	-		-		•	iveness
		requirement (see instruct	•	· ·				
е		Check this box if the orga					a Type I, Type II, Type III	
	Coto	functionally integrated, or	* *					
'		er the number of supported or vide the following information	•	od organization(s)				
<u>9</u>		i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	•	organization	, ,	(described on lines 1-9	listed	in your document?	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
ota	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		·	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	690,386.	554,409.	609,891.	569,139.	564,111.	2,987,936.
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	600 206	554 400	600 001	560 100	564 111	
	Total. Add lines 1 through 3	690,386.	554,409.	609,891.	569,139.	564,111.	2,987,936.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						425 002
_	column (f)						435,002.
	Public support. Subtract line 5 from line 4.						2,552,934.
		(=) 0011	(h) 0010	(-) 0010	(4) 001 4	(a) 0015	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2011 690, 386.	(b) 2012 554,409.	(c) 2013 609, 891.	(d) 2014 569,139.	(e) 2015 564,111.	(f) Total 2,987,936.
	Amounts from line 4 Gross income from interest,	050,500.	334,403.	005,051.	303,133.	304,111.	2,301,330.
0	*						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	427.	414.	452.	220.	174.	1,687.
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.)						
11	Total support. Add lines 7 through 10						2,989,623.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	750,000.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I					14	85.39 %
	Public support percentage from 2014					15	85.49 %
16a	33 1/3% support test - 2015. If the o	•		,		,	
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the c	-					
	and stop here. The organization qualifies as a publicly supported organization						
17a	'a 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	ū				*	
	more, and if the organization meets the						·
40	organization meets the "facts-and-circ						\
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, check this box a	ina see instruction:	s

