# **Public Disclosure Copy**

# Form 990

## \*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\*

## Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

			** PUBLIC DISCLOSURE COPY Return of Organization Exempt From	** Income Tay	OMB No. 1545-0047		
<b>F</b>	Q	an			0000		
Form <b>990</b>		JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (				
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection		
				JUN 30, 2023	mepoonen		
_	Check if		f organization	D Employer identifica	tion number		
	applicat						
	Addr chan	ge WING	S PROGRAM, INC.				
	Nam Chan	ge Doing b	usiness as	36-345606	1		
	Initia	n Number	and street (or P.O. box if mail is not delivered to street address) Room/s				
	Final returi termi		OX 95615	847-519-7			
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	16,559,761.		
Ļ	returi Appli		TINE, IL 60095	H(a) Is this a group ret			
	tion pend		nd address of principal officer: REBECCA A DARR X 95615, PALATINE, IL 60095	for subordinates?			
_	T	empt status:		<b>H(b)</b> Are all subordinates incl			
	Webs		X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or WINGSPROGRAM.COM	527 If "No," attach a lie H(c) Group exemption	st. See instructions		
				rear of formation: 1985 M			
	art I				State of legal dofinence		
	1	Briefly describ	e the organization's mission or most significant activities: THE MISS	ION OF WINGS P	ROGRAM,		
Governance			TO PROVIDE HOUSING, INTEGRATED SERVICE				
nai	2						
Iove	3	Number of vo	ting members of the governing body (Part VI, line 1a)		<u>39</u> 39		
800	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)	5	158		
vitie	6	Total number	of volunteers (estimate if necessary)		2524		
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		3,200.		
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.		
				Prior Year	Current Year		
<u>a</u>	8	Contributions	and grants (Part VIII, line 1h)	9,260,672.	10,374,882.		
Revenue	9	•	ce revenue (Part VIII, line 2g)	123,357.	96,913.		
sev.	10		come (Part VIII, column (A), lines 3, 4, and 7d)	128,590.	35,462.		
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	476,184.	577,181.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,988,803.	11,084,438.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	14		to or for members (Part IX, column (A), line 4)	0.	0.		
Ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	4,718,286.	5,221,853.		
sus	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.		
Expenses	b		ing expenses (Part IX, column (D), line 25) 918,740.	4 004 400			
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	4,294,408.	5,095,655.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,012,694.	10,317,508.		
	19	Revenue less	expenses. Subtract line 18 from line 12	976,109.	766,930.		
S OI				Beginning of Current Year	End of Year		
sset	<b>20</b>	Total assets (I		20,051,146.	25,934,763.		
Net Assets or	21		(Part X, line 26)	2,450,946.	7,449,773.		
	<u>  22</u> art II		fund balances. Subtract line 21 from line 20	17,600,200.	18,484,990.		
		-	I declare that I have examined this return, including accompanying schedules and stat	tements and to the best of mult	nowledge and belief it is		
			. Declaration of preparer (other than officer) is based on all information of which prep		ווטיייובעשב מווע טבוובו, וג 31		
	,	s., and somploto		a. s. mao any moundago.			

Sign	Signature of officer	Date					
	REBECCA A DARR, PRESIDENT/CEO						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check PTIN					
Paid	DAVID LOWENTHAL DAVID LOWEN	NTHAL 01/18/24 self-employed P00378651					
Preparer	Firm's name PLANTE & MORAN, PLLC	Firm's EIN 36-3468829					
Use Only	Firm's address 10 S. RIVERSIDE PLAZA, 9TH E	LOOR					
	CHICAGO, IL 60606	Phone no. (312) 207-1040					
May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check if Schedule O contains a response or note to any line in this Part III	orm Dar	n 990 (2022) WINGS PROGRAM, INC.	36-3456061	Page
Buelty describe the organization's musics.           THE MISSION OF UNIOS PROGRAM, INC IS TO PROVIDE HOUSING, INTEGRATED SERVICES, EDUCATION, AND ADVOCACY TO END DOMESTIC VIOLENCE.           Did the organization undertake any significant program services during the year which were not listed on the prior Form 500 or 500-E2?         Use Significant program services during the year which were not listed on the prior Form 500 or 500-E2?         Use Significant program services completiments for each of its three largest program services, as measured by expenses. Section 501 (e)(9) and 501(e)(0) organizations are required to report the amount of grants and allocations to other, the total expenses, and revenue. (1904, or each program services completiments for each of 15 three largest program services. Section 501 (e)(9) and 501(e)(0) organizations are required to report the amount of grants and allocations to other, the SAPEHOUSES GIVE ABUSED MOMEN AND THEIR CHILDREIN EMERCENCY HOUSING IN A SECURE ENVIRONMENT WHILE THEY DETERMINE THE STEPS INCESSARY TO MOVE TOWARD SELF-SUPFICIENCY AND A VIOLENCE-FREE LIPESTYLE. WE PROVIDED THESE FAMILIES WITH ADVOCACY, GUIDANCE, AND SPENTINE THE STREINE THE SAPENIUS SELF-SUPFICIENCY AND A VIOLENCE-FREE LIPESTYLE. WE PROVIDED THESE STAY WHICH MAY BE UP TO 9 0 DAYS.           90         (code ) (normat 2, 677, 669. returning sector 3 (normat 2, 7, 288.)         TO COST FOR UP TO 6 MONTHS. AFTER SPENDING TIME STABILIZING THEIR STAY WHICH MAY BE UP TO 9 0 DAYS.           910         (code ) (normat 2, 677, 669. returning sector 3 (normat 2, 9, 9, 9, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	r ai			V
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SERVICES, EDUCATION, AND ADVOCACY TO END DOMESTIC VIOLENCE.           PDoF Form 598 or 890-E22           Did the organization undertake any significant program services during the year which were not leded on the prof Form 598 or 890-E22           If "Yea, 'deache these move services on Schedule 0.           Did the organization regard conclust, or make significant changes in how it conducts, any program services, as measured by appendes.           Sectore the organization is program service accomplethments for each of its three largest program services, as measured by appendes.           Sectore the organization is program service accomplethments for each of its three largest program services, as measured by appendes.           Sectore the againstoin strong accomplethments for each of its three largest program services, as measured by appendes.           Sectore to sequences.         4,590,123.           (terms f) (	•		TNG INTEGRATED	
2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 9900 or 990 E27       Image: Second		· · · · · · · · · · · · · · · · · · ·		
prior form 380 or 800-227         □ Yees [%] Nut           If Yees, 'Ganchist these new services on Schedule 0.         3           3         Did the organization program service accompliation transfer in the transfere in the transfer in the transfer in the transfer in the trans		SERVICED, EDUCATION, AND ADVOCACT TO END DOMESTIC VI	Olence.	
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If "Yes,' describe these new services on Schedule 0.         10 Bit be organization case conducting, or make significant changes in how it conducts, any program services?       □ Yes [X] Ni         11 "Yes,' describe these changes on Schedule 0.       10 Section 5 program service accomplishments for each of its three largest program services, as measured by sepanses. Socion 501(93) and 501(4)(93) and 501(4) and 501(		prior Form 990 or 990-EZ?	Yes	X Nc
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4a       (Cont       ) (Revenues 4, 590, 123. Nonlarg guest of 3) (Revenues 3)         SAFEHOUSE PROGRAMS PROVIDED 18, 995 NIGHTS OF SHELTER. THE SAFEHOUSES         GIVE ABUSED WOMEN AND THEIR CHILDREN EMERGENCY HOUSING IN A SECURE         ENVIRONMENT WHILE THEY DETERMINE THE STEPS NECESSARY TO MOVE TOWARD         SEEF-SUPFICIENCY AND A VIOLENCE-PREE LIFESTYLE. WE PROVIDED THESE         FAMILIES WITH ADVOCACY, GUIDANCE, AND SUPPORT SERVICES DURING THEIR         STAAY WHICH MAY BE UP TO 90 DAYS.			to others, the total expenses, a	na
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 Form 990 (2022)
 WINGS PROGRAM, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
	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			
	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,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	0000	Х
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			Yes	No
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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a	х	
h	"Yes," complete Schedule L, Part IV		- 23	x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u></u>
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		х
00	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	~~		v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		77	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			
	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			
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2022) WINGS PROGRAM, INC. 30	6-345600	61	Р	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	158			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·····	2b	<u>X</u>	<u> </u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<u>X</u>	┝──
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	·····	3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	·····	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		<u> </u>
0a			6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	······	Ja		
U			6b		
7	Organizations that may receive deductible contributions under section 170(c).	·····	50		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	·····			
•	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		-		
		7	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as req	uired? 🔽	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-C?	7h		X
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	L	8		X
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				
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:				
	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)		0-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	-	3a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	·····  -	Ja		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
D.	organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?	1	4a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	····· –			
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16					X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Form 990	(2022)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Obselvit Cabadula O sentaine a vecesses av note to any line in this Dout $V/I$	
Check if Schedule O contains a response or note to any line in this Part VI	

X

Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	39	-			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	39	-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other				
	officer, director, trustee, or key employee?			2		<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision				
				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form		s filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	•••					
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	•		77		
а	The governing body?			<u>8a</u>	X		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	<u>Code.)</u>				
					Yes	No X	
	Did the organization have local chapters, branches, or affiliates?			10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c			101			
	· · · · · · · · · · · · · · · · · · ·			10b	Х		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iy beto	re filing the form?	11a	~		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х		
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>						
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			12b	X		
с	on Schedule O how this was done	,		12c	х		
13				13	X		
14				14	X		
15	Did the organization have a written document retention and destruction policy?						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		dependent				
а	The organization's CEO. Executive Director, or top management official			15a	х		
	Other officers or key employees of the organization			15a	X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith 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 orga		•				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\_ extsf{IL}$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	-T (section 501(c)(3)	s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.		,	•••			
	X Own website Another's website X Upon request Other (explai	n on So	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			l financ	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	oks an	d records				
	DENISE URBAN - 847-519-7820						
	P.O. BOX 95615, PALATINE, IL 60095						
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2022.05030 WINGS PROGRAM, INC.

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Form 990 (2022)	WINGS PROGRAM,	INC.	36-3456061	Page 7
Part VII Compen	sation of Officers, Directors	, Trustee	s, Key Employees, Highest Compensated	
Employe	es, and Independent Contra	ctors		
Check if Sc	hedule O contains a response or not	e to any line	in this Part VII	
Section A. Officers, I	Directors, Trustees, Key Employees	s, and High	est Compensated Employees	
		•	pensation for the calendar year ending with or within the organization's /hether individuals or organizations), regardless of amount of compens	

