efil	e Pu	ublic Visເ	ial Render	ObjectId	: 202311729	349301231 -	Submissio	on: 20	23-06	-21	T.	IN: 74-2424175
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		f the Treasury nue Service			<u>519</u> 01/1011105			iucost i				Inspection
A F	or th	ne 2022 c <u>a</u>	alendar year,	or tax year be	eginning 01-0	1-2022 , and e	nding 12-3	1-2022				
B Che	eck if a	applicable:	C Name of orga WINGS FOUN							D Employe	er identi	fication number
_		change								74-2424	175	
	itial re	hange eturn	Doing busines	s as								
◯ Fin	al retu	rn/terminated								E Telephone	e number	r
		ed return tion pending		street (or P.O. box RADO BLVD TOWE		vered to street addre	ess) Room/sui	ite				
-	piloue	penang	City or town.	state or province.	country, and ZIP	or foreign postal cod	le					
			DENVER, CO							G Gross red	eipts \$ 1	,072,763
				address of prin	ncipal officer:			H(a)	Is this	a group ret	urn for	
				RADO BLVD TO	WER ONE					dinates?		🗌 Yes 🗹 No
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I Ta:	x-exe	mpt status:	✓ 501(c)(3)) 🗲 (insert no.)	4947(a)(1) or	527					instructions.
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				1112011011 5 1111551	on or most signi	ificant activities:						
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nce		WINGS EX HEALTHIES	ISTS TO SUPP				L ABUSE TO	TRANS	CEND T	rauma ani) LEAD	THEIR FULLEST,
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

апу к	nowiedge.					
					2023-06-21	
Sign	Sig	gnature of officer			Date	
Here		NNIFER STITH EXECUTIVE DIRECTOR				
		pe or print name and title				
	,	Print/Type preparer's name	Preparer's signature	Date		PTIN
Paic	ł			2023-06-21	Check U if self-employed	P01389203
	barer	Firm's name FAYLOR ROTH AN	D COMPANY	•	Firm's EIN 🕨 2	0-3746583
	Only	Firm's address 🕨 800 GRANT ST ST	= 205		DI) 020 0100
	,				Phone no. (303) 830-8109
		DENVER, CO 802	032944			
		cuss this return with the preparer				. 🗹 Yes 🗌 No
For P	aperwork	Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form 990 (2022)
			Page 2			
Form	990 (2022)				Page 2
Par	•	, atement of Program Servic	e Accomplishments			raye Z
i ai		-	-	et 111		
1		eck if Schedule O contains a response scribe the organization's mission:	onse of note to any line in this Pa	rt III • • • •		🗳
-		DING SYSTEMS OF SUPPORT FOR		D SEVILAL ABUSE C	OMBINING IN-	DEPTH HEALTH EXPERTISE
WITH NEED	THE HEAL TO SPEAK	ABOUT, HEAL FROM, AND THRIVE COMMUNITY LEADERS TO ACKN	ACHIEVE OUR MISSION THROUGH E BEYOND CHILDHOOD SEXUAL A	I ENSURING EVERYO BUSE TRAUMA. WE E	NE HAS ACCES NGAGE ADULT	S TO THE RESOURCES THEY SURVIVORS, LOVED ONES,
2	Did the or	ganization undertake any significa	int program services during the v	aar which were not lie	ted on	
2		Form 990 or 990-EZ?	int program services during the y			🗌 Yes 🔽 No
		escribe these new services on Sch				
3		ganization cease conducting, or m		conducts, any progra	m	
-	services?			· · · · · · · · · · · ·		. 🗌 Yes 🔽 No
		escribe these changes on Schedul	e O.			
4	Section 50	he organization's program service 01(c)(3) and 501(c)(4) organizatio ue, if any, for each program servio	ons are required to report the am			
4a	(Code:) (Expenses \$	867,690 including grants of	\$) (Revenue \$	9,945)
	REFERRALS AND LOVED PAY. 2. THE MEDICAL/B CULTURALL STAFF - AT COUNSELIN EACH FACIL	ERS THREE CORE PROGRAMS AND SEF , AND THERAPIST-FACILITATED, ONGO O ONES' GUIDE TO HEALING. SUPPORT OUTREACH EDUCATION PROGRAM IS I EHAVIORAL HEALTH PROFESSIONALS <i>A</i> Y APPROPRIATE RESPONSE AND SERVI NO COST - TO ALL AUDIENCES. 3. THE IG PSYCHOLOGY STUDENTS AND LICEN LITATOR RECEIVES A FULL-DAY TRAINIF FOUR TIMES EACH YEAR.	ING WEEKLY SUPPORT GROUPS, "SPEC GROUPS ARE DONATION- BASED, AND DESIGNED TO BRING AWARENESS TO BOUT THE LONG-TERM CONSEQUENCE CES TO THIS POPULATION. CUSTOMIZ CLINICAL TRAINING PROGRAM OFFER ISED CLINICIANS, WHO RECEIVE TRAI	IALTY GROUPS", AND WI NO SURVIVOR IS EVER COMMUNITY CONSTITUE ES OF CSA. WINGS IS PA ED COMMUNITY AND CLI S INTERNSHIP AND SER NING TO SERVE AS CO-F	INGS' COMPREHE TURNED AWAY BI NTS, SERVICE PR RTICULARLY INTE NICAL TRAINING VICE OPPORTUNI ACILITATORS OF	NSIVE HANDBOOK, SURVIVORS- ECAUSE OF THEIR INABILITY TO OVIDERS AND ERESTED IN ENHANCING S ARE PROVIDED BY WINGS TIES TO MASTER'S-LEVEL ALL WINGS SUPPORT GROUPS.
4b	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)

4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 867,690			
			Form 99	0 (202
	Page 3			
Form	990 (2022)			-
	rt IV Checklist of Required Schedules			Page
T UI	encekist 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 10	ete 1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. oxtimes	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I	ates 3		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> , Part I 🐨 .	right		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	. 7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodi for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😒	ian 9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V \mathfrak{B}	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII or X, as applicable.	I, IX,		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🥵	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕲	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 3 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets repo	11c		No
u	in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	🐮 11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part			No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	. 12a	Yes	
	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 optiona Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	al 🐒 12b		No
15		13		No
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business investments and arguments again investments of the United States of the United Stat	14a		No
15	business, investment, and program service activities outside the United States, or aggregate foreign investments v at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for	14b		No
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants of other assistance to of foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part I.	X, 17		No

		1 1	
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	No
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	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
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Pa	t IV Checklist of Required Schedules (continued)			
			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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	24a		No
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		No
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? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> 🐒	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 😵	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