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
-	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						
	a Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(=) 0011	(h) 0010	(=) 0010	(4) 001 4	(-) 0015	(6) Tatal
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	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						
40	regularly carried on						
12	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	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (line 8, column (f) d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A parson who directly or indirectly controls, either alone or togother with persons described in (b) and (c) below, the governing douty of a supported organization? b A family member of a person described in (a) above? c A 35% controlled writty of a person described in (a) above? 7 B A 35% controlled writty of a person described in (a) above? 8 C A 35% controlled writty of a person described in (a) above? 8 D Did the directors, trushess, or membership of one or more supported organizations have the power to regularly apport or redeated a least a majority of the organization of directors or trustees at all times during the tax year? *I No.* (describe in Part VI No.* the supported organizations directors or trustees at all times during the tax year. 1 Did the directors, trushess at an analysis of the organization had more than one supported organizations, controlled the organization's setwines. If the organization had more than one supported organization, described organization, described in the powers to apported organization or the trush the supported organization organization and the providing such benatic area dout the purposes of the supported organization in Part VI now providing such benatic area dout the purposes of the supported organization providing such benatic area dout the purposes of the supported organization by the controlled or managed the supported organizations? If No.* describe in Part VI now control or management of the supporting organizations. 1 Were a majority of the organization's delectors or trustees during the tax year also a majority of the directors or trustees of each of the organization's power during the providing such benation of the supported organization's in Part VI now control or management of the supported organization's provided organization's and the supported organization's provided organization's and the supported organization's provided organization's and the part of su	Par	TIV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (a) and (c) billow, the governing body of a supported organization? b A tamily member of a person described in (a) above? c A 55% controlled entity of a person described in (a) or (b) above?! Section B. Type I Supporting Organizations 1 Did the directors, fustees, 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 "It's "leach be in Part VI how the supported organization," describe how the powers to appoint and/or remove direction or trustees at all times during the tax year? If "It's "leach be in Part VI how the supported organization," describe how the powers to appoint and/or remove direction or trustees are eallocated among the supported organization, describe how the powers to appoint and/or remove direction or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove direction or trustees were allocated among the supported organization, and with a conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated, supervised, or controlled the supported 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 organizations section C. Type III Supporting Organizations Section D. All Type III Supporting Organizations Wes 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 organizations by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by expended organizations have a significant v		_		Yes	No
below, the governing body of a supported organization? A family member of a person described in (a) or (b) above? A 55% controlled entity of a person described in (a) or (b) above? A 55% controlled entity of a person described in (a) or (b) above? Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization sidectors or trustees at all times during the tax year? If "No," describe in Part VI now the supported organizations (all controlled entity of the organizations) describe in Part VI now the supported organization is directory operated, supervised, or controlled the organizations and what conditions or restrictions; if any, applied to any power during organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the than the supported organization is part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the same persons that controlled or managed the supported organization(s). 1 Were a majority of the organization is directors or trustees during the same persons that controlled or	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations 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 VPC, "describe in Part VI how the supported organization," described how the powers to appoint and/or enterior directors or trustees at all times during the tax year. 2 Did the organization's activities. If the organization flat once than one supported organization, describe how the powers to appoint and/or enterior directors or trustees are all carded among the supported organization, described how the powers to appoint and/or enterior directors or trustees are all carded and the supported organization, described how the powers to appoint and/or enterior directors or the supported organization, described and analysis of the supported organization other than the supported organization organization other than the supported organization organization other than the supported organization of the supporting organization of the supported organization of the supported organization of the supported organizations or trustees of each of the organization's directors or frustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's provided organization's provided organization's provided organization provided organization's provided organization provided organization provided organization provided the supported organization provided the supported organization or the supported organization or supported organization's and the supported organization's provided? 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provided the supported organiza	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regulatly 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 directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to supported organization greated organization and what conditions or restrictions, if any, applied to supported organization file that personal organization greated organization and what conditions or restrictions, if any, applied to supported organization file that the supported organization or supported organization or supported organization or the than the supported organization is apported organization or supported organization or supported organization or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization's in Part V how control or armangement of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the organization's power than the same persons that controlled or management of the organization's provide to each of its supported organization and (ii) copies of the organization's provide to each of its supported organization's provided organization's provided organization's provided organization's offices,		below, the governing body of a supported organization?	11a		
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 he part If how the organization's directors or trustees at all times during the tax year. If No." describe he part If how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated for the benefit of any supported organization that the supported organization(s) that operated, supervised, or controlled the supporting organization that the supported organization of the trust the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 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 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 tax year, (i) a written notice describing the type and amount of support provided uring the prior tax year, (i) a copy of the Form 99 that was most recently filed as of the date of notification, and (iii) copies of the organization supported organizations). 1 Did the organization provide to each of its supported organization? If No." explain in Part VI how the organization maintained a close and continuous working reliabonship with the supported organization(s). 2 Section E. Type III Functionally-Integrate	b	A family member of a person described in (a) above?	11b		
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 organizations directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization services. If the organization and what conditions or restrictions, if any, applied to such power allocated among the supported organization and what conditions or restrictions, if any, applied to such power allocated among the supported organization sand what conditions or restrictions, if any, applied to such power allocated among the supported organization sand what conditions or restrictions, if any, applied to such power allocated among the supported organization (s) that operated, organization (s) the organization is supported organization(s)? If "No," describe in Part VI how control or remangement of the supporting organization (s) the supported organization (s) that operated organization (s) that operated organization (s) the organization (s) and the supported organization (s) that operated organization (s) that operated organization (s) that operated organization (s) that operated organization (s) the organization (s) that operated organization (s) (s) the supported organization (s) that operated organization (s) the organization (s) the organization (s) the organization (s) the organization (s) that operated organization (s) the organization (s) the organization (s) that operated organization (s) the organization (s)	С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
1 Did the directors, tustess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization than that the supported organization of controlled the supported organization of the trust of the purposes of the supported organizations) that operated, supervised, or controlled the supported organization's directors or trustees of each of the supported organization's organization's power in the organization's powering orga	Sec	tion B. Type I Supporting Organizations			
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 V 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 of the than the supported organization of the than the supported organization of the organization's supported organization's or the conditionation or the describence or the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's supported organization's organization's provided organization's organization's provided organization's income or assets at all times during the tax year? If Yes, "describe in Part V the role the organization's inco				Yes	No
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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). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes of the supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," explain in Part VI the reasons for the organization is position that its 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 been engaged in these activities but for the organization's position that its supported organization's position or ele					
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	h		Ju.		
	~		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All			
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functional	y-integral	ed Type III supporting org	anization (see			
	instructions).			·			