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title         Average hours per week (ist any hours for week below         Description below here and extention and presentation from presentation from presentation from presentation from presentation from presentation from presentation from presentation from presentation from the organization (W-2/1098-NEC)         Estimated composition from the organization (W-2/1098-NEC)         Estimated composition from the organization from the organization from the organization from the organization from the organization from the organization and related organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization and related organization from the organization from the organization from the organization from the organization from the organization and related organization from the organization from the organization and related organization from the organization from the organization from the organization and related organization from the organization from the organization from the organization from the organization and related organization from the organization from telefor from the organization from the organization	(A)	(B)			(0	C)			(D)	(E)	(F)
House per week (list any nours for length         Doc, unservation and box, unservation         Compensation from the organizations         Compensation from the organizations         amount of the organizations           (1)         REBECCA DARR         55.00         X         211, 286.         0.         1,524.           (2)         DENTE BERN         55.00         X         211, 286.         0.         1,524.           (3)         DAVID KAHAN         55.00         X         139,186.         0.         9,426.           (4)         DAVID KAHAN         55.00         X         139,186.         0.         9,426.           (3)         DAVID KAHAN         55.00         X         126,459.         0.         1,484.           (5)         ELLAINS SAMOO REVTHER         6.00         X         X         0.         0.         0.           (6)         JOIN SCLACCOTTA         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANON         4.00         X         X         0.         0.         0.           (6)         JOIN SCLACCOTTA         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANON         4.	Name and title	Average	(do		Pos	ition		ne	Reportable	Reportable	Estimated
Week (ist ary burs for inference (ist ary burs for inference (i		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
(1)         REBECA DARR         55.00         X         211,286.         0.         1,524.           (2)         DENTS URBAN         55.00         X         189,537.         0.         1,524.           (3)         DAVID KAHAN         55.00         X         139,186.         0.         9,426.           (4)         LA TONYA WALKER         55.00         X         126,459.         0.         1,484.           (5)         ELLINE SAMBO-REYTHER         6.00         X         X         0.         0.         0.           (6)         JOHN SCIACCOTA         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (6)         JOHN SCIACCOTA         X         X         0.         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (8)         REBECA HUFFMAN         4.00         X         X         0.         0.         0.           (10)         DEBDY JACKSON         4.00         X         X         0.         0. </td <td></td> <td></td> <td></td> <td>cer ar I</td> <td>id a d</td> <td>irecto</td> <td>r/trus</td> <td>tee)</td> <td></td> <td></td> <td></td>				cer ar I	id a d	irecto	r/trus	tee)			
(1)         REBECA DARR         55.00         X         211,286.         0.         1,524.           (2)         DENTS URBAN         55.00         X         189,537.         0.         1,524.           (3)         DAVID KAHAN         55.00         X         139,186.         0.         9,426.           (4)         LA TONYA WALKER         55.00         X         126,459.         0.         1,484.           (5)         ELLINE SAMBO-REYTHER         6.00         X         X         0.         0.         0.           (6)         JOHN SCIACCOTA         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (6)         JOHN SCIACCOTA         X         X         0.         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (8)         REBECA HUFFMAN         4.00         X         X         0.         0.         0.           (10)         DEBDY JACKSON         4.00         X         X         0.         0. </td <td></td> <td></td> <td>recto</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>J.</td> <td></td>			recto							J.	
(1)         REBECA DARR         55.00         X         211,286.         0.         1,524.           (2)         DENTS URBAN         55.00         X         189,537.         0.         1,524.           (3)         DAVID KAHAN         55.00         X         139,186.         0.         9,426.           (4)         LA TONYA WALKER         55.00         X         126,459.         0.         1,484.           (5)         ELLINE SAMBO-REYTHER         6.00         X         X         0.         0.         0.           (6)         JOHN SCIACCOTA         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (6)         JOHN SCIACCOTA         X         X         0.         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (8)         REBECA HUFFMAN         4.00         X         X         0.         0.         0.           (10)         DEBDY JACKSON         4.00         X         X         0.         0. </td <td></td> <td></td> <td>e or di</td> <td>ee</td> <td></td> <td></td> <td>sated</td> <td></td> <td>J. J. J</td> <td>•</td> <td></td>			e or di	ee			sated		J. J	•	
(1)         REBECA DARR         55.00         X         211,286.         0.         1,524.           (2)         DENTS URBAN         55.00         X         189,537.         0.         1,524.           (3)         DAVID KAHAN         55.00         X         139,186.         0.         9,426.           (4)         LA TONYA WALKER         55.00         X         126,459.         0.         1,484.           (5)         ELLINE SAMBO-REYTHER         6.00         X         X         0.         0.         0.           (6)         JOHN SCIACCOTA         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (8)         REBECA HUFFMAN         4.00         X         X         0.         0.         0.           (10)         DEBBCA HUFFMAN         4.00         X         X         0.         0.         0.           (11)         SUNTHEW HAUMANN         4.00         X         X         0.         0.         0.           (10)         DEBBCA HUFFMAN         4.00         X         X         0. <td< td=""><td></td><td></td><td>rustee</td><td>trus</td><td></td><td>ee</td><td>npen</td><td></td><td>•</td><td>1099-NEC)</td><td>, e</td></td<>			rustee	trus		ee	npen		•	1099-NEC)	, e
(1)         REBECA DARR         55.00         X         211,286.         0.         1,524.           (2)         DENTS URBAN         55.00         X         189,537.         0.         1,524.           (3)         DAVID KAHAN         55.00         X         139,186.         0.         9,426.           (4)         LA TONYA WALKER         55.00         X         126,459.         0.         1,484.           (5)         ELLINE SAMBO-REYTHER         6.00         X         X         0.         0.         0.           (6)         JOHN SCIACCOTA         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (6)         JOHN SCIACCOTA         X         X         0.         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (8)         REBECA HUFFMAN         4.00         X         X         0.         0.         0.           (10)         DEBDY JACKSON         4.00         X         X         0.         0. </td <td></td> <td></td> <td>dual t</td> <td>ltiona</td> <td>_</td> <td>nploy</td> <td>st cor</td> <td>ar</td> <td>1000 1120)</td> <td></td> <td></td>			dual t	ltiona	_	nploy	st cor	ar	1000 1120)		
(1)         REBECA DARR         55.00         x         211,286.         0.         1,524.           (2)         DENISE URBAN         55.00         x         189,537.         0.         1,524.           (3)         DAVID KAHAN         55.00         x         139,186.         0.         9,426.           (4)         LA TONYA WALKER         55.00         x         126,459.         0.         1,484.           (5)         ELLAINE SANGO-REYTHER         6.00         x         x         0.         0.         0.           (6)         JOHN SCIACCOTA         4.00         x         x         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         x         x         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         x         x         0.         0.         0.           (8)         REBECA HUPPMAN         4.00         x         x         0.         0.         0.           (10)         DEBEY JACKSON         4.00         x         x         0.         0.         0.           (11)         SUNTHEW BAUMANN         4.00         x         x         0. <t< td=""><td></td><td></td><td>Indivi</td><td>Institu</td><td>Office</td><td>Key ei</td><td>Highe</td><td>Forme</td><td></td><td></td><td></td></t<>			Indivi	Institu	Office	Key ei	Highe	Forme			
(2)         DENISE URBAN         55.00         x         189,537.         0.         1,524.           (3)         DAVID KAHAN         55.00         x         139,186.         0.         9,426.           (4)         LA TONYA WALKER         55.00         x         126,459.         0.         1,484.           (5)         ELLAINE SAMBO REYTHER         6.00         x         x         0.         0.         0.           (6)         JORN SCIACCOTA         4.00         x         x         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         x         x         0.         0.         0.           (9)         MATTHEW BAUMANN         4.00         x         x         0.         0.         0.           (9)         MATTHEW BAUMANN         4.00         x         x         0.         0.         0.           (10)         DEBECA HUFFMAN         4.00         x         x         0.         0.         0.           (9)         MATTHEW BAUMANN         4.00         x         x         0.         0.         0.           (10)         DEBECA HUFFMAN         5.00         x         x         0. <td>(1) REBECCA DARR</td> <td>55.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(1) REBECCA DARR	55.00									
(2)         DENISE URBAN         55.00         X         189,537.         0.         1,524.           (3)         DAYID KARAN         55.00         X         139,186.         0.         9,426.           (4)         LA TONYA WALKER         55.00         X         126,459.         0.         1,484.           (5)         ELLAINE SAMBO-REYTHER         6.00         X         X         0.         0.         0.           (6)         JORN SCIACCOTA         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (9)         MATTHEW BAUMANN         4.00         X         X         0.         0.         0.           (10)         DEBESCA HUFFMAN         4.00         X         X         0.         0.         0.           (9)         MATTHEW BAUMANN         4.00         X         X         0.         0.         0.           (10)         DEBESCA HUFFMAN         5.00         X         X         0.<	PRESIDENT/CEO		1		х				211,286.	Ο.	1,524.
(3)         DAVID KAHAN         55.00         x         139,186.         0.         9,426.           (4)         LA TONYA WALKER         55.00         x         126,459.         0.         1,484.           (5)         ELLAINE SAMBO-REYTHER         6.00         x         x         0.         0.         0.           (6)         JOHN SCIACCOTTA         4.00         x         x         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         x         x         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         x         x         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         x         x         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         x         x         0.         0.         0.           (10)         DEBECA HUFFMAN         4.00         x         x         0.         0.         0.           (11)         SUMANN         4.00         x         x         0.         0.         0.           (12)         JAME ARAUS         2.00         x         x         0. <td>(2) DENISE URBAN</td> <td>55.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) DENISE URBAN	55.00									
COO         X         139,186.         0.         9,426.           (4)         LA TONYA WALKER         55.00         X         126,459.         0.         1,484.           (5)         ELLAINE SAMBO-REYTHER         6.00         X         X         0.         0.         0.           CHAIRPERSON         X         X         0.         0.         0.         0.           (6)         JOHN SCIACCOTTA         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (8)         REBECA HUFFMAN         4.00         X         X         0.         0.         0.           (9)         MATTHEW BAUMANN         4.00         X         X         0.         0.         0.           (10)         DEBUT         X         X         0.         0.         0.         0.           VICE PRESIDENT OF BOARD DE         X         X         0.         0.         0.         0.           VICE PRESIDENT OF	EXEC VP/CFO				Х				189,537.	0.	1,524.
(4)         LA TONYA WALKER         55.00         X         126,459.         0.         1,484.           (5)         ELLAINE SAMBO-REYTHER         6.00         X         X         0.         0.         1,484.           (5)         ELLAINE SAMBO-REYTHER         6.00         X         X         0.         0.         1,484.           (5)         JOHN SCIACCOTTA         4.00         X         X         0.         0.         0.           (6)         JOHN SCIACCOTTA         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (7)         WILLIAM SHANNON         4.00         X         X         0.         0.         0.           (10)         DEBY JACKSON         4.00         X         X         0.         0.         0.           (11)         SUNTHA CHAMARTI         2.00         X         X         0.         0.         0.           (12)         JANE MARCUS         2.00         X	(3) DAVID KAHAN	55.00									
CPOX126,459.0.1,484.(5) ELLAINE SAMBO-REYTHER6.00XX0.0.0.CHAIRPERSONXX0.0.0.0.0.(6) JOIN SCIACCOTA4.00XX0.0.0.0.OF COUNSELXX0.0.0.0.0.(7) WILLIAM SHANNON4.00XX0.0.0.0.TREASURERXX0.0.0.0.0.SECRETARYXX0.0.0.0.0.(8) REBECA HUFFMAN4.00XX0.0.0.0.SECRETARYXX0.0.0.0.0.(10) DEBBY JACKSON4.00XX0.0.0.0.VICE PRESIDENT OF DOARD DEXX0.0.0.0.0.(11) SUNITHA CHAMARTI2.00XX0.0.0.0.(12) JANE MARCUS2.00XX0.0.0.0.(13) ALGEAN GARNER JR1.00XX0.0.0.0.(14) VICTORIA WATKINS1.00XX0.0.0.0.(15) KEN GORMAN2.00XX0.0.0.0.(16) KELLY MILLER2.00XX0.0.0.0.(17) SANDRA HIRSH0.30X0.0.0. <td< td=""><td><u>coo</u></td><td></td><td></td><td></td><td>Х</td><td></td><td></td><td></td><td>139,186.</td><td>0.</td><td>9,426.</td></td<>	<u>coo</u>				Х				139,186.	0.	9,426.
(5)       ELLAINE SAMBO-REYTHER       6.00       X       X       0.       0.       0.         (6)       JOHN SCIACCOTTA       4.00       X       X       0.       0.       0.         (6)       JOHN SCIACCOTTA       4.00       X       X       0.       0.       0.         (7)       WILLIAM SHANNON       4.00       X       X       0.       0.       0.         (8)       REBECA HUFFMAN       4.00       X       X       0.       0.       0.         (9)       MATTHEW BAUMANN       4.00       X       X       0.       0.       0.         (10)       DEBEY JACKSON       4.00       X       X       0.       0.       0.         VICE PRESIDENT OF BOARD DE       X       X       0.       0.       0.       0.         VICE PRESIDENT OF STRATEGY       X       X       0.       0.       0.       0.         VICE PRESIDENT OF PERSONNE       X       X       0.       0.       0.       0.         VICE PRESIDENT OF PERSONNE       X       X       0.       0.       0.       0.       0.         VICE PRESIDENT OF PERSONNE       X       X       0.	(4) LA TONYA WALKER	55.00									
CHAIRPERSONXXX0.0.0.OF COUNSELXXX0.0.0.0.(7) WILLIAM SHANNON4.00XX0.0.0.(7) WILLIAM SHANNON4.00XX0.0.0.SECRETARXX0.0.0.0.(8) REBECA HUFFMAN4.00XX0.0.0.SECRETARYXX0.0.0.0.(9) MATTHEW BAUMANN4.00XX0.0.0.(10) DEBRY JACKSON4.00XX0.0.0.VICE PRESIDENT OF BOARD DEXX0.0.0.0.(11) SUNTHA CHAMARTI2.00XX0.0.0.VICE PRESIDENT OF STRATEGYXX0.0.0.0.(12) JANE MACUS2.00XX0.0.0.VICE PRESIDENT OF PROGRAMXX0.0.0.0.(13) ALGEAN GARNER JR1.00XX0.0.0.VICE PRESIDENT OF PROGRAM2.00XX0.0.0.VICE PRESIDENT OF PADVOACYXX0.0.0.0.(14) VICTORIA WATKINS1.00XX0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.0.(15) KEN GORMAN2.00XX0.	СРО				Х				126,459.	0.	1,484.
(6)JOHN SCIACCOTTA4.00XXX0.0.0.OF COUNSELXXX0.0.0.0.0.(7)WILLIAM SHANNON4.00XX0.0.0.0.TREASURERXX0.0.0.0.0.0.(8)REBCA HUFFMAN4.00XX0.0.0.0.SECRETARYXX0.0.0.0.0.0.(9)MATTHEW BAUMANN4.00XX0.0.0.0.(10)DEBUY JACKSON4.00XX0.0.0.0.VICE PRESIDENT OF BOARD DEXX0.0.0.0.0.(11)SUNTHA CHAMARTI2.00XX0.0.0.0.(12)JANE MARCUS2.00XX0.0.0.0.VICE PRESIDENT OF PERSONNEXX0.0.0.0.0.(13)ALGEAN GARNER JR1.00XX0.0.0.0.VICE PRESIDENT OF ADVOCACYXX0.0.0.0.0.0.VICE PRESIDENT OF ADVOCACYXX0.0.0.0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.<	(5) ELLAINE SAMBO-REYTHER	6.00									
OF COUNSELXXX0.0.0.(7) WILLIAM SHANNON4.00XXX0.0.0.TREASURERXXX0.0.0.0.(8) REBECA HUFFMAN4.00XX0.0.0.0.SECRETARYXX0.0.0.0.0.(9) MATTHEW BAUMANN4.00XX0.0.0.0.IMMED PAST PRESIDENTXX0.0.0.0.(10) DEBEV JACKSON4.00XX0.0.0.VICE PRESIDENT OF BOARD DEXX0.0.0.(11) SUNITHA CHAMARTI2.00XX0.0.0.VICE PRESIDENT OF STRATEGYXX0.0.0.0.(12) JANE MARCUS2.00XX0.0.0.VICE PRESIDENT OF PERSONNEXX0.0.0.0.(13) ALGEAN GARNER JR1.00XX0.0.0.VICE PRESIDENT OF ADVOCACYXX0.0.0.0.(14) VICTORIA WATKINS1.00XX0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.(15) KEN GORMAN2.00X0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.(16) KELLY MILLER2.00X	CHAIRPERSON		Х		Х				0.	0.	0.
(7)WILLIAM SHANNON4.00XXX0.0.0.TREASURERXXX0.0.0.0.0.0.(8)REBECA HUFFMAN4.00XXX0.0.0.0.SECRETARYXXX0.0.0.0.0.0.(9)MATTHEW BAUMANN4.00XX0.0.0.0.0.IMMED PAST PRESIDENTXXX0.0.0.0.0.(10)DEBBY JACKSON4.00XX0.0.0.0.VICE PRESIDENT OF BOARD DEXX0.0.0.0.0.VICE PRESIDENT OF STRATEGY2.00XX0.0.0.0.VICE PRESIDENT OF PERSONNE1.00XX0.0.0.0.VICE PRESIDENT OF PROGRAM1.00XX0.0.0.0.VICE PRESIDENT OF ADVOCACYXX0.0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.0.0.VICE PRESIDENT OF OPERATIO	(6) JOHN SCIACCOTTA	4.00									
TREASURERXXX000(8) REBECA HUFFMAN4.00XXX000SECRETARYXXX0000(9) MATTHEW BAUMANN4.00XX0000IMMED PAST PRESIDENTXX00000(10) DEBBY JACKSON4.00XX0000VICE PRESIDENT OF BOARD DEXX00000(11) SUNITHA CHAMARTI2.00XX00000(12) JANE MARCUS2.00XX0000000(13) ALGEAN GARNER JR1.00XX00 <td>OF COUNSEL</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	OF COUNSEL		Х		Х				0.	0.	0.
(8) REBECA HUPFMAN4.00 XXXX0.0.0.SECRETARYXXX0.0.0.0.0.(9) MATTHEW BAUMANN4.00 XXX0.0.0.0.IMMED PAST PRESIDENTXXX0.0.0.0.(10) DEBBY JACKSON4.00 XXX0.0.0.0.(11) SUNITHA CHAMARTI2.00 XXX0.0.0.0.VICE PRESIDENT OF BOARD DEXX0.0.0.0.0.(12) JANE MARCUS2.00 XX0.0.0.0.0.VICE PRESIDENT OF PERSONNEXX0.0.0.0.0.(13) ALGEAN GARNER JR1.00 YXX0.0.0.0.0.VICE PRESIDENT OF PROGRAMXX0.0.0.0.0.0.(14) VICTORIA WATKINS1.00 YXX0.0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.0.VICE PRESIDENT OF PHILANTHXX0.0.0.0	(7) WILLIAM SHANNON	4.00									
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(9)MATTHEW BAUMANN4.00IMMED PAST PRESIDENTXX0.0.(10)DEBBY JACKSON4.00XX0.0.VICE PRESIDENT OF BOARD DEXXX0.0.0.(11)SUNITHA CHAMARTI2.00XX0.0.0.VICE PRESIDENT OF STRATEGYXX0.0.0.0.(12)JANE MARCUS2.00XX0.0.0.VICE PRESIDENT OF PERSONNEXX0.0.0.0.VICE PRESIDENT OF PROGRAM1.00XX0.0.0.VICE PRESIDENT OF PROGRAM1.00XX0.0.0.VICE PRESIDENT OF ADVOCACYXX0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.VICE PRESIDENT OF PHILANTH2.00XX0.0.0.VICE PRESIDENT OF PHILANTHXX0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.		4.00									
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(10) DEBBY JACKSON4.00XX0.0.0.VICE PRESIDENT OF BOARD DEXXX0.0.0.0.(11) SUNITHA CHAMARTI2.00XX0.0.0.0.(12) JANE MARCUS2.00XX0.0.0.0.(12) JANE MARCUS2.00XX0.0.0.0.(13) ALGEAN GARNER JR1.00XX0.0.0.0.(14) VICTORIA WATKINS1.00XX0.0.0.0.(15) KEN GORMAN2.00XX0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.(16) KELLY MILLER2.00XX0.0.0.VICE PRESIDENT OF PHILANTHXX0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.0.0.0.UICE PRESIDENT OF OPERATIOXX0.0.0.0.UICE PRESIDENT OF OPERATIOXX0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.	(9) MATTHEW BAUMANN	4.00									
VICE PRESIDENT OF BOARD DEXXX0.0.0.(11) SUNITHA CHAMARTI2.00XX0.0.0.VICE PRESIDENT OF STRATEGYXX0.0.0.0.(12) JANE MARCUS2.00XX0.0.0.0.VICE PRESIDENT OF PERSONNEXX0.0.0.0.(13) ALGEAN GARNER JR1.00VICE PRESIDENT OF PROGRAMXX0.0.0.VICE PRESIDENT OF PROGRAMXX0.0.0.0.(14) VICTORIA WATKINS1.00VICE PRESIDENT OF ADVOCACYXX0.0.0.(15) KEN GORMAN2.00VICE PRESIDENT OF OPERATIOXX0.0.0.0.(16) KELLY MILLER2.00VICE PRESIDENT OF PHILANTHXX0.0.0.0.(17) SANDRA HIRSH0.30VICE PRESIDENT OF OF PHILANTHXX0.0.0.0.			Х		Х				0.	0.	0.
(11) SUNITHA CHAMARTI2.00 XXX0.0.0.VICE PRESIDENT OF STRATEGY2.00 XXX0.0.0.0.VICE PRESIDENT OF PERSONNEXXX0.0.0.0.(13) ALGEAN GARNER JR1.00 XXX0.0.0.0.VICE PRESIDENT OF PROGRAMXX0.0.0.0.0.(14) VICTORIA WATKINS1.00 XXX0.0.0.0.VICE PRESIDENT OF ADVOCACYXX0.0.0.0.0.(15) KEN GORMAN2.00 XXX0.0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.(16) KELLY MILLER VICE PRESIDENT OF PHILANTHXX0.0.0.0.VICE PRESIDENT OF PHILANTH0.30 XX0.0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.0.0.0.0.UICE PRESIDENT OF PHILANTHXX0.0.0.0.0.UICE PRESIDENT OF PHILANTH0.30 XX0.0.0.0.0.UIRECTORXX0.0.0.0.0.0.0. </td <td>(10) DEBBY JACKSON</td> <td>4.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(10) DEBBY JACKSON	4.00									
VICE PRESIDENT OF STRATEGYXX0.0.0.(12) JANE MARCUS2.00XX0.0.0.VICE PRESIDENT OF PERSONNEXX0.0.0.(13) ALGEAN GARNER JR1.00XX0.0.0.VICE PRESIDENT OF PROGRAMXXX0.0.0.VICE PRESIDENT OF PROGRAMXXX0.0.0.VICE PRESIDENT OF ADVOCACYXXX0.0.0.VICE PRESIDENT OF OPERATIOXXX0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.VICE PRESIDENT OF PHILANTH2.00XX0.0.0.VICE PRESIDENT OF PHILANTH0.30XX0.0.0.UICE PRESIDENT OF PHILANTHXX0.0.0.0.UICE PRESIDENT OF PHILANTH0.300.0.0.0.0.UICE PRESIDENT OF PHILANTH0.300.0.0.0.0. <td></td> <td></td> <td>Х</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х		X				0.	0.	0.
(12) JANE MARCUS2.00XX0.0.0.VICE PRESIDENT OF PERSONNEXXX0.0.0.(13) ALGEAN GARNER JR1.00XX0.0.0.VICE PRESIDENT OF PROGRAMXX0.0.0.(14) VICTORIA WATKINS1.00XX0.0.0.VICE PRESIDENT OF ADVOCACYXX0.0.0.0.(15) KEN GORMAN2.00XX0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.(16) KELLY MILLER2.00XX0.0.0.VICE PRESIDENT OF PHILANTHXX0.0.0.0.UICE PRESIDENT OF PHI		2.00									
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(13) ALGEAN GARNER JR1.00XX0.0.0.VICE PRESIDENT OF PROGRAMXXX0.0.0.(14) VICTORIA WATKINS1.00XX0.0.0.VICE PRESIDENT OF ADVOCACYXX0.0.0.0.(15) KEN GORMAN2.00XX0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.0.(16) KELLY MILLER2.00XX0.0.0.VICE PRESIDENT OF PHILANTHXX0.0.0.(17) SANDRA HIRSH0.30X0.0.0.DIRECTORXX0.0.0.		2.00									
VICE PRESIDENT OF PROGRAMXX0.0.0.(14) VICTORIA WATKINS1.00XX0.0.0.VICE PRESIDENT OF ADVOCACYXX0.0.0.(15) KEN GORMAN2.00XX0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.(16) KELLY MILLER2.000.0.0.VICE PRESIDENT OF PHILANTHXX0.0.0.(17) SANDRA HIRSH0.30X0.0.0.DIRECTORXX0.0.0.		1	Х		Х				0.	0.	0.
(14) VICTORIA WATKINS1.00XX0.0.0.VICE PRESIDENT OF ADVOCACYXXX0.0.0.(15) KEN GORMAN2.00XX0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.(16) KELLY MILLER2.00XX0.0.0.VICE PRESIDENT OF PHILANTHXX0.0.0.0.(17) SANDRA HIRSH0.30X0.0.0.0.DIRECTORXX0.0.0.0.		1.00								•	
VICE PRESIDENT OF ADVOCACYXX0.0.0.(15) KEN GORMAN2.00XX0.0.0.VICE PRESIDENT OF OPERATIOXX0.0.0.(16) KELLY MILLER2.00 </td <td></td> <td>1</td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>		1	Х		Х				0.	0.	0.
(15) KEN GORMAN2.00XX0.0.0.VICE PRESIDENT OF OPERATIOXXX0.0.0.(16) KELLY MILLER2.00XX0.0.0.VICE PRESIDENT OF PHILANTHXX0.0.0.0.(17) SANDRA HIRSH0.30X0.0.0.0.DIRECTORXX0.0.0.0.		1.00									
VICE PRESIDENT OF OPERATIOXX0.0.0.(16) KELLY MILLER2.00XX0.0.0.VICE PRESIDENT OF PHILANTHXX0.0.0.(17) SANDRA HIRSH0.30X0.0.0.DIRECTORX0.0.0.0.			Х		Х				0.	0.	0.
(16) KELLY MILLER2.00XX0.0.0.VICE PRESIDENT OF PHILANTHXX0.0.0.0.(17) SANDRA HIRSH0.300.0.0.0.0.DIRECTORXX0.0.0.0.		2.00									
VICE PRESIDENT OF PHILANTHXX0.0.0.(17) SANDRA HIRSH0.300.0.0.0.DIRECTORX0.0.0.0.			Х		X				0.	0.	0.
(17) SANDRA HIRSH DIRECTOR X 0. 0. 0.		2.00								•	
DIRECTOR X 0. 0. 0.		0.20	X		X	-	-		0.	0.	<u> </u>
		0.30								•	
			X						υ.	υ.	