No

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

27	Did the evention and ust many then 50' of its activities through an activity that is not a value of evention and that	I 1	l	I
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	
Pa	rt 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			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 46		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c				
C	(gambling) winnings to prize winners?	1c	Yes	
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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
Ь	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \cdot .	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			

11 Section 501(c)(12) organizations. Enter:

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

12. Section 4047(a)(1) non-axampt charitable trusts. To the accomization filing Earm 000 in liqu of Earm 10412

1 1 2 -

11a

11b

тza	Section 4347 (a)(1) non-exempt chantable crusis. Is the organization ning Form 550 in neu or Form 1041:	12a	I	
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
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? If "Yes," complete Form 6069.	17		
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orm	990 (2022)			Page 6
Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	
Se	ction A. Governing Body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a		res	NO
14	If there are material differences in voting rights among members of the governing body at the end of the day year and the second			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
_			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	12-	Var	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i>	12b	Yes	
с 13	Schedule O how this was done	12c 13	Yes Yes	
			.,	

120 Section 737/(a)(1) non-exempt charitable trasts. Is the organization ming round so in neu or round total

14	ua the organization have a written accument retention and destruction policy? • • • • • • • • • • • •	14	res	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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 arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	CO Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	🗌 Own website 🛛 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records: JENNY STITH 2000 S COLORADO BLVD TOWER 1 SUITE 2000-1008 DENVER, CO 80222 (303) 238-8660			
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				- (-)
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Pa	rt VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp and Independent Contractors	oloyee	s,	
	Check if Schedule O contains a response or note to any line in this Part VII			
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	ne orga	nization	's tax
	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amore mpensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ount		
	ist all of the organization's current key employees, if any. See the instructions for definition of "key employee."			
who	ist the organization's five current highest compensated employees (other than an officer, director, trustee or key employ received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of morganization and any related organizations.	ee) ore than	\$100,0	00 from
	ist all of the organization's former officers, key employees, or highest compensated employees who received more than	\$100,0	00	
orre	portable compensation from the organization and any related organizations.			
• 1	portable 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 o nization, more than \$10,000 of reportable compensation from the organization and any related organizations.	f the		

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

(A) Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe ficer and a dire	neck ersor	n is	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
(1) MARTI KOVENER CHAIR	2.00	х		x				0	0	0	
(2) ANA SOLER VICE CHAIR	2.00	x		x				0	0	0	
(3) TAYLER MITCHELL SECRETARY	2.00	х		x				0	0	0	
(4) ASHLEY BASSIM TREASURER	2.00	х		x				0	0	0	
(5) LISA LEVIN APPEL	1.00		İ						İ		

MEMBER		Х			0	0	0
(6) TRENTON FEIST MEMBER	1.00	х			0	0	0
(7) RUTH GLENN MEMBER	1.00	х			0	0	0
(8) DONNA WILSON MEMBER	1.00	х			0	0	0
(9) JULIE SMITH MEMBER	1.00	х			0	0	0
(10) JENNIFER STITH EXECUTIVE DI	40.00		x		124,327	0	12,321

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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII

(A) Name and title	(B) Average hours per week (list any hours	box,	(C) on (do not chec unless person i and a director	s bo r/tru	th a istee	n offic e)	er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
1 b Cub Tatal	-				-	- E				

				ļ		 	
	Total from continuation sheets to Part Total (add lines 1b and 1c)			124,327			12,321
2	Total number of individuals (including bu of reportable compensation from the org	ut not limited to those l	listed above) who re				
						Yes	No
3	Did the organization list any former offi line 1a? If "Yes," complete Schedule J fo					3	No
4	For any individual listed on line 1a, is th organization and related organizations g individual					4	No
5	Did any person listed on line 1a receive services rendered to the organization?If	•	,		ividual for	5	No
-	ection B. Independent Contractor						
1	Complete this table for your five highest from the organization. Report compensation.					ensation	
		(A) business address	-		(B) cription of services	(Compe	C) nsation
	Nume and					Compe	Isacion
						<u> </u>	
2	Total number of independent contractors (including but not limite	ed to those listed abo	ve) who received m	ore than \$100,000 c	of	
	compensation from the organization 🕨	_				Form 00	0 (2022)
						F0111 99	0(2022)
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Forn	n 990 (2022)						Page 9
	art VIII Statement of Revenue						ruge P
	Check if Schedule O contains a	response or note to an		1		<u></u>	
			(A) Total revenue	(B) Related or	(C) Unrelated	(D Reve	nue
				exempt function	business revenue	excluded tax under	
	Endorstad compaigns			revenue		512 -	514
	Federated campaigns 1a tributions,						
Sift: ar R t	s, Grants, Membership dues 1b						
	erAmt						
Ar f ic	European Sector						
d	Related organizations 1d						
e	Government grants (contributions) 1e						
Ļ	696,237						
	All other contributions, gifts, grants, and similar amounts not included above 1f						
	362,166						
	Noncash contributions included in lines 1a - 1f:\$ 1g						
	19						
L							
	Total. Add lines 1a-1f	1,058,403 Business Code	3	1	1		
	2a CLASSES AND PROGRAM FEES		9,945	9,945			
g		611710					
10							
Day						├───	
Sarvina Bavanua							
Sar	B 1						
5						L	

	2014							
è	f All other program	convic		-				
				0.045				
	9 Total. Add lines 33 Investment income			9,945				<u> </u>
	similar amounts) .	•		►	801			801
	4 Income from invest	tment	of tax-exempt b	ond proceeds				
	5 Royalties							
			(i) Real	(ii) Personal				
	6a Gross rents	6 a						
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income	e or (l	oss)	• • • •				
			(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a						
Other Bevenue	Less: cost or other basis and	7b						
Jev.	sales expenses							
10	Gain or (loss)	7c						
Ŧ	d Net gain or (loss)).		• • •				
	(not including \$ contributions reporte See Part IV, line 18	d on lir	of ne 1c). 8a					
	b Less: direct exper c Net income or (los							
		-	_					
	9a Gross income from See Part IV, line 19	gamin 9 .	g activities. 9a					
	b Less: direct exper	ises	9b					
	c Net income or (los	ss) fro	m gaming activit	ies 🕨				
	10a Gross sales of inverse returns and allows							
	b Less: cost of good	ls sold	10b					
	c Net income or (los	ss) fro	m sales of inven					
	11a _{MISCELLANEOUS}	INCO	ME	Business Code 900099	3,614	3,614		
	ь							
Oth	er f evenueMiscAmt							
	d All other revenue							<u> </u>
	e Total. Add lines 1			· · ►	3,614	<u> </u>	<u> </u>	
	12 Total revenue. S	See ins	structions	🕨		13.550		001
					1,072,763	13,559		801