Schedule A (Form 990 or 990-EZ) 2015

ı aı	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	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	ns	
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	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>а</u>				
b	5 (2010			
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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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.)
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2015

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
THE SERGEY BRIN & ANNE WOJCICKI FOUNDATION	335,000.	275,208.
GREEN RIVER CAPITAL LLC	119,170.	59,378.
VITAL LIFE FOUNDATION	120,000.	60,208.
THE BRIN WOJCICKI FOUNDATION	100,000.	40,208.
Total Excess Contributions to Schedule A, Part II, Line 5		435,002.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2015

WISH OF A LIFETIME

Employer identification number

26-2123649

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______
\$ _

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

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

WISH OF A LIFETIME

26-2123649

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VITAL LIFE FOUNDATION 4560 SE INTERNATIONAL WAY, SUITE 100 MILWAUKIE, OR 97222	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HADLEY & MARION STUART FOUNDATION 11748 CRYSTAL VIEWS LANE LONGMONT, CO 80504	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PATRICIA AND STANLEY SILVER 701 N ARDEN DRIVE BEVERLY HILLS, CA 90210	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE BRIN WOJCICKI FOUNDATION 855 EL CAMINO REAL, SUITE 250 PALO ALTO, CA 94301	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHARTWELL MASTER CARE LP 100 MILVERTON DRIVE SUITE 700 MISSISSAUGA , CANADA	\$11,992 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

WISH OF A LIFETIME

26-2123649

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art 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
I			

Name of organization Employer identification number 26-2123649 WISH OF A LIFETIME Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WISH OF A LIFETIME

Employer identification number 26-2123649

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impo	rtant land area
	Protection of natural habitat	Preservation of a certi	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	·	•	•
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organiza	tion's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Transuras or Ot	hor Simi	ar Accoto
Fai	Complete if the organization answered "Yes" on Form	•		idi Assets.
			ont and hal	anno about works of ort
ıa	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	·	ice of public	service, provide, in Part XIII,
h	the text of the footnote to its financial statements that described as parallel and a second transfer of the organization elected, as parallel and a second transfer of the organization elected, as parallel and a second transfer of the organization elected.		and balance	a shoot works of art biotorical
D	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, explaining to those items.	ducation, or research in furtherance of put	nic service,	provide the following amounts
	relating to these items:			Φ
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	(ii) Assets included in Form 990, Part X			*
~	the following amounts required to be reported under SFAS 1	,	gairi, provid	ı∪
а	Revenue included on Form 990, Part VIII, line 1		>	\$
	Assets included in Form 990, Part X			
U	, soots moradou mi rollil 000, rait /			₩

