

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
WISH UPON A WEDDING
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
660 WEST LAKE STREET 200
 City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60661

D Employer identification number
27-1370138

E Telephone number
877-305-9474

G Gross receipts \$ **678,393.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

F Name and address of principal officer: **NICOLE FAULS**
660 WEST LAKE STREET, SUITE 200, CHICAGO, IL

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.WISHUPONAWEDDING.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2009** **M State of legal domicile:** **CA**

H(c) Group exemption number _____

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WEDDINGS AND VOW RENEWALS FOR COUPLES FACING SERIOUS ILLNESS OR LIFE-ALTERING CIRCUMSTANCES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	380
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	94,833.	459,415.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33.	5.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	283,382.	98,661.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	378,248.	558,081.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	102,634.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		50,818.	142,754.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		68,075.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		234,068.	305,415.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	387,520.	618,374.	
19 Revenue less expenses. Subtract line 18 from line 12	-9,272.	-60,293.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 939,285.	End of Year 1,019,713.
	21 Total liabilities (Part X, line 26)	5,762.	146,483.
	22 Net assets or fund balances. Subtract line 21 from line 20	933,523.	873,230.

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.

Sign Here Signature of officer: **NICOLE FAULS, PRESIDENT** Date: _____
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **JEFFREY P. FLOOM** Preparer's signature: _____ Date: _____ Check if self-employed: PTIN: **P00014886**
 Firm's name: **FSB&W LLC** Firm's EIN: **81-4031109**
 Firm's address: **544 LAKEVIEW PARKWAY SUITE 301 VERNON HILLS, IL 60061** Phone no.: **847.580.1272**

May the IRS discuss this return with the preparer shown above? See instructions Yes No