Form **990** (2022)

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Page **10**

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 Part IX
 Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	136,648	111,095	14,544	11,009
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	377,313	308,253	37,926	31,134
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,452	3,440	741	271
9 Other employee benefits	41,742	32,255	6,941	2,546
10 Payroll taxes	44,676	34,520	7,432	2,724
11 Fees for services (non-employees):				
a Management				
b Legal	4,148		4,148	
c Accounting	19,044		19,044	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	10,000			10,000
f Investment management fees			F	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	152,043	152,043		
12 Advertising and promotion	1,477	1,477		
13 Office expenses	18,361	15,911	1,849	601
14 Information technology	49,567	46,610	2,166	791
15 Royalties				
16 Occupancy	17,948	15,903	1,420	625
17 Travel	2,197	1,853	52	292
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,185	3,724	335	126
23 Insurance	4,643	4,133	371	139
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM ENHANCEMENT	103,641	102,441	1,200	
b PROFESSIONAL DEVELOPMENT	21,017	19,192	1,044	781
c PROGRAM EVENT	9,749	8,287		1,462
d STAFF APPRECIATION	3,730	2,772	67	891
e All other expenses	5,740	3,781	668	1,291
25 Total functional expenses. Add lines 1 through 24e	1,032,321	867,690	99,948	64,683
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here b if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Form 990 (2022)

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			184,407	1	79,288
	2	Savings and temporary cash investments		[280,055	2	280,957
	3	Pledges and grants receivable, net		. [134,426	3	282,942
	4	Accounts receivable, net	• •	[4,750	4	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in section 4958(f)(1)).		6			
2	7	Notes and loans receivable, net	• •			7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges		· · [12,121	9	8,862
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	18,876			
	b	Less: accumulated depreciation	10b	16,614	2,550	10c	2,262
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities. See Part IV, line	11 .			12	
	13	Investments-program-related. See Part IV, line	e 11 .	· F		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	ual line	33)	618,309	16	654,311
	17	Accounts payable and accrued expenses	52,273	17	57,165		
	18	Grants payable		18			
	19	Deferred revenue		F	9,113	19	
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability. Complete F	f Schedule D		21		
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contril or family member of any of these persons	butor, o	r 35% controlled entity		22	
Ť	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated		· –		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		219	25		
	26	Total liabilities. Add lines 17 through 25 .	•		61,605	26	57,165
Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	heck he	ere 🕨 🗹 and	556,704	27	597,146
B	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC complete lines 29 through 33.	-				
0	29	Capital stock or trust principal, or current funds				29	<u> </u>
Assets or	30	Paid-in or capital surplus, or land, building or eq				30	
Iss	31	Retained earnings, endowment, accumulated inc	come, o	r other funds		31	
at P	32	Total net assets or fund balances	•••	[556,704	32	597,146
Net	33	Total liabilities and net assets/fund balances .			618,309	33	654,311
	-			•			Form 990 (2022)

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Page 12 -----

Form 990 (2022) Page 12
Part XI	Reconcilliation of Net Assets
	Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,072,763
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,032,321
3	Revenue less expenses. Subtract line 2 from line 1	3			40,442
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			556,704
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10			597,146
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	l on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e basis,			
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Jniform	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the red	uired			

Form **990** (2022)

Form 990 (2022)	
Additional Data	Return to Form

Software ID:

efil	e Put	olic Visual	Render	ObjectId: 2	20231172934930	1231 - Subn	nission: 2023-	06-21	TIN: 74-2424175
SC	HED	ULE A		Public	Charity Statu	s and Pu	blic Supp	ort	OMB No. 1545-0047
(Fori	n 990))	Con		rganization is a sect	ion 501(c)(3)) organization or		2022
		he Treasury			4947(a)(1) nonexe Attach to Form 9				
Interna	l Revenu	e Service	►	Go to <u>www.irs</u>	<u>.gov/Form990</u> for ir	structions ar	nd the latest info	ormation.	Open to Public Inspection
		ne organiza	tion					Employer ide	ntification number
WING	S FOUN	DATION INC						74-2424175	
	rt I				us (All organizations e it is: (For lines 1 thro			See instruction	S.
1			•		sociation of churches	-		(A)(i)	
2					1)(A)(ii). (Attach Sch			(A)(I):	
3					vice organization descr	-			
4		•		•	2				ii). Enter the hospital's
•	\cup		and state:						
5	\square	An organiz	ation operate	d for the benefi	t of a college or univer	sity owned or	operated by a gov	ernmental unit d	escribed in section
6				omplete Part II.)			ion 170/h)/1)/4) ()	
7				-	governmental unit de				eneral public described in
,				(vi). (Complete		support nom	a governmentar u	init of from the <u>c</u>	
8		A commun	ity trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	Complete Part	II.)		
9					escribed in 170(b)(1) ee instructions. Enter f				t college or university or a sity:
10		An organiz	ation that no	rmally receives:	(1) more than 331/3%	of its support	from contribution	s, membership f	ees, and gross receipts
		investment	income and	unrelated busin	ess taxable income (le				its support from gross the organization after June
11	\square				omplete Part III.) I exclusively to test for	public safety	See section 509	(2)(4)	
12		•		•					out the purposes of one or
12	\cup	more publi	cly supported	l organizations (09(a)(1) or s	ection 509(a)(2). See section 5	609(a)(3). Check the box
а		organizatio	n(s) the pow		appoint or elect a majo				ly by giving the supported organization. You must
b		manageme	ent of the sup		ervised or controlled in ation vested in the san and C.				
с					supporting organization				tegrated with, its
d	\square				ions). You must com d. A supporting organi				organization(s) that is not
		functionally	/ integrated.	The organizatio	n generally must satisf r t IV, Sections A and	y a distribution	n requirement and		
е		Check this	box if the org	ganization recei	ved a written determin	ation from the		pe I, Type II, Ty	pe III functionally
f	Enter				integrated supporting				
g				5	pported organization				
	(i) N	lame of sup organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount monetary supp (see instruction	port other support (see
						Yes	No		
Tota	1								
For F	Paperv		tion Act No	tice, see the I	nstructions for	Cat. No. 112	85F	Sche	dule A (Form 990) 2022
Form	1 990 ·	or 990-EZ.							
					Pao	ge 2			
						-			
Sche	dule A	(Form 990)	2022						Page 2
Pa	rt II				ations Described				b)(1)(A)(vi)
					ne box on line 5, 7, ify under the tests l				qualify under Part III.
		A. Public							
Cale	ndar	VAST			I	I		I	I
Cale	ndar	VAST		1		1	1	1	1