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

	t III Organizations Maintaining C	ollections of A		orical Tr	easures o	r Other	Simil		ts/contin		age Z
	Using the organization's acquisition, accession										
3	(check all that apply):	on, and other record	15, CHECI	Carry Or tine	ioliowing triat	are a sig	IIIICant	use or its	COllection	HILEH	5
а	Public exhibition	d		oan or ove	hange prograi	me					
b	Scholarly research	e		Other	mange program	113					
	Preservation for future generations	-	· Ш	Oti 161							
C 4	-	llootions and ovalai	n how th	ov further t	ho organizatio	n'o ovom	nt nurn	ooo in Dor	+ VIII		
4	Provide a description of the organization's co							ose III Fai	t Alli.		
5	During the year, did the organization solicit or to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang										_ INO
ı aı	reported an amount on Form 990, Par		ete ii tile	organizatio	on answered	res onr	onn 990	, rail iv,	iiile 9, oi		
12	Is the organization an agent, trustee, custodia	· · · · · · · · · · · · · · · · · · ·	liany for	contribution	ne or other see	ote not in	ncludod				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								_ 1es		_ INO
D	ii res, explain the arrangement in Part Alli a	and complete the to	illowing i	abie.					Amount		
_	Deginning belongs						10		Amoun	•	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
f 20	Ending balance Did the organization include an amount on Fo								Yes	$\overline{}$	No
	-] NO
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if										
	Ziras William I arrasi complete ii	(a) Current year		rior year	(c) Two years			ears back	(a) Four	Veare	hack
10	Paginning of year balance	,	(D) F	nor year	(C) Two years	b back (C	1) 111166 y	cars back	(e) i oui	years	Dack
	Beginning of year balance										
	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses				+						
g	End of year balance		- /l: 1	a. a a la. (
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a	a)) neid as:						
a	Board designated or quasi-endowment	0/	_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c should be a sh	•									
Зa	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are neid a	ına aamınıster	ea for the	e organiz	zation	Г	V	NI -
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	<i>"</i>				·				3b		
Bo:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	runas.							
rai) D+ "	/ line 44 = 1	Coo Farm 000	Dod V.	no 10				
	Complete if the organization answered	1						-1 T	(-0.5.		_
	Description of property	(a) Cost or o			or other		cumulate	ea	(d) Bool	(valu	е
		basis (investr	nent)	Slasia	(other)	depr	eciation				
	Land										
	Buildings										
	Leasehold improvements				9,617.		9,0	10	2	٦ -	07
	Equipment				J, U1/•		ס, ט.	<u> </u>		J , O	07.
	Other		V 1	an (D) line i	10-)			_	2	٦ 6	07.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 WISH OF A L	IFETIME		26-2123649 Page 3
Part VII Investments - Other Securities.	F 000 P+ IV II	- 44b O Faura 000 Bart V Kan 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost of	or end-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of	il end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	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	e 11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1) CANADA INTERCOMPANY RECEI	VABLE		29,627
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	= 15.)		▶ 29,627
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, lir	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

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

Schedule D (Form 990) 2015

(8)

Pa	rt XI Reconciliation of Revenue per Audited Financia	Statements With Revenu	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	
Ра	rt XII Reconciliation of Expenses per Audited Financia	-	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part		1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	I I		
С	Other losses			
d	Other (Describe in Part XIII.)	<u>-</u>		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Others (Decessible in Dest VIII.)	1 415 1		
b	Other (Describe in Part XIII.)		10	
С	Add lines 4a and 4b			
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			
с 5 Ра	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.)	5	rt XI
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Open to Public Inspection

WISH OF	A LIFETIME				26-2123	649
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
- Total			•			
3 List all states in which the organization or licensing.				s or has been notified	d it is exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2015

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

		le G (Form 990 or 990-EZ) 2015 WISH OI				2123649 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and g	-		· · · · · · · · · · · · · · · · · · ·	
		or rundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
anue			(),	, ,,	,	
Revenue	1	Gross receipts	194,028.			194,028.
	2	Less: Contributions	95,700.			95,700.
	3	Gross income (line 1 minus line 2)	98,328.			98,328.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	24,822.			24,822.
Direct E	7	Food and beverages	37,321.			37,321.
_	8	Entertainment				
	9	Other direct expenses	35,611.			35,611.
	10	Direct expense summary. Add lines 4 through			>	97,754.
Pa	rt l	Net income summary. Subtract line 10 from III Gaming. Complete if the organization		200 Part IV line 10 or		574.
			answered res on rom	1990, Part IV, line 19, Or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
enne		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		_	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1	_			(c) Other gaming	
Expenses		Gross revenue			(c) Other gaming	
		Gross revenue			(c) Other gaming	
Expenses	3	Gross revenue			(c) Other gaming	
Expenses	3 4 5	Gross revenue		bingo/progressive bingo Yes%	Yes%	
Expenses	3 4 5	Gross revenue		bingo/progressive bingo		
Expenses	3 4 5	Gross revenue	Yes%	bingo/progressive bingo Yes%	Yes%	
Expenses	3 4 5	Gross revenue	Yes % No sh 5 in column (d)	bingo/progressive bingo Yes% No	Yes%No	
Direct Expenses	3 4 5 6 7 8	Gross revenue	Yes % No sh 5 in column (d) 7 from line 1, column (d)	bingo/progressive bingo Yes% No	Yes%No	
b G Direct Expenses	3 4 5 6 7 8 Enrist	Gross revenue	Yes% No sh 5 in column (d) from line 1, column (d) ducts gaming activities:	bingo/progressive bingo Yes% No	Yes%No	col. (a) through col. (c))
b G Direct Expenses	3 4 5 6 7 8 Enrist	Gross revenue	Yes% No sh 5 in column (d) from line 1, column (d) ducts gaming activities:	bingo/progressive bingo Yes% No	Yes%No	col. (a) through col. (c))