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### 232007 12-13-22

Form 990 (2022)

36-3456061

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2022.05030 WINGS PROGRAM, INC.

Form	990	(2022

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Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C	ompensated Employee	s (continued)	
(A)	(B)	1		•	C)			(D)	(E)	(F)
Name and title	Average	(do			more	ר than d	one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe	rson	is both or/trus	n an	compensation	compensation	amount of
	(list any							from the	from related	other
	hours for	direct						organization	organizations (W-2/1099-MISC/	compensation from the
	related	se or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	ompe		1099-NEC)	,	and related
	below	ndividual trustee or director	n stit utio nal tru stee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	e Hig	For			
(18) DON HOUCHINS	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(19) DARLA SWANGO	0.30							0	0	0
DIRECTOR (20) TERENCE BANICH	0.30	X						0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(21) RENEE FORD	0.30	<u> </u>						0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(22) APRIL GRAVES	0.30									0.
DIRECTOR		x						0.	0.	0.
(23) YOLANDA WILSON-STUBBS	0.30									
DIRECTOR		x						0.	0.	0.
(24) TERRI GREENO	0.30									
DIRECTOR		x						0.	0.	0.
(25) KAREN GRAY-KREHBIEL	0.30									
DIRECTOR		Х						0.	0.	0.
(26) JUDGE KRISTAL RIVERS	0.30									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								666,468.	0.	13,958.
c Total from continuation sheets to Part VI								0.	0.	
d Total (add lines 1b and 1c)								666,468.	0.	13,958.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	oove	e) wh	io re	eceived more than \$100,	000 of reportable	
compensation from the organization										4 Yes No
2 Did the event institut list and former officer							. <b>I</b> a i a			
<b>3</b> Did the organization list any <b>former</b> officer,			-	•	-		Ŭ		•	3 X
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>										
and related organizations greater than \$150	•							-	•	4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." corr	•				-			•		5 X
Section B. Independent Contractors		001	01 00		0010	.011				<u> </u>
1 Complete this table for your five highest co	mpensated inc	depe	ender	nt c	ontra	acto	rs th	nat received more than \$	100,000 of compensa	ation from
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	/ith o	or wi	thin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and business								Description of s		Compensation
CROSSTOWN MAINTENANCE LLC		-	-	-	<u> </u>	~ -		BUILD-OUT OF	OFFICE	040 000
550 W TOUHY AVE, SUTE 420	, SKOKI	Е,	L	Ь	60	07	7	SPACE		249,386.
2 Total number of independent contractors (ii	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organi	zation				1	1		•		
SEE PART VII, SECTION		IN	ŪΑ	ΤI	ON	S	HE	ETS		Form <b>990</b> (2022)
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2022.05030 WINGS PROGRAM, INC. 102113\_1