	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	624,924	849,252	1,007,494	1,136,943	1,058,403	4,677,016
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by	624,924	849,252	1,007,494	1,136,943	1,058,403	4,677,016
5	each person (other than a						
	governmental unit or publicly supported organization) included on						1,003,474
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						_,,
6	Public support. Subtract line 5 from line 4.						3,673,542
	ection B. Total Support	1					
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	624,924	849,252	1,007,494	1,136,943	1,058,403	4,677,016
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,532	3,189	227	56	801	6,805
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	3,191	490	1,002		3,614	8,297
11	Total support. Add lines 7 through 10						4,692,118
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	45,365
13	First 5 years. If the Form 990 is for t	he organization's	first, second, third	l, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					► 🗆	
	ection C. Computation of Publi		-				
	Public support percentage for 2022 (li					14	78.290 %
15	Public support percentage for 2021 Sc 33 1/3% support test-2022. If the					15	75.950 %
16a	and stop here. The organization qual						
b	33 1/3% support test—2021. If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 $_{ m 1}$	3% or more, chec	k this
17a	box and stop here. The organization 10%-facts-and-circumstances tes and if the organization meets the "fact	t—2022. If the or	ganization did not	check a box on li	ne 13, 16a, or 16b	, and line 14 is 10	
b	meets the "facts-and-circumstances" t 10%-facts-and-circumstances tee more, and if the organization meets t	st—2021. If the o	rganization did no	t check a box on l	ine 13, 16a, 16b,	or 17a, and line 1!	5 is 10% or
18	meets the "facts-and-circumstances" Private foundation. If the organizati						► 🗆
	instructions					<u></u>	► 🗆
						Schedule A (I	Form 990) 2022
			Page 3				
			2				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule f	or Organizatio	ns Described i	n 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.) Section A. Public Support Calendar year (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, 2 merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose з Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the 4 nization's bonafit and aither naid

	organization s benefit and entire paid		1	1	I	1		
5	to or expended on its behalf The value of services or facilities						+	
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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. Add lines 7a and 7b.			-			╉────	
8	Public support. (Subtract line 7c							
	from line 6.)							
	ection B. Total Support endar year				[
	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9 10a	Amounts from line 6 Gross income from interest,						+	
104	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.			1				
C 11	Add lines 10a and 10b. Net income from unrelated business						┥───	
11	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,						1	
14	11, and 12.) First 5 years. If the Form 990 is for the form 10 is form 10 is for the form 10 is for 10 is form 10 is for 10	ne organization's	first, second, thi	rd, fourth, or fifth	i tax year as a secti	on 501(c)(3) org	anization,	check
- ·	this box and stop here	-			-			_
Se	ection C. Computation of Public	Support Perce	entage					
15	Public support percentage for 2022 (lir					15		
16	Public support percentage from 2021 S					16		
<u>Se</u> 17	ection D. Computation of Invest Investment income percentage for 202			/ line 13. column	(f))	17		
18	Investment income percentage from 2	. ,	.,		())	18		
	33 1/3% support tests-2022. If the	organization did r	not check the box	on line 14, and	line 15 is more thar		ne 17 is no	t
b	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	3% and line	e 18 is
	not more than 33 1/3%, check this box				olicly supported org	anization	🏲 🗆	
20	Private foundation. If the organization	on did not check a						
			a box on line 14,	19a, or 19b, che	ck this box and see	instructions	► 🗆	
			a box on line 14,	19a, or 19b, che	ck this box and see		► 🗆) 2022
					ck this box and see	instructions	► 🗆) 2022
			Page 4		ck this box and see	instructions	► 🗆) 2022
Sche	dule A (Form 990) 2022				ck this box and see	instructions	► 🗆) 2022 Page 4
	dule A (Form 990) 2022 t IV Supporting Organization				ck this box and see	instructions	► 🗆	
	. ,	s a box on line 12 o ctions A and C. If	Page 4	necked box 12a, o	of Part I, complete S	instructions Schedule A (► □ Form 990	Page 4 ecked
Par	t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se	S a box on line 12 o ctions A and C. If is A and D, and co	Page 4	necked box 12a, o	of Part I, complete S	instructions Schedule A (► □ Form 990	Page 4 ecked
Par	t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section	S a box on line 12 o ctions A and C. If is A and D, and co	Page 4	necked box 12a, o	of Part I, complete S	instructions Schedule A (► □ Form 990	Page 4 ecked
Par	t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported	s a box on line 12 o ctions A and C. If is A and D, and co ations organizations liste	Page 4 f Part I. If you checked box omplete Part V.) ed by name in th	necked box 12a, o x 12c, of Part I, c ne organization's s	of Part I, complete S omplete Sections A, governing documen	instructions Schedule A (Sections A and B , D, and E. If you ts?		Page 4 ecked
Par Se	t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section ection A. All Supporting Organiz	s a box on line 12 o ctions A and C. If as A and D, and co ations organizations list upported organiza	Page 4	necked box 12a, o < 12c, of Part I, c e organization's o ated. If designate	of Part I, complete S omplete Sections A, governing documen	instructions Schedule A (Sections A and B , D, and E. If you ts?	► □ Form 990 . If you che t checked b Yes	Page 4 ecked
Par Se	t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an	s a box on line 12 o ctions A and C. If is A and D, and co ations organizations list upported organiza d continuing relat	f Part I. If you ch you checked bo: omplete Part V.) ed by name in th tions are designa- ionship, explain.	necked box 12a, o x 12c, of Part I, c ne organization's g ated. If designate	of Part I, complete S omplete Sections A, governing document of by class or purpo.	instructions Schedule A (Sections A and B , D, and E. If you ts? se,		Page 4 ecked
Par Se	t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in P	S a box on line 12 o ctions A and C. If is A and D, and co ations organizations list upported organiza d continuing relat ed organization th	f Part I. If you checked box omplete Part V.) ed by name in th tions are designa- tionship, explain. hat does not have	necked box 12a, o k 12c, of Part I, c e organization's g ated. If designate e an IRS determin	of Part I, complete S omplete Sections A, governing documen ad by class or purpo nation of status und	instructions Schedule A (Sections A and B , D, and E. If you ts? se, er section	► □ Form 990 . If you che t checked b Yes	Page 4 ecked
Par Se	t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support	S a box on line 12 o ctions A and C. If is A and D, and co ations organizations list upported organiza d continuing relat ed organization th	f Part I. If you checked box omplete Part V.) ed by name in th tions are designa- tionship, explain. hat does not have	necked box 12a, o k 12c, of Part I, c e organization's g ated. If designate e an IRS determin	of Part I, complete S omplete Sections A, governing documen ad by class or purpo nation of status und	instructions Schedule A (Sections A and B , D, and E. If you ts? se, er section	► □ Form 990 . If you che t checked b Yes	Page 4 ecked
Par Se	 t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support. 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2). Did the organization have a supported 	s a box on line 12 o ctions A and C. If as A and D, and co ations organizations list upported organiza d continuing relat ed organization th Part VI how the o	Page 4	necked box 12a, o k 12c, of Part I, c e organization's g ated. If designate e an IRS determin rmined that the s	of Part I, complete S omplete Sections A, governing document of by class or purpor nation of status und upported organizati	instructions Schedule A (Sections A and B , D, and E. If you ts? se, er section on was	► □ Form 990 . If you che t checked b Yes 1	Page 4 ecked
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Par Se 1	 t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support. 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2). Did the organization have a supported 	s a box on line 12 o ctions A and C. If as A and D, and co ations organizations list upported organiza d continuing relat ed organization the art VI how the o organization deso supported organi	Page 4	necked box 12a, o (12c, of Part I, c e organization's o ated. If designate e an IRS determin rmined that the s 501(c)(4), (5), o under section 501	of Part I, complete S omplete Sections A, governing documen d by class or purpo nation of status und upported organizati r (6)? If "Yes," answ .(c)(4), (5), or (6) a	instructions Schedule A (Sections A and B , D, and E. If you ts? se, er section on was ver lines 3b and and satisfied		Page 4 ecked