Schedule G (Form 990 or 990-EZ) 2015

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2015 WISH OF A LIFETIME 26-	2123649	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party >		
С	If "Yes," enter name and address of the third party:		
_	······································		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	<u> </u>		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G (Form 990 or 990-EZ) WISH OF A LIFETIME Part IV Supplemental Information (continued)	26-2123649 Page 4
Part IV Supplemental Information (continued)	

532084 04-01-15

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

WISH OF A LIFETIME

Employer identification number 26-2123649

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		Λ
c	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	60		Х
a	The organization?	6a		X
a	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		-21
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
′	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			-2
9	Regulations section 53.4958-6(c)?	9		
	negulations section 33.4830-0(b)?	ו שו		1

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(i)							
(ii							
(i)							
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open To Public

Name of the organization

Inspection Employer identification number

	, W	ISH OF	٦ A	LIFETIM	Œ						26	-21	236	49		
Part	t I Excess Bene	efit Trans	acti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50	1(c)	(29) organizatio	ns only	y).				
	Complete if the o	organization	ansv	vered "Yes" on	Form 9	990, Pa	art IV, line	25a or 25b	o, or	Form 990-EZ, P	art V,	line 40	Db.			
(a) Name of disqualified person				lified	(c	יו ח	escription of tran	eactio	'n		(d) Corrected?					
(a	ny Marrie or disqualified p	Derson		person and or	ganiz	ation			,, De	escription of trai	isactic	<i>/</i> 11		Ye	es	No
															_	
														_		
															_	
2 -	Inter the amount of tax i	ingurrad by t	tha a	raanization man	ogoro	or dia	auglified i	oroono du	rina	the year under						
												> \$				
	Enter the amount of tax,											► \$				
•	inor the amount of tax,	ii ariy, ori iii	, .	abovo, romnibaro	ou by	1110 01	garnzario					·				
Part	t II Loans to and	d/or From	ı Int	erested Per	sons	.										
	Complete if the c	organization	ansv	vered "Yes" on I	Form 9	990-EZ	, Part V, I	ine 38a or F	orn	n 990, Part IV, lir	ne 26;	or if th	ne orga	nizatio	on	
	reported an amo	unt on Form	1990	, Part X, line 5, 6	6, or 2	2.										
	(a) Name of	(b) Relation		(c) Purpose		oan to or		riginal	(f) Balance due		ln .	(h) App by boa	oroved ard or	(i) W	/ritten
	interested person with organ		ization of loan		organization?		principa	principal amount			default?			committee? agreen		
					То	From					Yes	No	Yes	No	Yes	No
Total		<u> </u>						> \$								
Part	t III Grants or As	sistance	Ber	nefiting Inter	este	d Pe	rsons.	• •								
	Complete if the c	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line	27.								
	(a) Name of interested p	person	(b) Relationship	betwe	een	(c) A	Amount of		(d) Type	of		(e)) Purp	ose o	f
				interested pers		ıd	as	sistance		assistan	ce		á	assista	ance	
				the organiza	ation											
			-													
			-									-+				
			-									\dashv				
			<u> </u>									-+				