		npio	yee			lighe	est (	Compensated Employe	· /	
(A)	(B)			_ (C				(D)	(E)	(F)
Name and title	Average hours	(0		Posi all t			ι.Λ	Reportable compensation	Reportable compensation	Estimated amount of
	per	(CI	IECK		IIal	app	y)	from	from related	other
	week					ee		the	organizations	compensatior
	(list any	ector				n ploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire	e e			ted er		(W-2/1099-MISC)		organization
	related	istee o	truste		e	pensa				and related
	organizations	ual tru	ional 1		plo ye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) TRISH ROONEY	0.30	-	-	0	K	Ŧ	ш			
DIRECTOR	0.30	x						0.	0.	0
28) JACKIE TILTON	0.30								-	
DIRECTOR		х						0.	0.	0
(29) JANET BOYLE	0.30									
DIRECTOR		х						0.	0.	0
(30) HARMONY HARRINGTON	0.30									
DIRECTOR		х						0.	Ο.	0
(31) NIYAZ KAMOOKAGATH	0.30									
DIRECTOR		Х						0.	0.	0
(32) MIA LAYNE MD	0.30									
DIRECTOR		Х						0.	0.	0
(33) CAROL LUNDAHL	0.30									
DIRECTOR		Х						0.	0.	0
(34) MICHAEL SICHER	0.30									
DIRECTOR		Х						0.	0.	0
(35) ELIZABETH TENNER	0.30								•	
DIRECTOR	0.20	Х						0.	0.	0
(36) NATE SOLOMON	0.30	v						0.	0	0
DIRECTOR (37) MELISSA CANNING	0.30	Х						0.	0.	0
DIRECTOR	0.30	x						0.	0.	0
(38) JESSICA MCCARIHAN	0.30	Δ						0.	0.	0
DIRECTOR	0.30	х						0.	0.	0
(39) DAVID WOJTONIK	0.30	Δ						0.	0.	0
DIRECTOR	0.50	x						0.	0.	0
(40) SHANNON BYRNE	0.30								•	0
DIRECTOR		x						0.	0.	0
(41) MAUDELL GAINES	0.30								<b>.</b>	
DIRECTOR		х						0.	0.	0
(42) ANTONIO RIVERA	0.30									
DIRECTOR		х						0.	Ο.	0
(43) JILL ZWEIGBAUM	0.30									
DIRECTOR		х						0.	0.	0
(44) JESSICA SCAGGS	0.30									
DIRECTOR - THRU 4/21/23		Х						0.	0.	0
		-								
		<u> </u>	L			I				

							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluc from tax unde
Т						46 712				sections 512 - 5
2		Federated campaigns				46,713.				
2		Membership dues				1 525 054				
		Fundraising events				1,525,954.				
5		Related organizations				6 412 020				
		Government grants (contr				6,412,030.				
5	Ť	All other contributions, gifts,				2 200 195				
	-	similar amounts not included				2,390,185.				
	-	Noncash contributions included in				414,220.	10,374,882.			
		Total. Add lines 1a-1f				Business Code	10,011,002.			
	0 0	HOUSING FEES				624200	77,288.	77,288.		
	2 a	NW COMMUNITY HOSPITA	ΔΤ.			624100	19,625.	19,625.		
5	D O	-				024100	19,023.	15,025.		
	c d				_					
					_					
	e f	All other program service	reve	nue	_	+				
		Total. Add lines 2a-2f					96,913.			
T	3	Investment income (includ								
	•						197,336.			197,3
	4	Income from investment of				Г	,			,
	5	Royalties		-		Г				
	-			(i) Real		(ii) Personal				
	6 a	Gross rents	6a	78,8	32.					
		Less: rental expenses	6b	65,0						
		Rental income or (loss)	6c	13,8						
		d Net rental income or (loss)					13,822.			13,8
		Gross amount from sales of	, <u></u>	(i) Securit	es	(ii) Other				
		assets other than inventory	7a	534,2						
	b	Less: cost or other basis		,						
	-	and sales expenses	7b	696,1	53.					
	с	Gain or (loss)	7c	· · · ·						
		Net gain or (loss)		•			-161,874.			-161,8
	8 a	Gross income from fundraisi	na ev	ents (not						
	_	including \$ 1,								
		contributions reported on								
		Part IV, line 18		-	8a	116,670.				
	b	Less: direct expenses			8b	396,265.				
		Net income or (loss) from			ts		-279,595.			-279,5
		Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gam	ing activities	s					
1		Gross sales of inventory, I								
		and allowances			10a	5,157,498.				
	b	Less: cost of goods sold			10b	4,317,895.				
	с	Net income or (loss) from	sales	s of inventor	у		839,603.	839,603.		
						Business Code				
, 1	11 a	MANAGEMENT FEE				900099	3,200.		3,200.	
	b	ADVISORY FEE				900099	151.	151.		
1	с									
1	d	All other revenue								
		Total. Add lines 11a-11d					3,351.			
	2	Total revenue. See instruction	ne				11,084,438.	936,667.	3,200.	-230,3

2022.05030 WINGS PROGRAM, INC.

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Form 990 (2022) WINGS PROGRAM, INC. Part VIII Statement of Revenue

Form 990 (2022)

WINGS PROGRAM, INC. Part IX Statement of Functional Expenses

26	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> 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				
;	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,		212 101		10/ 07/
	trustees, and key employees	666,461.	213,101.	268,484.	184,870
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 024 440	2 024 449	458,815.	121 10
	Other salaries and wages	3,824,449.	2,934,448.	400,010.	431,18
	Pension plan accruals and contributions (include	16 500	8,817.	1 100	3 50
	section 401(k) and 403(b) employer contributions)	16,599. 387,344.	282,079.	<u>4,190.</u> 78,356.	3,592
	Other employee benefits	327,000.	233,678.	49,073.	44,24
	Payroll taxes	547,000.	433,070.	43,073.	44,24
_	Fees for services (nonemployees):				
a	Management	15,456.	15,456.		
2		78,820.	13,430.	78,820.	
	Accounting	70,020.		70,020.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	18,447.		18,447.	
F ~	Investment management fees	10,117.		10,447.	
g	column (A), amount, list line 11g expenses on Sch 0.)	74,459.	50,136.	20,523.	3,80
	Advertising and promotion	1,787.		20,5251	1 78
	Office expenses	477,613.	394,629.	30,650.	<u> </u>
	Information technology	355,319.	249,292.	74,404.	31,62
	Royalties			, 1, 10 10	51,02
	Occupancy	2,168,607.	2,105,916.	24,649.	38 04
	Travel	31,857.	17,505.	3,189.	38,04
	Payments of travel or entertainment expenses				/_*
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	25,253.	5,529.	7,792.	11,93
	Interest	17,142.	-,	17,142.	,
	Payments to affiliates	,			
	Depreciation, depletion, and amortization	512,807.	495,646.	11,421.	5,74
	Insurance	60,271.	41,791.	9,889.	8,59
	Other expenses. Itemize expenses not covered	,	,		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a	RESIDENT SUPPORT EXPENS	508,352.	508,352.		
c	FOOD	182,873.	182,873.		
c	VEHICLES AND EQUIPMENT	167,694.	154,243.	6,604.	6,84'
d	OTHER STAFF SUPPORT EXP	38,729.	6,590.	31,816.	32
e	All other expenses	360,169.	276,226.	28,197.	55,74
	Total functional expenses. Add lines 1 through 24e	10,317,508.	8,176,307.	1,222,461.	918,74
	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)				

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WINGS PROGRAM, INC.

		Check if Schedule O contains a response or note	e to any	line in this Part X					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
	1	Cash - non-interest-bearing			856,741.	1	873,328.		
	2	Savings and temporary cash investments			2,341,696.	2	815,090.		
	3	Pledges and grants receivable, net			411,679.	з	416,679.		
	4	Accounts receivable, net			1,002,879.	4	2,934,267.		
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%					
		controlled entity or family member of any of these	e perso	ons		5			
	6	Loans and other receivables from other disqualifi	ied pers	sons (as defined					
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6			
ŝ	7	Notes and loans receivable, net			3,993,345.	7	1,000.		
Assets	8	Inventories for sale or use				8			
Ä	9	Prepaid expenses and deferred charges			136,205.	9	301,852.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D		17,053,804.					
	b	Less: accumulated depreciation	10b	5,071,443.	5,509,247.	10c	11,982,361.		
	11	Investments - publicly traded securities			3,891,276.	11	5,113,222.		
	12	Investments - other securities. See Part IV, line 1		r		12			
	13	Investments - program-related. See Part IV, line 1			832,735.	13	0.		
	14	Intangible assets		3,179.	14	3,138.			
	15	Other assets. See Part IV, line 11			1,072,164.	15	3,493,826.		
	16	Total assets. Add lines 1 through 15 (must equa			20,051,146.	16	25,934,763.		
	17	Accounts payable and accrued expenses			869,197.	17	1,167,800.		
	18	Grants payable			01 050	18			
	19	Deferred revenue			91,950.	19	940,560.		
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete F				21			
ies	22	Loans and other payables to any current or form							
Liabilities		trustee, key employee, creator or founder, substa							
Lial	00	controlled entity or family member of any of thes			1,316,144.	22 23	2,414,501.		
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			1,510,144.	23 24	2,414,501.		
	24 25	Other liabilities (including federal income tax, pay	•			24			
	25	parties, and other liabilities not included on lines							
		of Schedule D	-		173,655.	25	2,926,912.		
	26	Total liabilities. Add lines 17 through 25			2,450,946.	26	7,449,773.		
		Organizations that follow FASB ASC 958, chee	ck here	• X	_/ /		.,		
es		and complete lines 27, 28, 32, and 33.							
anc	27				10,186,793.	27	10,695,565.		
Bali	28	Net assets with donor restrictions	7,413,407.	28	7,789,425.				
pu			Drganizations that do not follow FASB ASC 958, check here						
Εu		and complete lines 29 through 33.							
° c	29	Capital stock or trust principal, or current funds				29			
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30			
As	31	Retained earnings, endowment, accumulated inc	come, c	or other funds		31			
Net	32	Total net assets or fund balances			17,600,200.	32	18,484,990.		
_	33	Total liabilities and net assets/fund balances			20,051,146.	33	25,934,763.		

09350118 147228 102113

Form 990 (2022)
Part X Balance Sheet

Form	1990 (2022) WINGS PROGRAM, INC.	36-	-3456061	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,084	1,43	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,317	7,50	08.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,93	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,600	),20	00.
5	Net unrealized gains (losses) on investments	5	505	7,40	00.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-389	),54	<u>40.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,484	1,99	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
				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 on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

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

2022
Open to Public Inspection

OMB No. 1545-0047

### Name of the organization

Name	e of t	he organization						Employer	identification number
			S PROGRAM,					3	6-3456061
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	complete th	nis part.) S	ee instruction	s.	
The o	rgani	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1 [		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	l)(A)(i).		
2 [		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
З [		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4 [		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5 [		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general p	oublic 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 agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
_		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	port from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	-						Check the box on
		lines 12a through 12d that o	• •					-	
а		<b>Type I.</b> A supporting orga		-	•	-			
		the supported organization			i majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				•		-
		control or management o			ame perso	ns that coi	ntrol or manag	ge the supp	oorted
_		organization(s). You mus							-1 24-
С		J Type III functionally inte						ly integrate	d with,
		its supported organization						tad argani-	ration(a)
d		J Type III non-functionally	• •					°,	
		that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness							
•	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
е	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.								
f	Ente	er the number of supported of			0 0				
		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ng document?	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

Schedule A	000	0000
Schedule A	990	1 2022

36-	- 3	45	6(	)6	1	Page	2
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part 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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	6506985.	8407364.	7147586.	9410842.	<u>12961919.</u>	44434696.			
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									
	urnished by a governmental unit to									
	the organization without charge	6506005	0400064	<b>D1 4050C</b>	0.41.0.0.4.0	10001010	44424606			
	Total. Add lines 1 through 3	6506985.	8407364.	7147586.	9410842.	12961919.	44434696.			
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, column (f)						720 720			
~	···						<u>728,720.</u> 43705976.			
	Public support. Subtract line 5 from line 4.						43703970.			
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022				
	Amounts from line 4	(a) 2018 6506985.	8407364.	7147586.		12961919.	(f) Total			
	Gross income from interest,	0000000	0407504.	/14/5000	5410042.	12501515.	111310901			
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	173.053.	154,722.	143,004.	184,624,	197,336.	852,739.			
9	Net income from unrelated business						00277050			
Ŭ	activities, whether or not the									
	business is regularly carried on		2,400.		2,400.	3,200.	8,000.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)			355,004.		151. 355,155.				
11	Total support. Add lines 7 through 10						45650590.			
	Gross receipts from related activities,	etc. (see instructio	ins)			12 11	,946,371.			
	<b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
	organization, check this box and stop here									
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	95.74 %			
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>93.98 %</u>			
16a	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
	stop here. The organization qualifies as a publicly supported organization									
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and <b>stop here.</b> The organization qual	ifies as a publicly s	upported organiza	ation						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact			-	-	VI how the organiz	zation			
	meets the facts-and-circumstances te	-		• • • •	•					
b	10% -facts-and-circumstances test	-					10% or			
	more, and if the organization meets the									
	organization meets the facts-and-circu		•							
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a					
						Schedule A	(Form 990) 2022			

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	Schedule A	Form	990	) 2022
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	<u>, p.e</u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (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	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T	I			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orgar	nization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
16	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che			•		•	
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
23202	23 12-09-22		17			Sched	dule A (Form 990) 2022

2022.05030 WINGS PROGRAM, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	WINGS	PROGRAM,	INC.			
Part IV Supporting Organizations (continued)							

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised or controlled the supporting organization

Section C. T	ype II Supporting	Organizations

Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D.	All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b

Yes No

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1	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must	ng trust on N	•	Part VI). See instructions
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		
	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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	<b>Distributable Amount.</b> 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		Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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 Schedule A (Form 990) 2022
 WINGS PROGRAM, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 Schedule A (Form 990) 2022
 WINGS PROGRAM, INC.
 36-3456061
 Page 7

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)
 (continued)

Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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2022.05030 WINGS PROGRAM, INC.