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С

3b

	If res, explain in Part VI what controls the organization put in place to ensure such use.	3c	I	
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.	4a		
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.	4b		
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.	4c		
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).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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	9a		
D	organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	30		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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.			
		10a		
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).	104		
		10b		

Schedule A (Form 990) 2022

Page 5

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Schedule A (Form 990) 2022

Par	t IV Supporting Organizations (continued)			
			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 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
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.	2		

Se	ction C. Type II Supporting Organizations		
		Yes	No
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)?	1t "INO,"	aescribe in	Part VI now	v control or	management of	tne
supporting organization	was vested i	in the same pers	ons that	controlled o	or managed t	he supporte	ed organization(s).

Section D. All Type III Supporting Organizations

- 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- **3** By reason of the relationship described in 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.

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

- 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.

3b Schedule A (Form 990) 2022

2a

2b

3a

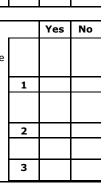
Page 6

Schedule A (Form 990) 2022

1

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See \Box instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d

e Discount claimed for blockage or other factors



Yes

No

Page 6

1

	(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	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ed Type III supporting organization (see

Schedule A (Form 990) 2022

------ Page 7 -

Schedule A (Form 990) 2022

Page 7

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)		
Section D - Distributions				Current Year		
1 Amounts paid to supported organizations to accomplish	1 Amounts paid to supported organizations to accomplish exempt purposes					
2 Amounts paid to perform activity that directly furthers excess of income from activity	2					
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3			
4 Amounts paid to acquire exempt-use assets			4			
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5			
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6			
7 Total annual distributions. Add lines 1 through 6.			7			
8 Distributions to attentive supported organizations to whe details in Part VI). See instructions	nich the organization is respons	sive (<i>provide</i>	8			
9 Distributable amount for 2022 from Section C, line 6			9			
10 Line 8 amount divided by Line 9 amount			10			
Section E - Distribution Allocations (see instructions)	Section E - Distribution Allocations (i) (ii) Underdistr			(iii) Distributable Amount for 2022		
1 Distributable amount for 2022 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.						
3 Excess distributions carryover, if any, to 2022:						
a From 2017						
b From 2018						
c From 2019						
d From 2020						
e From 2021						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2022 distributable amount						
 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:			Τ			
\$						
a Applied to underdistributions of prior years						

c 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. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . 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		
e Excess from 2022		
		Schedule A (Form 990) (2022)
	——— Page 8 —	
chedule A (Form 990) 2022		
LIEUUIE A (FUIII 990) ZUZZ		Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

 Facts And Circumstances Test

 Return Reference
 Explanation

 PART II, LINE 10
 OTHER INCOME 8,297

 Schedule A (Form 990) 2022

Additional Data

Return to Form

efile Public Visual Rer	nder Objectld: 202311729349301231 - Submission: 2023-06-21		TIN: 74-2424175
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	2022		
Name of the organization WINGS FOUNDATION IN		Employer id	lentification number
		74-2424175	
Organization type (che	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation	
	527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion	
	501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Page 2

Schedule B (Form 990) (2022) Name of organization

Page 2

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Page 3

Schedule E	chedule B (Form 990) (2022) Page 3					
Name of org WINGS FOU	ganization INDATION INC	Employer identificatio	Employer identification number 74-2424175			
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received			

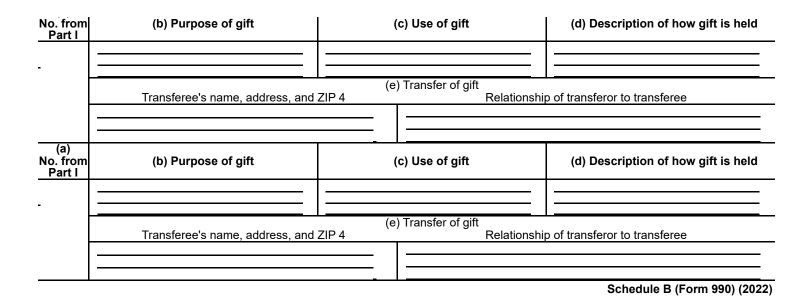
				\$		
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	property given	•	(c) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash			(C) or estimate) nstructions)	(d) Date received	
-				\$		
					Schedule B (Form 990) (2022)	
		Page 4				
Schedule	B (Form 990) (2022)				Page 4	
Name of or WINGS FO	rganization UNDATION INC			• •	ntification number	
Part III	<i>Exclusively</i> religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) thi e total of e <i>xclusively</i> religious, ch tructions.) ► \$	rough (e) a	and the following	ng line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held	
_						
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationshi	p of transferor t	o transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationshi	p of transferor t	o transferee	

(a)