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

Schedule L (Form 990 or 990-EZ) 2015

Best IV Besieve Teacher			20 212.	7017	raye z
Part IV Business Transactions Invo	•	21 22			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
BROOKDALE SENIOR LIVING	SEE BELOW	750 000.	SEE BELOW	Yes	No X
BROOKDADE BENION BIVING	DEE BELOW	750,000.	SHE BELOW		
Part V Supplemental Information					
Provide additional information for res	sponses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS	:	
(A) NAME OF PERSON: BROOK	DALE SENIOR LIVING				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	D ORGANIZAT	ION:		
SEE BELOW					
(C) AMOUNT OF TRANSACTION	1 \$ 750,000.				
(D) DESCRIPTION OF TRANSA	ACTION: SEE BELOW				
(E) SHARING OF ORGANIZATI	ON REVENUES? = NO				
SCHEDULE L, PART IV, COLU	JMN (B)				
BROOKDALE SENIOR LIVING E	NGAGED IN SPONSORSHI	P TRANSACTI	ONS WITH TH	HE	
ORGANIZATION. ONE OF THE	ORGANIZATION'S BOAR	D MEMBERS I	S ALSO AN		
EXECUTIVE OF BROOKDALE SE	NTOR LIVING				
EXECUTIVE OF BROOKDARE SE	MIOR DIVING:				
SCHEDULE L, PART IV, COLU	MN (D)				
TRANSACTIONS BETWEEN BROC	KDALE SENIOR LIVING	AND THE ORG	ANIZATION		
ENABLED WISHES TO BE GRAN	TED TO SENIORS.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

WISH OF A LIFETIME

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

Name of the organization

Employer identification number 26-2123649

Pai	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	•	_	3
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (GOODS/WISHES)	X	123	77,360.	FAIR MARKET	' VAL	UE	
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29				
						Y	es	No
30a	During the year, did the organization receive by	contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.						x	
31								
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2015
Open to Public Inspection

Name of the organization

WISH OF A LIFETIME

Employer identification number 26-2123649

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WISH OF A LIFETIME'S (WOL) MISSION IS TO SHIFT THE WAY SOCIETY VIEWS

AND VALUES OUR OLDEST GENERATIONS BY FULFILLING SENIORS' DREAMS AND

SHARING THEIR STORIES TO INSPIRE THOSE OF ALL AGES.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS JEREMY BLOOM AND CHAR BLOOM HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM, REVIEWED BY

MANAGEMENT, AND PRESENTED TO THE BOARD TREASURER FOR REVIEW AND DISCUSSION.

THE FORM 990 WAS THEN PRESENTED TO THE ENTIRE BOARD FOR REVIEW, DISCUSSION AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO ANNUALLY REVIEW THE

CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS OF

INTEREST. ALL ARE REQUIRED TO SIGN AN ANNUAL STATEMENT CERTIFYING SUCH

ACTION HAS TAKEN PLACE AND DISCLOSING ANY POTENTIAL CONFLICTS. ALL BOARD

MEMBERS HAVE A DUTY TO DISCLOSE POTENTIAL CONFLICTS AS THEY ARISE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS ESTABLISHES COMPENSATION FOR ITS KEY EMPLOYEES BASED ON A DISCUSSION OF THE COMPENSATION PAID BY SIMILAR ORGANIZATIONS FOR SIMILAR POSITIONS. THE PROCESS WAS LAST CONDUCTED NOVEMBER 2015.

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

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

WISH OF A LIFETIME	26-2123649
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION PROVIDES COPIES OF IRS FORM 990 AND IRS	FORM 1023 UPON
REQUEST. THE 990 IS ALSO POSTED ON ITS WEBSITE AND LISTE	D ON THE
FOUNDATION CENTER WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES ITS BY-LAWS, CONFLICT OF INTERE	ST POLICY, AND
PERIODIC FINANCIAL STATEMENTS UPON REQUEST.	
FORM 990 SCHEDULE M LINE 31	
THE ORGANIZATION REQUIRES A REVIEW PROCESS WHEN DECIDING	WHETHER TO
ACCEPT NON-STANDARD GIFTS. THIS WAS WRITTEN INTO THE POL	ICIES AND
PROCEDURES MANUAL FOR 2012 AND REVIEWED BY MANAGEMENT, BU	T THE OFFICIAL
EFFECTIVE DATE OF THE MANUAL WAS JANUARY 1, 2013.	