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Part VI	Form 990) 2022 <b>Supplemental In</b> Part IV, Section A, line line 1: Part IV. Sectior	formation. P es 1, 2, 3b, 3c, 4	rovide the explana	ations required by E	ant II line 10: Dent II line 17e		
	Section D, lines 5, 6, (See instructions.)	n D, lines 2 and 3 and 8; and Part 1	b, 4c, 5a, 6, 9a, 9 3; Part IV, Section /, Section E, lines	b, 9c, 11a, 11b, and E, lines 1c, 2a, 2b, 2, 5, and 6. Also co	art II, line T0; Part II, line T7a I 11c; Part IV, Section B, line 3a, and 3b; Part V, line 1; Pa mplete this part for any addi	or 17b; Part III, line 12; s 1 and 2; Part IV, Section t V, Section B, line 1e; Par tional information.	C, t V,
						Schedule A (Form 9	90) 202

SCHEDULE C	Po	litical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)						2022
		anizations Exempt From Income				ZUZZ
Department of the Treasury	-	if the organization is described b			=Z.	Open to Public Inspection
Internal Revenue Service		to www.irs.gov/Form990 for ins				
•		Form 990, Part IV, line 3, or For		e 46 (Political Campaig	gn Activi	ties), then
		plete Parts I-A and B. Do not com 11(c)(3)) organizations: Complete P		Do not complete Dart L	D	
<ul> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul>		· / · · · ·	ans 1-A and C below. I	Do not complete Part I-	Б.	
Ũ		Form 990, Part IV, line 4, or For	m 990-EZ. Part VI. lin	e 47 (Lobbying Activit	ies), the	ı
-		nave filed Form 5768 (election und			-	
<ul> <li>Section 501(c)(3) org</li> </ul>	, ganizations that h	nave NOT filed Form 5768 (election	n under section 501(h))	: Complete Part II-B. D	o not cor	nplete Part II-A.
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form 9	90-EZ, P	art V, line 35c (Proxy
Tax) (See separate inst						
	, or (6) organizat	ions: Complete Part III.				
Name of organization				E		identification number
Part I-A Comple	WINGS P.	ROGRAM, INC. anization is exempt under	contion 501(a) a	r is a soction 527		5-3456061
	ete il tile org				organi	
<ol> <li>Drovido o doporinti</li> </ol>	an of the organiz	ation's direct and indirect political	compaign activities in			
<ol> <li>Provide a description</li> <li>Political campaign a</li> </ol>		ation's direct and indirect political			¢	
3 Volunteer hours for	, ,					
	politiour ourripui					
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(3)			
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		\$	
2 Enter the amount o	f any excise tax	incurred by organization managers	under section 4955		\$	
		n 4955 tax, did it file Form 4720 fo				Yes No
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt under	$c_{\rm continu} = 501(a)$	woont contion 50	1(0)(2)	
				-		
		l by the filing organization for secti ization's funds contributed to othe			\$	
exempt function ac			•		\$	
•		. Add lines 1 and 2. Enter here and			Ψ	
•	•		-		\$	
		1120-POL for this year?				Yes No
		ployer identification number (EIN)				iling organization
	-	tion listed, enter the amount paid f				
		omptly and directly delivered to a s			arate seg	regated fund or a
		additional space is needed, provid	1	Г		
<b>(a)</b> Name	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's		e) Amount of political tributions received and
				funds. If none, enter		romptly and directly
						elivered to a separate olitical organization.
						If none, enter -0
For Donorrugels Doducti	ion Act Nation	and the Instructions for Form 00		1	Caboo	

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

Schedule C (Form 990) 2022

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Schedule C (Form 990) 2022	WINGS PROGI	RAM, INC.		36-3	3456061 Page 2
Part II-A Complete if the org	anization is exe	mpt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).		<b></b>			
	U U	• • •	n Part IV each affiliated g	group member's nam	ie, address, EIN,
	e of excess lobbying	• •	- defense og ska		
	tion checked box A a	and "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group
		ounts paid or incurred.	)	organization's totals	totals
1a Total lobbying expenditures to influ	ence public opinion	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ence a legislative bo	ody (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures		· ·····			
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) o		bbying nontaxable am	11		
Not over \$500,000		f the amount on line 1e			
Over \$500,000 but not over \$1,000		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	),000.			
g Grassroots nontaxable amount (en	tor 25% of line 1f				
h Subtract line 1g from line 1a. If zero	,				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer					_
reporting section 4911 tax for this		, <b>,</b> ,			Yes No
	4-Year Av	veraging Period Under	Section 501(h)		
(Some organizations the		501(h) election do not rate instructions for li	•	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year	<b>(a)</b> 2019	( <b>b</b> ) 2020	(c) 2021	(d) 2022	(e) Total
(or fiscal year beginning in)					
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures		1		Cabad	ule C (Form 990) 2022

Schedule C (Form 990) 2022

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# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	)	(b)
of the lobbying activity.	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		Х	
d Mailings to members, legislators, or the public?		Х	
e Publications, or published or broadcast statements?		Х	
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,156.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?	X		2,835.
j Total. Add lines 1c through 1i			3,991.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	ction 501(c)(5	), or sec	tion
			Yes No
1 Mars substantially all (00% as mars) dues ressined pendeductible by members?			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures fro Part III-B Complete if the organization is exempt under section 501(c)(4), see			tion
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	• • •		
answered "Yes."		by r arci	n 7, inie 0, io
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p			
expenses for which the section 527(f) tax was paid).			
a Current year		2a	
<b>b</b> Carryover from last year			
c Total			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
<ul><li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the</li></ul>			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a			
expenditures next year?	na pontoai	4	
<ul> <li>5 Taxable amount of lobbying and political expenditures. See instructions</li> </ul>			
Part IV Supplemental Information		U	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g	roup list): Part II-4	Lines 1 a	nd 2 (See
instructions); and Part II-B, line 1. Also, complete this part for any additional information.		.,	
PART II-B, LINE 1, LOBBYING ACTIVITIES:			
WINGS WORKED WITH ADVOCACY ORGANIZATIONS (ICADV, TH	E NETWORK	) ТО	
STRATEGIZE AND PLAN CONVERSATIONS WITH LEGISLATORS A	ABOUT DV	SUPPO	RT.
MEETINGS ALSO TOOK PLACE WITH LEGISLATORS SUBSEQUENT	ר דר דד	PLANN	TNG.

Schedule C (Form 990) 2022

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SC		Supplementa	al Financial S	tatements		OMB No. 1545-0047
	n 990)	Complete if the orga	nization answered "Ye	es" on Form 990,		2022
		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 1 .ttach to Form 990.	1e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury Revenue Service	Go to www.irs.gov/Form99		the latest information	on.	Inspection
Nam	e of the organization					r identification number $36 - 3456061$
Par	t I Organiza	WINGS PROGRAM, INC tions Maintaining Donor Advise		Similar Funds or		
1 01		n answered "Yes" on Form 990, Part IV, lin			Accounts.	Complete il the
			(a) Donor advis	sed funds	(b) Funds ar	nd other accounts
1	Total number at en	d of year				
2		contributions to (during year)				
3	Aggregate value of	grants from (during year)				
4	Aggregate value at	end of year				
5	Did the organizatio	n inform all donors and donor advisors in v	writing that the assets h	neld in donor advised	funds	
		n's property, subject to the organization's				. Yes No
6	0	n inform all grantees, donors, and donor a	0 0		,	
		oses and not for the benefit of the donor o		• • •	-	
Par	impermissible priva		· · · · · · · · · · · · · · · · · · ·		·····	Yes No
		ation Easements. Complete if the org			rt IV, line 7.	
1		ervation easements held by the organizatio		_	historically impo	wtant land area
		of land for public use (for example, recrea f natural habitat		Preservation of a Preservation of a		
		of open space				Structure
2		through 2d if the organization held a qualif	ied conservation contril	bution in the form of :	a conservation e	easement on the last
-	day of the tax year	<b>o</b>				at the End of the Tax Year
а		nservation easements			2a	
b						
с	Number of conserv	vation easements on a certified historic stru				
d		vation easements included in (c) acquired a				
	historic structure li	sted in the National Register			2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or	terminated by the or	ganization durin	ig the tax
	year					
4		where property subject to conservation eas				
5	•	ion have a written policy regarding the per	<b>0</b> , 1	ction, handling of		
		prcement of the conservation easements it				Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conserv	vation easement	ts during the year
7		 es incurred in monitoring, inspecting, hanc	lling of violations and e	nforcing conservation	n easements du	ring the year
•	A mount of expense					
8	Does each conserv	/ation easement reported on line 2(d) abov	e satisfy the requiremer	nts of section 170(h)(4	4)(B)(i)	
		(4)(B)(ii)?				Yes No
9		e how the organization reports conservation				
	balance sheet, and	I include, if applicable, the text of the footr	note to the organization	's financial statement	s that describes	s the
		ounting for conservation easements.				
Par		tions Maintaining Collections of	-	easures, or Othe	er Similar As	sets.
		the organization answered "Yes" on Form				
1a		elected, as permitted under FASB ASC 95				
		asures, or other similar assets held for put			erance of public	0
		Part XIII the text of the footnote to its finar				
b	-	elected, as permitted under FASB ASC 95	· -			
		ures, or other similar assets held for public	exhibition, education, e	or research in furthera	ance of public s	ervice,
	-	ng amounts relating to these items:			¢	
		ded on Form 990, Part VIII, line 1 d in Form 990, Part X			•	
2	.,	received or held works of art, historical tre	asures or other similar			
2		ints required to be reported under FASB A				
я	-	on Form 990, Part VIII, line 1	-		\$	
		Form 990, Part X				
		eduction Act Notice, see the Instructions				edule D (Form 990) 2022
	09-01-22	-				- •
			21			

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Sche		ROGRAM, INC							456061		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historica	I Trea	asures, or	Other	Similar	Asse	ts <sub>(contin</sub>	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any c	of the fo	ollowing that	make sig	nificant u	ise of its	;		
	collection items (check all that apply):										
а	Public exhibition	d	Loan	or exch	nange progra	m					
b	Scholarly research	е	Other								
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how they fur	ther the	e organizatio	n's exemp	ot purpos	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historica	al treas	ures, or othe	r similar a	issets	_			_
_	to be sold to raise funds rather than to be ma								Yes		No
Par			te if the organ	nizatior	n answered "'	Yes" on F	orm 990	, Part IV	, line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia							_	_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						<u> </u>		
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
t	Ending balance						1f				
	Did the organization include an amount on Fo					-	y?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete in						<u></u>				<u> </u>
1 41		(a) Current year	(b) Prior ye		(c) Two years		d) Three y	ears hac	(e) Four	vears	hack
4.0	Designing of year balance	4,114,028.	4,621,		3,559			93,685		455,	
1a ⊾	Beginning of year balance	4,114,020.	4,021,		5,555	,005.	5,5	,005	• • • •	<del>1</del> 55,	<u> </u>
0	Contributions Net investment earnings, gains, and losses	474,206.	-493,	048	1,078	826		18,900		154,	021
с d	Grants or scholarships	1,1,200.	,		1,0,0	,020.		10,500	•	191,	
	Other expenditures for facilities										
e											
f	Administrative expenses	16,627.	13	968.	16	,845.		15,722	-	15	532.
		4,571,607.	4,114,		4,621	-		59,063		593,	
2	Provide the estimated percentage of the curr	, ,				,	. , .	,			
- a	Board designated or quasi-endowment	• 0000	%	iiiii (a))							
h	Permanent endowment 53.7000	%									
c	16 2000	/°									
•	The percentages on lines 2a, 2b, and 2c show	, -									
3a	Are there endowment funds not in the posses		tion that are h	eld an	d administere	ed for the					
	organization by:	5							ſ	Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations										Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedu	le R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line	11a. Se	ee Form 990,	Part X, lii	ne 10.				
	Description of property	(a) Cost or of	her <b>(b</b>	) Cost	or other	( <b>c)</b> Ace	cumulate	d	(d) Book	k value	е
		basis (investm	,	basis (		depi	reciation				
1a	Land				1,989.				1,440		
	Buildings		14	-	1,062.		<u>50,58</u>		10,200		
	Leasehold improvements				4,065.		29,81			1,24	
d	Equipment				1,117.		57,49			3,61	
	Other			64	6,571.	5	33,54			3,02	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	K. column (B),	line 10	)c.)				11,982	2,30	51.
							:	Schedu	le D (Form	990)	2022

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Part VII Investments -	Other Secu	rities	
Schedule D (Form 990) 2022	WINGS	PROGRAM,	INC