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Additional Data

Return to Form

efi	le Public Visua	l Render	ObjectId: 2023117	729349301231 - Sub	mission: 2023	-06-2	1	TIN: 7	4-2424175
SC	HEDULE D		Sunnlamor	ntal Financial S	tatomonte			OMB No	0. 1545-0047
(For	Complete if the or			ganization answered "Yes," on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					022
	tment of the Treasury al Revenue Service			Attach to Form 990. 1990 for instructions an					to Public
_	me of the organi		o to <u>www.irs.gov/Porn</u>	1990 for instructions an	a the latest info		on. Dioyer ident		
	NGS FOUNDATION IN								
Pa	rt I Organiz	zations Mai	ntaining Donor Advi	sed Funds or Other S	Similar Funds o		2424175		
10				es" on Form 990, Part I			Journesi		
				(a) Donor advis	ed funds		(b) Funds a	nd other a	accounts
1									
2			ns to (during year)						
3	Aggregate value	•							
4			•••••				Current and a state of the second		
5	organization's pr	roperty, subjec	t to the organization's ex	ors in writing that the asse clusive legal control?				_	Yes 🗌 No
6	charitable purpo	ses and not fo	or the benefit of the donor	onor advisors in writing the or donor advisor, or for a	ny other purpose o			_	Yes 🗌 No
Ра	rt II Conser	vation Ease	ements.					0	
	Complet	te if the orga	nization answered "Ye	s" on Form 990, Part I					
1	Purpose(s) of co	onservation eas	sements held by the orga	nization (check all that ap	oly).				
	Preservation	on of land for p	oublic use (e.g., recreation	n or education)	Preservation of an	histor	ically importa	ant land a	irea
	Protection	of natural hab	itat		Preservation of a o	certifie	d historic str	ucture	
	Preservation	on of open spa	ce						
2				qualified conservation cor	tribution in the fo	rm of a	conservatio	n	
	easement on the					1 - 1	Held at t	he End o	f the Year
a						2a			
b	-	•				2b			
c d	Number of conse	ervation easem		ic structure included in (a) ired after July 25, 2006, a		2c 2d			
3			-	ed, released, extinguished,	or terminated by	the or	ganization du	iring the	
4	Number of state	s where prope	erty subject to conservation	on easement is located >					
5	Does the organiz	zation have a	written policy regarding t	 he periodic monitoring, ins 	pection, handling	of viola	ations,		
6			rvation easements it hold	s?	 s, and enforcing c	onserv		Yes ents durin	No g the year
Ū	►								
7	Amount of expenses	nses incurred i	in monitoring, inspecting, 	handling of violations, an	d enforcing conser	vation	easements d	luring the	year
8				above satisfy the require		70(h)(Yes	🗆 No
9	balance sheet, a	and include, if		servation easements in its e footnote to the organizati its.					
Par	t III Organiz	zations Mai	ntaining Collections	of Art, Historical Tre s" on Form 990, Part I		er Si	milar Asse	ts.	
1a	historical treasu	res, or other s	imilar assets held for pub	SC 958, not to report in its lic exhibition, education, o ents that describes these	r research in furth				
b	If the organizati	on elected, as res, or other s	permitted under FASB AS imilar assets held for pub	SC 958, to report in its rev lic exhibition, education, c	enue statement ar				
(-	-					▶\$		
2	If the organizati	on received or	held works of art, histori	cal treasures, or other sim ASC 958 relating to these	ilar assets for fina			the	
а	-		•				. 🕨 \$		
b	Assets included	in Form 990	Part X				. ▶s		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Scheo										
	dule D	(Form 990) 2022								Page 2
Part		Organizations Maintaining Col	lections of Ar	t Histor	ical Trea	SULLAS O	r Other 9	Similar A	ssats (con	-
3		the organization's acquisition, accession								
а	items	(check all that apply): Public exhibition		d		oan or exch	ange prog	rame		
b				e	_		5.5			
с		Scholarly research			_ 0					
	\Box	Preservation for future generations								
4	Provid Part >	de a description of the organization's col XIII.	lections and expl	ain how the	ey further	the organi:	zation's ex	empt purpo	ose in	
5		ng the year, did the organization solicit o s to be sold to raise funds rather than to							🗌 Yes	
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		Form 990), Part IV,	, line 9, or	r reported	d an amou		
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?							🗌 Yes	
							,,		U Yes	⊔ No
b	If "Ye	es," explain the arrangement in Part XIII	and complete th	e following	table:			A	mount	
с	Begin	nning balance					1c			
d	Addit	ions during the year \ldots \ldots \ldots \ldots					1d			
е	Distri	ibutions during the year					1e			
f	Endin	ng balance					1f			
2a	Did tł	he organization include an amount on Fo	rm 990, Part X, I	ne 21, for	escrow or	custodial a	account lia	bility?	🗌 Yes	🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	. Check here if th	e explanat	ion has be	en provide	d in Part X	ш		
Par	r t V	Endowment Funds. Complete if the organization answ	vered "Ves" on	Form 990	Part IV	line 10				
			(a) Current year		Prior year		years back	(d) Three ye	ars back (e)	Four years back
1a [Beginn	ning of year balance								
b (Contrit	butions								
сI	Net inv	vestment earnings, gains, and losses								
d (Grants	or scholarships								
e (Othor									
		expenditures for facilities								
ā	and pr	•								
f/	and pro Admini	ograms								
f/	and pro Admini End of Provio	ograms	ent year end bala	nce (line 1	g, column	(a)) held a	as:			
f / g [2 a	and pro Admini End of Provid Board	ograms istrative expenses year balance de the estimated percentage of the curre	ent year end bala	nce (line 1	g, column	(a)) held a	as:			
f / g [[] 2 a b	and pro Admini End of Provid Board Perma	ograms	ent year end bala	nce (line 1	g, column	(a)) held a	as:			
f / g [2 a	and pro Admini End of Provid Boarc Perma Term	ograms		nce (line 1	g, column	(a)) held a	as:			
f / g [2 a b c	and pro Admini End of Provia Boarc Perma Term The p Are th	ograms	ld equal 100%.					• the		Yes No
f / g [2 a b c	and pro Admini End of Provid Boarc Perma Term The p Are th organ	ograms	ld equal 100%.					: the	3a(i)	
f / g [2 a b c	and provide Admini End of Provide Boarce Perma Term The p Are th organ (i) Un	ograms	ld equal 100%. sion of the organ					the	3a(i) 3a(ii)	
f / g [2 a b c 3a	and provide Admini End of Provide Boarce Perma Term The p Are th organ (i) Un (ii) R	ograms	ld equal 100%. sion of the organ	ization tha	t are held	and admin	istered for	• the)
f g 2 a b c 3a b	and provide Admini End of Provide Boarce Perma Term Term Tre p Are th orgar (i) Ut (ii) R If "Ye	ograms	Id equal 100%. sion of the organ	ization tha ed on Sche	t are held	and admin	istered for	• the	3a(ii)	
f g 2 a b c 3a 4	and provide Admini End of Provide Boarce Perma Term Term Tre p Are th orgar (i) Ut (ii) R If "Ye	istrative expenses	ld equal 100%. sion of the organ sion of the organ si listed as requir organization's er nt.	ization tha ed on Sche ndowment	t are held dule R? funds.	and admin 	istered for		3a(ii) 3b	
f g g 2 a b c 3a 3a 4 Par	and provide Admini End of Provide Boarce Perma Term The p Are th organ (i) Ut (ii) R If "Ye Descr t VI	istrative expenses	Id equal 100%. ision of the organ is listed as requir organization's er nt. vered "Yes" on her basis (b) (ization tha ed on Sche ndowment	t are held edule R? funds.), Part IV,	and admin ••••• •••••	istered for	 n 990, Pa	3a(ii) 3b rt X, line 1	
f g 2 a b c 3a b 4 Par	Admini End of Provid Boarc Perma Term The p Are th orgar (i) Un (ii) R If "Ye Descri t VI	istrative expenses	Id equal 100%. ision of the organ is listed as requir organization's er nt. vered "Yes" on her basis (b) (ization tha ed on Sche idowment Form 990	t are held edule R? funds.), Part IV,	and admin ••••• •••••	istered for	 n 990, Pa	3a(ii) 3b rt X, line 1	0.
f / g 2 a b c 3a b 4 Par	Admini End of Provid Boarc Perma Term The p Are th orgar (i) Ui (ii) R If "Ye Descri t VI Descri	istrative expenses	Id equal 100%. ision of the organ is listed as requir organization's er nt. vered "Yes" on her basis (b) (ization tha ed on Sche idowment Form 990	t are held edule R? funds.), Part IV,	and admin ••••• •••••	istered for	 n 990, Pa	3a(ii) 3b rt X, line 1	0.
f / g 2 a b c 3a 3a 4 Par	and provide Admini End of Provide Boarce Perma Term The p Are th organ (i) Ut (ii) R If "Ye Descri t VI Descri Land Buildin	ograms . istrative expenses . istrative expenses . istrative expenses . istrative expenses . de the estimated percentage of the curred designated or quasi-endowment anent endowment endowment percentages on lines 2a, 2b, and 2c show here endowment funds not in the posses nization by: nrelated organizations es" on 3a(ii), are the related organization ribe in Part XIII the intended uses of the Complete if the organization answ iption of property (a) Cost or oth (investme	Id equal 100%. ision of the organ is listed as requir organization's er nt. vered "Yes" on her basis (b) (ization tha ed on Sche idowment Form 990	t are held edule R? funds.), Part IV,	and admin ••••• •••••	istered for	 n 990, Pa	3a(ii) 3b rt X, line 1	0.
f / g 2 a b c 3a 3a 4 Par	and provide Admini End of Provide Boarce Perma Term The p Are th organ (i) Ut (ii) R If "Ye Descri t VI Descri Land Buildin	istrative expenses	Id equal 100%. ision of the organ is listed as requir organization's er nt. vered "Yes" on her basis (b) (ization tha ed on Sche idowment Form 990	t are held edule R? funds. <u>), Part IV</u> , r basis (othe	and admin	istered for	n 990, Pa	3a(ii) 3b rt X, line 1	0. Sook value
f / g 2 a b c 3a b 4 Par 1a b c d	and provide Admini End of Provide Boarce Perma Term The p Are th orgar (i) Un (ii) R If "Yee Descri t VI Descri Land Buildin Leaseh Equipm	ograms . istrative expenses . istrative expenses . istrative expenses . istrative expenses . de the estimated percentage of the curred designated or quasi-endowment anent endowment endowment percentages on lines 2a, 2b, and 2c show here endowment funds not in the posses nization by: nrelated organizations es" on 3a(ii), are the related organization ribe in Part XIII the intended uses of the Complete if the organization answ iption of property (a) Cost or oth (investme	Id equal 100%. ision of the organ is listed as requir organization's er nt. vered "Yes" on her basis (b) (ization tha ed on Sche idowment Form 990	t are held edule R? funds.), Part IV,	and admin	istered for	 n 990, Pa	3a(ii) 3b rt X, line 1	0.

