

Form **990**

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning , and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 445 E. INNIS AVENUE, PO BOX 77552 City or town, state or province, county, and ZIP or foreign postal code COLUMBUS OH 43207 D Employer identification number 27-1370138 E Telephone number 740-590-7307 G Gross receipts\$ 951,914 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions F Name and address of principal officer: LACEY WICKSALL 445 E INNIS AVENUE COLUMBUS OH 43207 I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.WISHUPONAWEDDING.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation : 2009 M State of legal domicile: CA H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WEDDINGS AND VOW RENEWALS FOR COUPLES FACING SERIOUS ILLNESS OF 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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	800
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	231,340	750,383
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	114,868	105,644
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	346,208	856,027
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	204,098	867,883
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	137,337	160,076
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	80,100	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	275,780	173,157
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	617,215	1,201,116
	19 Revenue less expenses. Subtract line 18 from line 12	-271,007	-345,089
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	700,920	293,089
22 Net assets or fund balances. Subtract line 21 from line 20	98,697	35,955	
		602,223	257,134

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 <i>Lacey Wicksall</i>	Date 11.6.25
	LACEY WICKSALL Type or print name and title EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Preparer's name STEPHEN A GREEN	Preparer's signature <i>Stephen A Green</i>
	Firm's name WINKEL GREEN & COMPANY LLP	Date 11/5/25
	Firm's address 3752 N HIGH ST COLUMBUS, OH 43214	Check <input type="checkbox"/> if self-employed PTIN P01075955
	Firm's EIN 31-4442423	Phone no. 614-261-1494

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

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