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(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
			si you manot value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSITS			38,380
(2) GIFT CARDS			61,521
(3) CONSTRUCTION IN PROCESS			117,719
(4) EMERGENCY FUND RECEIVABLES	)		
			20,114
(5) IHDA ESCROW			
(5) IHDA ESCROW (6) EMPLOYEE RETENTION TAX CRE	DIT RECIEVAB	LE	218,225
(6) EMPLOYEE RETENTION TAX CRE		LE	20,114 218,225 27,078 2,752,398
(6) EMPLOYEE RETENTION TAX CRE (7) RIGHT OF USE OPERATING LEA		LE	218,225 27,078 2,752,398
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> </ul>		LE	218,225 27,078 2,752,398 236,598
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> </ul>	SE ASSETS		218,225 27,078 2,752,398 236,598 21,793
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) total. (Column (b) must equal Form 990, Part X, col. (B) line</li> </ul>	SE ASSETS		218,225 27,078 2,752,398
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(Column (b) must equal Form 990, Part X, col. (B) line</li> <li>Part X Other Liabilities.</li> </ul>	SE ASSETS		218,225 27,078 2,752,398 236,598 21,793
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(10) must equal Form 990, Part X, col. (B) line</li> <li>(11) Part X</li> <li>(12) Other Liabilities.</li> <li>(13) Complete if the organization answered "Yes" of the organization of liability</li> </ul>	SE ASSETS		218,225 27,078 2,752,398 236,598 21,793 3,493,826
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(10) must equal Form 990, Part X, col. (B) line</li> <li>(Column (b) must equal Form 990, Part X, col. (B) line</li> <li>(11) Part X Other Liabilities.</li> <li>Complete if the organization answered "Yes" construction of liability</li> </ul>	SE ASSETS		218,225 27,078 2,752,398 236,598 21,793
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(1) Federal income taxes</li> </ul>	SE ASSETS		218,225 27,078 2,752,398 236,598 21,793 3,493,826
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(1) Federal income taxes</li> <li>(2) GIFT CARDS OUTSTANDING</li> </ul>	SE ASSETS		218,225 27,078 2,752,398 236,598 21,793 3,493,826 (b) Book value
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(1) Federal income taxes</li> <li>(2) GIFT CARDS OUTSTANDING</li> <li>(3) DUE TO OTHER AGENCIES</li> </ul>	SE ASSETS		218,225 27,078 2,752,398 236,598 21,793 3,493,826 (b) Book value 59,707 8,188
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(1) <i>other Liabilities.</i> Complete if the organization answered "Yes" complete if the organization of liability</li> <li>(1) Federal income taxes</li> <li>(2) GIFT CARDS OUTSTANDING</li> <li>(3) DUE TO OTHER AGENCIES</li> <li>(4) SECURITY DEPOSITS</li> </ul>	SE ASSETS 15.) on Form 990, Part IV, line		218,225 27,078 2,752,398 236,598 21,793 3,493,826 (b) Book value 59,707 8,188 11,510
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(1) Column (b) must equal Form 990, Part X, col. (B) line</li> <li>Part X Other Liabilities.</li> <li>Complete if the organization answered "Yes" concentration of liability</li> <li>(1) Federal income taxes</li> <li>(2) GIFT CARDS OUTSTANDING</li> <li>(3) DUE TO OTHER AGENCIES</li> <li>(4) SECURITY DEPOSITS</li> <li>(5) LEASE LIABILITIES - OPERAT</li> </ul>	SE ASSETS 15.) on Form 990, Part IV, line		218,225 27,078 2,752,398 236,598 21,793 3,493,826 (b) Book value 59,707 8,188 11,510
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(1) Column (b) must equal Form 990, Part X, col. (B) line</li> <li>Part X Other Liabilities.</li> <li>Complete if the organization answered "Yes" constrained in the organization of liability</li> <li>(1) Federal income taxes</li> <li>(2) GIFT CARDS OUTSTANDING</li> <li>(3) DUE TO OTHER AGENCIES</li> <li>(4) SECURITY DEPOSITS</li> <li>(5) LEASE LIABILITIES - OPERAT</li> <li>(6)</li> </ul>	SE ASSETS 15.) on Form 990, Part IV, line		218,225 27,078 2,752,398 236,598 21,793 3,493,826 (b) Book value 59,707 8,188 11,510
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(1) <i>must equal Form 990, Part X, col. (B) line</i></li> <li>Part X Other Liabilities.</li> <li>Complete if the organization answered "Yes" constrained in the organization of liability</li> <li>(1) Federal income taxes</li> <li>(2) GIFT CARDS OUTSTANDING</li> <li>(3) DUE TO OTHER AGENCIES</li> <li>(4) SECURITY DEPOSITS</li> <li>(5) LEASE LIABILITIES - OPERAT</li> <li>(6)</li> <li>(7)</li> </ul>	SE ASSETS 15.) on Form 990, Part IV, line		218,225 27,078 2,752,398 236,598 21,793 3,493,826 (b) Book value 59,707 8,188 11,510
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(1) Column (b) must equal Form 990, Part X, col. (B) line</li> <li>Part X Other Liabilities.</li> <li>Complete if the organization answered "Yes" constrained in the organization of liability</li> <li>(1) Federal income taxes</li> <li>(2) GIFT CARDS OUTSTANDING</li> <li>(3) DUE TO OTHER AGENCIES</li> <li>(4) SECURITY DEPOSITS</li> <li>(5) LEASE LIABILITIES - OPERAT</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> </ul>	SE ASSETS 15.) on Form 990, Part IV, line		218,225 27,078 2,752,398 236,598 21,793 3,493,826
<ul> <li>(6) EMPLOYEE RETENTION TAX CRE</li> <li>(7) RIGHT OF USE OPERATING LEA</li> <li>(8) REAL ESTATE TAX REFUND</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(9) DUE FROM GSDC/WM SETUP</li> <li>(1) <i>must equal Form 990, Part X, col. (B) line</i></li> <li>Part X Other Liabilities.</li> <li>Complete if the organization answered "Yes" constrained in the organization of liability</li> <li>(1) Federal income taxes</li> <li>(2) GIFT CARDS OUTSTANDING</li> <li>(3) DUE TO OTHER AGENCIES</li> <li>(4) SECURITY DEPOSITS</li> <li>(5) LEASE LIABILITIES - OPERAT</li> <li>(6)</li> <li>(7)</li> </ul>	SE ASSETS 15.) on Form 990, Part IV, line		218,225 27,078 2,752,398 236,598 21,793 3,493,826 (b) Book value 59,707 8,188 11,510

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 WINGS PROGRAM, INC.			36-	3456061 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Re	turn.	<u>u</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	16,210,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	507,400.		
b	Donated services and use of facilities	2b	49,986.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,568,500.		
е	Add lines 2a through 2d			2e	5,125,886.
3	Subtract line 2e from line 1			3	11,084,438.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	11,084,438.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		th Expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				14 025 004
1	Total expenses and losses per audited financial statements			1	14,935,994.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	40.000		
а	Donated services and use of facilities		49,986.		
b	Prior year adjustments			-	
С	Other losses				
d	Other (Describe in Part XIII.)		4,568,500.		4 610 406
е	Add lines 2a through 2d			2e	4,618,486.
3	Subtract line 2e from line 1			3	10,317,508.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	<u></u>		5	10,317,508.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

### **RESALE EXPENSES**

### RENTAL EXPENSES

### INTERFUND INTEREST

REALIZED LOSS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

### **RESALE EXPENSES**

### RENTAL EXPENSES

### INTERFUND INTEREST

### REALIZED LOSS

232054 09-01-22

PT V, LINE 4

THE ENDOWMENT CONTRIBUTIONS ARE TO BE HELD IN PERPETUITY

THE NET EARNINGS ARE AVAILABLE TO BE SPENT FOR PROGRAM EXPANSION,

CAPITAL IMPROVEMENTS, OR TO CLOSE A SIGNIFICANT BUDGET SHORTFALL.

THE SPENDING OF ANY EARNINGS IS ONLY WITH BOARD APPROVAL.

Schedule D (Form 990) 2022

232055 09-01-22

09350118 147228 102113

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on				r <b>19</b> ,	or if the	2022	
	C	rganization entered more than \$15 Attach to Form 990 o						Open to Public	
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/Form990 for instruc				<b>.</b>		Inspection	
Name of the organization								dentification number	
Part I Fundrais		ROGRAM, INC. Complete if the organization answe					36-345		
	complete this part		rea "Y	es" or	1 Form 990, Part IV, II	ne i	7. Form 990-6	-2 mers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	ions email solicitations tations licitations on have a written o		tion of tion of fundra (incluc	non-g gover aising ling of	overnment grants nment grants events ficers, directors, trust	tees,		es 🗌 No	
<b>b</b> If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	ie fur	ndraiser is to	be	
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	) <b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registration	

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 SWEET HOME CHICAGO	(b) Event #2 PURPLE TIE BALL	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	- col. <b>(c)</b> )
-	1 Gross receipts	642,827.	747,272.	252,525.	1,642,624
	2 Less: Contributions	607,427.	691,472.	227,055.	1,525,954
3	3 Gross income (line 1 minus line 2)	35,400.	55,800.	25,470.	116,670
4	4 Cash prizes				
	5 Noncash prizes				
6	6 Rent/facility costs			3,000.	3,000
e 7	7 Food and beverages	35,851.	83,636.	38,759.	158,246
8	B Entertainment	8,500.	10,900.	8,000.	27,400
g			10,900. 128,976.	40,816.	207,619
1	0 Direct expense summary. Add lines 4 throug				<u>396,265</u> -279,595
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	Gross revenue				
1					
2	2 Cash prizes				
2	Cash prizes     Noncash prizes				
3					
4	3 Noncash prizes				
. 3 4 9	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>		└────────────────────────────────────	☐ Yes %	
- 3 - 4 - 5	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> </ul>	└── Yes% └── No		No	
. 3 4 5	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> </ul>	Yes% No	No No	No	
- 3 - 4 - 5 - 6 - 7 - 7 - 8	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization cond</li> </ul>	Yes%         No         yh 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:	No	<u>No</u>	
	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>3 Net gaming income summary. Subtract line</li> </ul>	Yes%         No         96 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:activities in each of these	States?	<u>No</u>	Yes N

232082 10-27-22

Schedule G (Form 990) 2022

Schedule G (F	orm 990) 2022	WINGS	PROGRAM,	INC.		36-3456061 Page
	•		-			
12 Is the org	anization a grantor, ben	eficiary or trus	tee of a trust, or	a member o	of a partnership or other entity formed	
						Yes
	the percentage of gamin					120
14 Enter the	name and address of th	e person who	prepares the org	ganization's	gaming/special events books and reco	rds:
Name						
Address						
<b>15a</b> Does the	organization have a cor	ntract with a th	ird party from wl	hom the org	anization receives gaming revenue?	Yes
	enter the amount of gam				\$ and the a	mount
	g revenue retained by th					
c If "Yes," o	enter name and address	of the third pa	arty:			
Nama						
Name						
Address						
16 Gaming r	nanager information:					
5	3					
Name						
Gaming r	manager compensation	\$				
Descripti	on of services provided					
🗌 Di	rector/officer	Employ	ee [	Indepe	ndent contractor	
17 Mondata	n diatributiona					
	ry distributions:	r etate law to r	nake charitable (	distributions	from the gaming proceeds to	
-	state gaming license?					Yes
	0 0				to other exempt organizations or spent	
	ion's own exempt activi	•		alothoatea	to other exempt organizations of sport	
				ations requir	red by Part I, line 2b, columns (iii) and (v	/); and Part III, lines 9, 9b, 10b
					formation. See instructions.	
232083 10-27-22				2.0		Schedule G (Form 990) 2
				38		

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

09350118 147228 102113

SCHEDULE J	Compensation Information		OMB No. 1	545-004	47
(Form 990)	-		00	2	
· · · ·	Compensated Employees		20	LL	
<b>D</b>			Open to	Publ	ic
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the organization	n	Employer in	dentificatio	on nui	nber
	WINGS PROGRAM, INC.	36-3	45606	1	
Part I Question	ns Regarding Compensation				
				Yes	No
1a Check the approp	riate 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 Housing allowance or residence for perso	nal use			
Travel for co	npanions Payments for business use of personal re	sidence			
Tax indemnif	cation and gross-up payments Health or social club dues or initiation fee	S			
Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
•					
reimbursement or	provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2 Did the organization	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	ecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
Compensatio	Compensation committee Written employment contract				
Form 990 of	other organizations Approval by the board or compensation of	ommittee			
•			4-		x
					X
•			10		X
Compensate Employees         Compensate Employees         Compensate Employees           Department Neuron Sterver         Complete if the organization answered 'Yes' on Porm 990, Part IV, line 23. Attach to Form 990.         Constructions and the latest information.         Employer idem           Name of the organization         WINOS PROGRAM, INC.         Employer idem         36 - 34 5           Part I         Questions Regarding Compensation         36 - 34 5           In Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 990, Part IV, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         First-ideas or chafter travel         Housing allowance or residence for personal use           Trave if or companions         Parsonal services (such as maid, chariflex), chef)         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 'NA', complete Part III to explain           2         Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and offers, including the CEO/Executive Director, regarding the items checked on line 1a?           3         Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee           4         During the year, did any person listed on Form 990, Part III, Bacchon A, line 1a, with respect to the filing organization or			<b>4c</b>		
I Tes to any or i					
Only section 501	$c_{1}(3)$ 501(c)(4) and 501(c)(29) organizations must complete lines 5-0				
-		n			
•			5a		x
<b>b</b> Any related organization	zation?				X
		on			
•			6a		X
					X
, 0					
		3			
			7	Х	
-					X
	•				
		<u></u>	9		
			ule J (Forn	n 990)	2022

232111 10-18-22

40 2022.05030 WINGS PROGRAM, INC. 102113\_1

### 36-3456061

### 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 aren't 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>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & (iii) Other incentive reportable compensation compensation				reported as deferred on prior Form 990	
(1) REBECCA DARR	(i)	203,411.	7,875.	0.	1,000.	524.	212,810.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DENISE URBAN	(i)	181,662.	7,875.	0.	1,000.	524.	191,061.	0.
EXEC VP/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

# 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.

# PART I, LINE 7:

### ALL BONUSES ARE DISCRETIONARY, APPROVED BY THE BOARD CHAIR, TO THANK THE

# EXECUTIVE TEAM FOR PROGRESS ON THE STRATEGIC PLAN.

# (Form 990)

# **Transactions With Interested Persons**

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.