Schedule D (Form 990) 2022				Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, I	Dart IV/	ling 11h Soo Fo	rm 990 Part V	line 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of va t or end-of-year r	luation:
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV	line 11c See Fo	rm 990 Part X	line 13
(a) Description of investment	ui e i vy	(b) Book value	(c) Meth	od of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	►			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV. I	ine 11d. See Fo	rm 990. Part X.	line 15.
(a) Description				(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			· · · •	

Other Liabilities. Part X

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

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

— Page 4 —

Schedule D (Form 990) 2022

Scheo	lule D (Form 990) 2022				Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par			eturn.	
1	Total revenue, gains, and other support per audited financial statements .			1	1,091,323
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				/ /
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	18,560		
с	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d		-	
е	Add lines 2a through 2d			2e	18,560
3	Subtract line 2e from line 1			3	1,072,763
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b		-	
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,072,763	
Par	t XII Reconciliation of Expenses per Audited Financial Staten			Return.	
	Complete if the organization answered 'Yes' on Form 990, Par		ine 12a.		1 050 001
1	Total expenses and losses per audited financial statements	•		1	1,050,881
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	I -	1		
a	Donated services and use of facilities	2a	18,560		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d		_	
е	Add lines 2a through 2d	•		2e	18,560
3	Subtract line 2e from line 1	•		3	1,032,321
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	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total expenses. Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 18	.) .		5	1,032,321
Par	t XIII Supplemental Information				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			: V, line 4; Pa	rt X, line 2; Part XI,
line	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	iy add			
	Return Reference		Explanation		