Attach to Form 990 or Form 990-EZ.

	OMB	No.	1545-0047	
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01

2022	
Open To Public	

Department of the Treasury nternal Revenue Service	Go	to ww	/w.irs.gov/Form				ns and the lat	est	information.				spect		
Name of the organization	า									Em	ploye	r ident	ificati	on nu	mber
			GRAM, IN									560	61		
									n 501(c)(29) orga						
	f the organizatior						ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	line 40	ıb.	()	0	
1 (a) Name of disquali	ified person	(b) ⊦	Relationship bety person and or			ified	(0	c) D	escription of tran	sactic	action			Corre es	No
			•	5											NO
2 Enter the amount o	f tax incurred by	the o	rganization man	agere	or disc	ualifia	d persons dur	ina t	the year under						
											\$				
3 Enter the amount o															
	and/or Fron														
•	•					, Part \	/, line 38a or F	orm	n 990, Part IV, lin	e 26;	or if th	e orga	nizatio	on	
reported an (a) Name of	amount on Forr (b) Relatio		(c) Purpose		2. Dan to or	(6	e) Original	1	) Balance due	(a	) In	<b>(h)</b> Ap	proved	(i) W	/ritten
interested person	with organi			from the organization?			pal amount				(g) In default?		ard or nittee?		
					From					Yes	No	Yes	1	Yes	No
												<u> </u>			
													<u> </u>		<u> </u>
													<u> </u>		
								-					├──		
															-
												+			1
otal							\$								
	r Assistance		•												
	f the organization								( )) =				<u> </u>		
(a) Name of interes	(a) Name of interested person		son (b) Relationship between interested person and the organization			(c) Amount of assistance		(d) Type assistan	Type of istance		(e) Purpose of assistance				
		_													
		_													
		_													
					·						~ .		/E		1 0000

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

Schedule L (Form 990) 2022

232131 11-01-22

Schedule L (Form 990) 2022 WINGS	36-3456	Page <b>2</b>			
Part IV Business Transactions Involv	"Yes" on Form 990, Part IV, line 28a, 28	an ar ago			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	aring of zation's nues?
MATTHEW BAUMANN	BOARD MEMBER	249 386	CONTRACTOR	Yes X	No
		249,500.			
Part V Supplemental Information. Provide additional information for respo	onses to questions on Schedule L (see i	nstructions).			•
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: MATTHE	W BAUMANN				
(D) DESCRIPTION OF TRANSAC	TION: CONTRACTOR ON	FEDERALLY F	UNDED PROJE	СТ	

09350118 147228 102113

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022
Open to Public
Inspection

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

Department of the Treasury Internal Revenue Service

Internal Revenue Service	C	Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization										
	WINGS	PROGRAM,	INC.							

Employer identification number 36-3456061

Pa	rt I Types of Property				•			
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of c noncash contrib	determinir	•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		2,470,367.	3 YR AVG O	F # A	ND	PR
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	Х	317	19,551.	FMV AT CON	CURRE	NT	SA
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 17	Real estate - Commercial							
17	Real estate - Other							
18 10	Collectibles							
19 20	Food inventory Drugs and medical supplies							
20 21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PROGRAM MATERIA)	Х	145,252	379,469.	PER ITEM E	STIMA	TE	
26	Other (GIFT CARDS )	X	608		GIFT CARD			UE
27	Other ( )							
28	Other (							
29	Number of Forms 8283 received by the organiz	ation durinc	the tax year for co	ontributions				
	for which the organization completed Form 828							
	<b>.</b> .		0				Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

WINGS PROGRAM, INC. Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

### LINE 25 IS THE NUMBER OF GIFT CARDS RECEIVED

SCHEDULE M, LINE 32B:

### REGISTERED SECURITIES TRADER IS USED TO SELL NONCASH PUBLICLY TRADED А

SECURITIES

SCHEDULE M, LINE 33:

RESALE STORE OPERATIONS ARE REPORTED ON LINE 10 PART VIII

OTHER:

LINE 26 ARE THE NUMBER OF CONTRIBUTIONS AND NUMBER OF POUNDS OF DONATED

FOOD

Schedule M (Form 990) 2022

232142 09-09-22

46 2022.05030 WINGS PROGRAM, INC. SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



WINGS PROGRAM, INC. Employer identification number 36-3456061

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

ADVOCACY TO END DOMESTIC VIOLENCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH GRANTS FROM HUD AND FROM THE CITY OF CHICAGO. LASTLY, WINGS

OFFERS A TRANSITIONAL HOUSING PROGRAM THROUGH A GRANT WITH THE ILLINOIS

CRIMINAL JUSTICE INFORMATION AUTHORITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES.

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

THE EXECUTIVE COMMITTEE WILL RECEIVE A FINAL DRAFT FOR REVIEW. ONCE

IT WILL MAKE A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR REVIEWED,

APPROVAL ALONG WITH PROVIDING A FULL AND COMPLETE COPY OF WHAT IS BEING

FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS, OFFICERS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS ARE COVERED. THESE INDIVIDUALS MUST DISCLOSE THE EXISTENCE OF A FINANCIAL INTEREST. THE REMAINDER OF THE BOARD OR COMITTEE SHALL DECIDE IF CONFLICT OR APPEARANCE OF A CONFLICT EXISTS. IF IT IS DETERMINED THAT A THE PERSON SHALL NOT BE PRESENT FOR DISCUSSION AND VOTE ON CONFLICT EXISTS, THE TRANSACTION OR ARRANGEMENT. VIOLATIONS OF THE POLICY WILL BE INVESTIGATED BY THE BOARD OR COMMITTEE WHO MAY TAKE DISCIPLINARY AND CORRECTIVE ACTION IF NECCESARY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 47

WINGS PROGRAM, INC.

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

THE BOARD DESIGNATED AN AD HOC COMMITTEE TO REVIEW THE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET TO FORM A MARKET COMPOSITE. THIS GROUP WAS INDEPENDENT OF THE CEO. THE PLAN IS FOR THIS COMPOSITE TO BE REFRESHED EVERY 5 YEARS. IT WAS RECENTLY REFRESHED IN SPRING OF 2021. ANNUALLY, A MEMBER OF THE EXECUTIVE COMMITTEE PERFORMED AN ANNUAL PERFORMANCE REVIEW WITH THE CEO. DATA FROM THESE TWO ACTIVITIES WAS PRESENTED TO THE EXECUTIVE COMMITTEE WITHOUT THE CEO PRESENT WITH RECOMMENDATIONS FOR REVIEW AND APPROVAL. THIS PROCESS IS DOCUMENTED IN WRITING. THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF THE OFFICER LEVEL EMPLOYEES (CFO, COO) AS RECOMMENDED BY THE CEO IN CONJUCTION WITH MARKET DATA AT THE SAME TIME THEY FINALIZE THE CEO COMPENSATION. THIS IS DOCUMENTED IN WRITING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUEST AS REQUIRED.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WINGS METRO LLC CONSOLIDATION

-389,540.

232212 10-28-22

SCHEDULE	R
(= 000)	

# (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 36 - 3456061

Department of the Treasury Internal Revenue Service

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

Name of the organization

WINGS PROGRAM, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
WM INITIATIVES LLC - 36-4820129					
PO BOX 95615	OPERATE SAFEHOUSE PROGRAM				
PALATINE, IL 60095	IN NEW LOCATION	ILLINOIS	1,782,494.	224,080.	WINGS PROGRAM, INC.
WINGS METRO LLC - 47-1549722					
PO BOX 95615					
PALATINE, IL 60095	OPERATE PROPERTY	ILLINOIS	240,000.	7,395,487.	WINGS PROGRAM, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

# Schedule R (Form 990) 2022 WINGS PROGRAM, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportio allocation		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10			
										+	_ <b>_</b>			
											+			
	1													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	contr	<b>i)</b> b)(13) rolled tity?							
		country)				400010		Yes	No							
															1	

# Schedule R (Form 990) 2022 WINGS PROGRAM, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			╉
Lease of facilities, equipment, or other assets from related organization(s)		x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1</b> n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) WINGS METRO, LLC	D	2,400,000.	MAX LOAN AMOUNT
(2) WINGS METRO, LLC	к	240,000.	ACTUAL RENT PAID
(3)			
(4)			
(5)			
<u>(6)</u>			

# Schedule R (Form 990) 2022 WINGS PROGRAM, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes	) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

Schedule R (Form 990) 2022

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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232165 09-14-22

			** PUBLIC DISCLOSURE COPY **				
Form	990-T	E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047		
			(and proxy tax under section 6033(e))		0000		
		For cal	endar year 2022 or other tax year beginning $ \underline{JUL}   1$ , $ 2022 $ , and ending $ \underline{JUN}   30$ , $ 20$	23	2022		
Departr	nent of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection for		
Internal	Revenue Service	[	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		501(c)(3) Organizations Only		
A 🗌	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmpl	loyer identification number		
<b>B</b> Ex	empt under section	Print	WINGS PROGRAM, INC.	3	6-3456061		
X	501( <b>c</b> )( <b>3</b> )	or	Number, street, and room or suite no. If a P.O. box, see instructions.		E Group exemption number (see instructions)		
	408(e) 220(e) Type PO BOX 95615				,		
	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code						
	529(a) 529A	PALATINE, IL 60095	<b>F</b> Check box if				
		C Bo	ok value of all assets at end of year 25,934,763.		an amended return.		
<b>G</b> C	heck organization	type	X 501(c) corporation 501(c) trust 001(a) trust 000 Other trust	State	college/university		
	heck if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439				
			ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u> </u>		
			ed Schedules A (Form 990-T)		2		
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No		
	*		d identifying number of the parent corporation.	0.4 8			
	he books are in car		DENISE URBAN Telephone number	847-	519-7820		
Par					1		
1		busine	ss taxable income computed from all unrelated trades or businesses (see		21		
				1	21.		
2				2	21.		
3	Add lines 1 and 2		Sector - Harry Tar Protte Para and	3	0.		
4			see instructions for limitation rules)		21.		
5			taxable income before net operating losses. Subtract line 4 from line 3		21.		
6		•	ng loss. See instructions	6			
7	Subtract line 6 fro		ss taxable income before specific deduction and section 199A deduction.	7	21.		
8			ally \$1,000, but see instructions for exceptions)		1,000.		
о 9			duction. See instructions		1,000.		
10	Total deductions	· · - · - ·			1,000.		
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
••	enter zero			11	0.		
Par		putati	on		<u> </u>		
1	Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.		
2			ates. See instructions for tax computation. Income tax on the amount on				
	Part I, line 11 from	_	Tax rate schedule or Schedule D (Form 1041)	2			
3	Proxy tax. See ins	structio		3			
4	Other tax amounts	s. See ii					
5	Alternative minimu	ım tax (		_			
6	Tax on noncomp	liant fa	cility income. See instructions	6			
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.		
LHA			ion Act Notice, see instructions.		Form <b>990-T</b> (2022)		

223701 01-16-23

Form 9	90-T (2022)		F	2 age
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies 6b			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year\$			
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL c			
	541610 \$	156.		
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign		ry, I declare that I have examined Declaration of preparer (other tha					wledge	and belief, it is true,
Here				PRESI	DENT/CEO		-	the IRS discuss this return with reparer shown below (see
	Signature of officer		Date	Title			instru	actions)? X Yes No
	Print/Type prepa	Print/Type preparer's name			Date	Check	if	PTIN
Paid						self- employe	ed	
Prepare	, DAVID LC	DAVID LOWENTHAL		DAVID LOWENTHAL 01/1				P00378651
Use Only		Firm's name PLANTE & MORAN, PLLC						36-3468829
	3	10 S. RIVE	RSIDE PLAZA	, 9TH FI	LOOR			
	Firm's address	Firm's address CHICAGO, IL 60606				Phone no.	(3	12) 207-1040
223711 01-16-	-23							Form <b>990-T</b> (2022)
			-	•				

59 2022.05030 WINGS PROGRAM, INC.

# SCHEDULE A (Form 990-T)

Department of the Treasury

# Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

2

Inte	rnal Revenue Service		
Α	Name of the organization	n	

B Employer identification number 36-3456061

1 of

D Sequence:

c Unrelated business activity code (see instructions) 900001

WINGS PROGRAM, INC.