Schedule D (Form 990) 2022

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efile Public Visual Render ObjectId: 202					311729349301231 - Submission: 2023-06-21								TIN: 74-2424175			
Schedule L			Tra	nsactio	ons with	Interest	ed Pers	ons	_		0	MB No	. 1545	-0047		
(Form 990)	ÞC	Comple	te if the org	ganization a, 28b, or 2	answered "\ 28c, or Form ach to Form 9	26,	2022									
Department of the Treasu		Þ	Go to <u>www.</u>		orm990 for in	ı.		Open to Public								
Internal Revenue Service Name of the org									Empl	over id	Inspection er identification number					
WINGS FOUNDATIO									•	24175	entine	ation	numb	21		
					1(c)(3), sectio											
		-	ified person		" on Form 990, Part IV, line 25a or 25b, or Form 990-I (b) Relationship between disqualified person and organization						(c) Description of transaction			rected?		
						5						ᆍ	íes 🛛			
												\pm				
 2 Enter the ar 4958 3 Enter the ar 							-	the year	r unde	er sectio	on \$ \$					
Con	nplete if the	e organ		ered "Yes"	e rsons. on Form 990-I e 5, 6, or 22	EZ, Part V, line	e 38a, or Form	1 990, P	art IV,	line 26	5; or if t	the or <u>c</u>	janizat	ion		
(a) Name of interested person		(b) (itionship Purp with lo			in to or from ganization?	(e) Original principal amount	(f) Balance due) In ault?	(h) Approved by board of committee		ed agi or		i) Written greement?		
	organize			То	From			Yes	No	Yes No				No		
												<u> </u>				
Total Part III Gra			 	 itina Inte	rested Pers	► \$										
Com	nplete if tl	he orga	anization a	nswered "	Yes" on Form	n 990, Part I										
(a) Name of inter	rested pers		Relationsh erested pers organiza	on and the		nt of assistanc	ce (d) Ty	pe of as	sistar	ice	(e) Pu	irpose	of assi	istance		
For Paperwork Red	luction Act	Notice, s	see the Instr	uctions for F	orm 990 or 99	0-EZ.	Cat. No. 50056	Ā			Sched	ule L (I	Form 9	90) 2022		
					Pa	age 2										
Schedule L (Form	990) 2022													Page 2		
					erested Per Yes" on Form		V line 28a	28h o	r 28c							
	e of interes			(b) Re	lationship interested	(c) Amo transa	ount of			tion of	transac	tion		Sharing of		
				persor	n and the nization	ti alisa	ction	on I					organ	iization's enues?		
							11.000		OTOD	DA)/			Yes	-		
(1) WENDY WARD	HOFFER	<u>=K</u>		FMR BOARD MEM			11,900 C	ONTRA	INTRACTOR PAY					No		
														<u>+</u>		
			ormation rmation for r	esponses to	o questions on	Schedule L (s	see instructior	ıs).								
Return	Reference	е					Explanation	1								
SCHEDULE L, PAR	ΤV				MEMBER TOO THE ORGANIZ		ABSENCE FRO	OM THE	BOAR	D, AND	WAS L	ATER	HIRED	AS A		

Additional Data

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efile Public	Visual	Render	ObjectId:	2023117	2934930)1231 -	Submiss	sion: 202	3-06-21		TIN: 74-242	4175
SCHEDUL (Form 990) Department of the Trea nternal Revenue Serv	asury								OMB No. 1545 2022 Open to Pu Inspectio	2 Iblic		
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Return Reference						Expla	nation					
FORM 990 - ORGANIZATIO MISSION	BUSPTI ENSUI BEYOI COMM	HEALTH EX	PERTISE WI ONE HAS AC OD SEXUAL	TH THE HE CESS TO T ABUSE TR/	ALING PO THE RESO AUMA. WE	WER OF URCES T E ENGAG	COMMUI HEY NEE	NITY. WE A D TO SPE SURVIVOF	ACHIEVE (AK ABOU RS, LOVE	OUR MISS T, HEAL FI D ONES, P	USE, COMBINING ION THROUGH ROM, AND THRIV PROVIDERS, AND CARE AND	Έ
FORM 990, PAGE 2, PART III, LINE 4A	CONF SUPPO ONES BECAU TO CO THE LI APPRO ARE P INTER LICEN EACH	IDENTIAL PH ORT GROUPS ORT GROUPS GUIDE TO H USE OF THEII OMMUNITY CO ONG-TERM C OPRIATE RES ROVIDED BY NSHIP AND S SED CLINICI/	ONE CONSU 6, "SPECIALT EALING. SUF R INABILITY ONSTITUENT ONSEQUEN FONSE AND WINGS STA ERVICE OPF ANS, WHO RI RECEIVES	LTATIONS, Y GROUPS PPORT GRO TO PAY. 2. S, SERVIC CES OF CS SERVICES FF - AT NO PORTUNITI ECEIVE TR A FULL-DA	THERAPY S", AND WI OUPS ARE THE OUTF E PROVID SA. WINGS S TO THIS COST - TO IES TO MA CAINING TO Y TRAININ	(REFERF INGS' CO E DONATI REACH EI DERS ANE S IS PART POPULA O ALL AU ASTER'S-I O SERVE IG ORIEN	RALS, ANI MPREHE ON- BASI DUCATIO MEDICA ICULARL TION. CU DIENCES LEVEL CC AS CO-F/ TATION, I	D THERAP NSIVE HAI ED, AND N N PROGR, L/BEHAVIO Y INTERES STOMIZEI . 3. THE CI DUNSELINO ACILITATO MONTHLY	IST-FACIL NDBOOK, O SURVII AM IS DES ORAL HEA STED IN E O COMMU LINICAL T G PSYCH RS OF AL CLINICAL	LITATED, C SURVIVO /OR IS EV SIGNED T(ALTH PRO ENHANCIN INITY AND RAINING F OLOGY ST L WINGS S	ROGRAM OFFERS DNGOING WEEKL IRS- AND LOVED ER TURNED AWA D BRING AWAREN FESSIONALS ABC IG CULTURALLY CLINICAL TRAIN PROGRAM OFFEF TUDENTS AND SUPPORT GROUF	LY NESS OUT IINGS RS PS.
FORM 990, PAGE 6, PART VI, LINE 11B	THE C	RGANIZATIO	N WILL REVI	EW THE 99	90 WITH TH	HE BOAR	D OF DIR	ECTORS	AND THE	EXECUTIV	/E DIRECTOR.	
FORM 990, PAGE 6, PART VI, LINE 12C	CONF	LICTS ARE DI	SCLOSED A	S THEY AR	ISE.							
FORM 990, PAGE 6, PART VI, LINE 15A											S. THE BOARD TION PACKAGE.	
FORM 990, PAGE 6, PART VI, LINE 19	GOVE	RNING AND F	INANCIAL D	OCUMENT	S ARE AVA	AILABLE (JPON RE	QUEST.				
FORM 990, PART IX, LINE 11G	CLINIC	CAL SUPERVI	SION 32,323	0 0 FACILI	TATORS 1'	19,720 0 () TOTAL 1	52,043 0 0)			
or Paperwork Reduc	ction Act N	lotice, see the Inst	ructions for Form	990 or 990-EZ.		Ca	t. No. 510	56K			Schedule O (Form	990) 2022

Additional Data

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