E	Describe the unrelated trade or business <b>INVESTMENTS</b>	K-1S	1						
Pa	t I Unrelated Trade or Business Income		(A) Inc	come		(B) Ex	penses		(C) Net
1a	Gross receipts or sales								
b	Less returns and allowances c Balance	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4a	Capital gain net income (attach Schedule D (Form 1041 or Form								
	1120)). See instructions	4a							
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b							
с	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5							
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12							
13	Total. Combine lines 3 through 12	13			0.				
Pa	<b>t II</b> Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in		r limitatio	ns on	dedu	ctions.	Deduct	ions	s must be
1	Compensation of officers, directors, and trustees (Part X)							1	
2	Salaries and wages							2	
3	Repairs and maintenance							3	
4	Bad debts							4	
5	Interest (attach statement). See instructions							5	
6	Taxes and licenses							6	
7	Depreciation (attach Form 4562). See instructions						_		
8	Less depreciation claimed in Part III and elsewhere on return							8b	
9	Depletion						·····	9	
10	Contributions to deferred compensation plans							10	
11	Employee benefit programs							11	
12	Excess exempt expenses (Part VIII)							12	
13	Excess readership costs (Part IX)							13	
14	Other deductions (attach statement)						· · ·	14	

15	Total deductions. Add lines 1 through 14	15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	0.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

223741 01-16-23

# **1** OMB No. 1545-0047

Sahad	ula A (Earm 000 T) 2022				1
Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter met	thod of inventory valua	tion		Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the	organization?	Yes No
Part					
1	Description of property (property street address, city, s	state, ZIP code). Checl	k if a dual-use. See instr	uctions.	
	A 🗌				
	В				
	c 🗌				
	D 🗌				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here	e and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. E		, line 6, column (B)		0.
Part	(*				
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. See	instructions.	
	A				
	В				
	c				
	D				
		Α	В	C	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
_	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		6 %	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D	). Enter here and on Pa	art I, line 7, column (A)	·····	0.
_		[	I	I	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th		id on Part I, line 7, colur	nn (B)	
11	Total dividends-received deductions included in line	9 IU			0.
223721	01-16-23	61		Schedule A	A (Form 990-T) 2022

2022.05030 WINGS PROGRAM, INC.

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											1
Schedu	ule A (Form 990-T) 2022 VI Interest, Annu	lities Ro	valties and R	ante fror	n Control	led Or	anization	<b>B</b> (a)		iono)	Page 3
Fait			yantes, and ne				Exempt Contro	(	ee instruct	,	
	1. Name of controlled organization		2. Employer	3. Net			al of specified		art of colur		6. Deductions directly
			identification	incon	ne (loss)	payn	ments made	that is included in the controlling organiza-			connected with
			number	(see ins	structions)				s gross inc		income in column 5
<u>(1)</u>											
(2)											
(3)											
(4)											
					Controlled O						
1	'. Taxable Income	ind	let unrelated come (loss)		otal of specif yments mad		<b>10.</b> Part of that is included controlling	luded	in the		Deductions directly connected with
		(see	instructions)					incon		inc	ome in column 10
<u>(1)</u>											
(2)											
<u>(3)</u>											
(4)											
							Add colum Enter here				columns 6 and 11. r here and on Part I.
							line 8, c		,		ne 8, column (B)
Totals									0.		0.
Part	VII Investment I	Income o	of a Section 50	1(c)(7), (	9). or (17)	Orgar	nization (s	ee inst	ructions)		
		cription of ir			2. Amou	-	3. Deductio		4. Set-	asides	5. Total deductions
					incon		directly conne (attach stater		(attach st	atemen	t) and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou column 2						Add amounts in column 5. Enter
					here and o						here and on Part I,
Totals					line 9, colu	Imn (A)					line 9, column (B)
Totals Part	VIII Exploited E	vemnt Δ	ctivity Income	Other 1	∣ Than ∆dve		a Income	(acc in			0.
1	Description of exploite			, outer i				300 III			
2	Gross unrelated busine		from trade or busi	ness Ente	r here and o	n Part I	line 10 colum	n (A)		2	
3	Expenses directly con										
-	line 10, column (B)									3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expense										
	4. Enter here and on P	Part II, line 1	2							7	

Schedule A (Form 990-T) 2022

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	dule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if rep	porting two or more periodicals on	a consolidated basi	S.	
	A 🛄				
	в				
	c 🔄				
	D				
Enter a	amounts for each periodical listed above in	the corresponding column.			
		Α	В	C	D
2					
	Add columns A through D. Enter here an	d on Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here an	d on Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 fro				
	2. For any column in line 4 showing a gai				
	complete lines 5 through 8. For any colu				
	line 4 showing a loss or zero, do not com				
_	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less				
	line 5, subtract line 6 from line 5. If line 5				
•	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a g				
-	line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter t		total ar zara hara an		
а	-	-			0.
Part	Part II, line 13 X Compensation of Officers	Directors. and Trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u></u>		·			
Total	I. Enter here and on Part II, line 1				0.
Part	XI Supplemental Information	(see instructions)			

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1

# SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

# Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

2

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of

D Sequence:

Α	Name of the orga	nizatio	on
	WINGS	$\mathbf{PR}$	OGRAM,

ation				
ROGRAM,	INC.			

C Unrelated business activity code (see instructions) 541610

E	Describe the unrelated trade or business MANAGEMENT F	EES					
Pa	rt I Unrelated Trade or Business Income		(A) Inc	come	(B) Expens	es	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances <b>c</b> Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
с	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement) STMT 1	12		3,200.			3,200.
13	Total. Combine lines 3 through 12	13		3,200.			3,200.
Pa	rt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come				uctions	must be
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	3,071.
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses			·····		6	
7	Depreciation (attach Form 4562). See instructions			7			
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)		~-			13	0.5
14	Other deductions (attach statement)					14	26.
15	Total deductions. Add lines 1 through 14					15	3,097.
16	Unrelated business income before net operating loss deduction. Su				•		100
	column (C)			~	~ ~ ~ ~ ~	16	103.

Deduction for net operating loss. See instructions STMT 3 STMT

Schedule A (Form 990-T) 2022

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21.

$\begin{array}{c} \textbf{B}  \text{Employer identification number} \\ 36-3456061 \end{array}$

Scheal	I. A (Fauna 000 T) 0000				
Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter met	hod of inventory valuation			Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7					
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city, s				
•	A	state, Zil Codej. Olieck il a			
	в 🗌				
	c 🗌				
	D				
		A	В	С	D
2	Rent received or accrued	A	D	<u> </u>	
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
				<i>(</i> )	0
-	Total rante reasived or ecerved. Add line 26 columns /			mn (Δ)	0.
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here and	d on Part I, line 6, colu		
	Deductions directly connected with the income	Through D. Enter here and	on Part I, line 6, colu		
3 4			d on Part I, line 6, colu		
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En	nter here and on Part I, line			0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s	nter here and on Part I, line see instructions)	e 6, column (B)		
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, s	nter here and on Part I, line see instructions)	e 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions)	e 6, column (B)		
4 <u>5</u> Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions)	e 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions)	e 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) city, state, ZIP code). Chec	e 6, column (B)	structions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions)	e 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) city, state, ZIP code). Chec	e 6, column (B)	structions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) city, state, ZIP code). Chec	e 6, column (B)	structions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) city, state, ZIP code). Chec	e 6, column (B)	structions.	0.
4 <u>5</u> 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) city, state, ZIP code). Chec	e 6, column (B)	structions.	0.
4 <u>5</u> 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) city, state, ZIP code). Chec	e 6, column (B)	structions.	0.
4 <u>5</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) city, state, ZIP code). Chec	e 6, column (B)	structions.	0.
4 <u>5</u> 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) city, state, ZIP code). Chec	e 6, column (B)	structions.	0.
4 <u>5</u> <u>7</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Environment Unrelated Debt-Financed Income (s Description of debt-financed property (street address, and a statement) B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	A	e 6, column (B)	structions.	0.
4 <u>5</u> <u>7</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Environment Unrelated Debt-Financed Income (s Description of debt-financed property (street address, and a statement) B	A	e 6, column (B)	structions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	e 6, column (B)	structions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	e 6, column (B)	structions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	e 6, column (B)	structions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Environment of the debt-financed Income (street address, and a base of the debt-financed property (street address, and a base of the debt-financed property (street address) and a base of the debt of theb	A	e 6, column (B)	structions.	0. 
4 5 7 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	B	c	0. 
4 5 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Environment Unrelated Debt-Financed Income (statement)  Description of debt-financed property (street address, and a base of the statement)  C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (attach statement) C Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	A A A A A A A A A A A A A A A A A A A	B B %	c	0. 
4 5 <b>Part</b> 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Environment Unrelated Debt-Financed Income (statement)  Description of debt-financed property (street address, and a statement)  C	A A A A A A A A A A A A A A A A A A A	B B %	c	0. 
4 5 <b>Part</b> 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Environment Unrelated Debt-Financed Income (statement)  Description of debt-financed property (street address, and a statement)  C	A A A A A A A A A A A A A A A A A A A	B B %	c	0. 
4 5 7 2 3 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Environment and the address of t	A A A A A A A A A A A A A A A A A A A	B B billine 7, column (A)	C	0. 0. 0. 0. %
4 5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Environment Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A A A A A A A A A A A A A A A A A A A	B B billine 7, column (A)	C	0. 0.

2022.05030 WINGS PROGRAM, INC.

									2
Schedule Part VI	A (Form 990-T) 2022	ities, Royalties, ar	nd Rents fro	m Control	led Or	ganizations		tructions)	Page 3
						Exempt Control		,	
	1. Name of controlled 2		/er <b>3.</b> Net	Net unrelated 4. Total of sp		•	5. Part of		6. Deductions directly
organization		identificati	ion inco	me (loss)	payn	nents made	that is included in the controlling organiza-		connected with
		number	r (see in	structions)			tion's gros		income in column 5
<u>(1)</u>									
(2)									
(3)									
<u>(4)</u>				<u> </u>					
<b>– – –</b> –	avable Income	0 Not uproloted		Controlled Or	•		of column 0	44	Deductions directly
7.1	axable Income	8. Net unrelated income (loss) (see instructions)		otal of specif ayments mad		that is inc controlling	of column 9 Iuded in the organizatior income	e n's	Deductions directly connected with come in column 10
(1)						groco			
(2)									
(3)									
(4)									
						Enter here	ins 5 and 10 and on Part column (A)	I, Ent	d columns 6 and 11. er here and on Part I, line 8, column (B)
Totals Part VI	I Invoctmont I	ncome of a Sectio	n = 501(a)(7)	(0) or (17)	Organ	jization (		0.	0.
		ription of income	, iii 301(c)(7),	<b>2.</b> Amou		3. Deduction		ons) Set-asides	5. Total deductions
				incon		directly conne (attach stater	ected (atta	ch stateme	
(1)									
(2)									
(3)									
(4)				Add amou	inte in		_		Add amounts in
				column 2. here and or line 9, colu	Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)
Totals					0.				0.
Part VI		xempt Activity Inco	ome, Other	i nan Adve	ertising		see instruct	ions)	
	escription of exploite				<u> </u>		(•)	_	
		ess income from trade o						2	
		nected with production of							
		unrelated trade or busir						3	
								4	
		tivity that is not unrelate							
		to income entered on lir							
		ses. Subtract line 5 from							
		art II, line 12							

Schedule A (Form 990-T) 2022

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	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on	a consolidated basi	S.	
	Α 🗌				
	в				
	c 🗌				
	D				
Enter :	amounts for each periodical listed above in the	corresponding column			
	amounts for each periodical listed above in the		В	С	D
•		A	D		
2	Gross advertising income				0.
	Add columns A through D. Enter here and or	Part I, line 11, column (A)			
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
'	•				
	line 5, subtract line 6 from line 5. If line 5 is le				
-	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7 $\dots$				
а	Add line 8, columns A through D. Enter the g		total or zero here ar	nd on	•
	Part II, line 13	· · · · · · · · · · · · · · · · · · ·			0.
Part	X Compensation of Officers, Di	rectors, and Trustees	(see instructions)	<u> </u>	
				3. Percentage	4. Compensation
	<b>1.</b> Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	Enter here and on Part II, line 1				0.
Part		e instructions)		·····	

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WINGS PROGRAM, II	NC.					36-3456	
FORM 990-T (A)		OTHER	INCOME			STATEMENT	1
DESCRIPTION						AMOUNT	
MANAGEMENT FEE						3,2	200.
TOTAL TO SCHEDULI	E A, PART I,	LINE 12				3,2	200.
FORM 990-T (A)		OTHER	DEDUCTIO	NS		STATEMENT	2
DESCRIPTION						AMOUNT	
POSTAGE							26.
TOTAL TO SCHEDUL	E A, PART II	, LINE 14					26.
FORM 990-T (A) PRIOR YEAR POST		POST 2017		DULE		STATEMENT RWARD OF	
FORM 990-T (A) PRIOR YEAR POST 2017 NOL			TION	DULE	CARRYFO POST 20	RWARD OF 17 NOL	
FORM 990-T (A) PRIOR YEAR POST		POST 2017		DULE		RWARD OF	
FORM 990-T (A) PRIOR YEAR POST 2017 NOL 156.		POST 2017	TION 82.		POST 20	RWARD OF 17 NOL	3
FORM 990-T (A) PRIOR YEAR POST 2017 NOL 156. 990-T SCH A		POST 2017	TION 82. RATING L		POST 20	RWARD OF 17 NOL 74.	3
2017 NOL 156. 990-T SCH A	POST-20	POST 2017	TION 82. RATING L	OSS DEDU	POST 20	RWARD OF 17 NOL 74. STATEMENT AVAILABLE THIS YEAR	3

SCH A (990-Т)	SCHEDULE A NOL DETAIL	STATEMENT 5
TAXABLE INCOME FRO	M ALL ENTITIES	103.
THIS ENTITIES PORT	ION OF TAXABLE INCOME	103.
	ENTAGE OF PRE-2018 NET OPERATING LOSS WED PRE-2018 NET OPERATING LOSS	100.00% 0.
TAXABLE INCOME AFT	ER PRE-2018 NET OPERATING LOSS	103.
80% INCOME LIMITAT	ION	82.
POST-2017 AVAILABL	E	156.
LESSER OF POST-201	7 NET OPERATING LOSS OR 80% LIMITATION	82.