990

(Rev. January 2020) Department of the Treasury

Internal Revenue Service

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

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2019

Open to Public Inspection

A	For the	2019 calendar y <u>ea</u>	r, or tax year begin	ning	06-01	, 2019, and e	nding	05	-31 , 20 20
В	Check if ap	oplicable: C	Name of organizationWi	ng Family of America,	Inc.			D Emplo	yer identification number
Π,	Address ch	hange	Doing business as						04-6111749
_	Name char			O. box if mail is not delivered to street addre	ess)	Room	n/suite	E Teleph	one number
_	nitial retur	-	Spring Hill		,				(508)833-1540
=		n/terminated		vince, country, and ZIP or foreign postal coo	lo			G Gross	
=	Amended r		st Sandwich,					\$	195,728
=							11/6) 1. 11 1	-	
	Application	i pending F	Name and address of pri	ncipai officer:			` '	-	
		🔽 504/ \/					H(b) Are all s		
	Fax-exemp) ◀ (insert no.)	527				. (see instructions)
	Nebsite:		gfamily.org	🗖 ,			H(c) Group	•	
	rt I	ganization: X Corpora	ation Trust Ass	ociation Other >	L Yea	r of formation: 1	.902 M S	tate of lega	al domicile: MA
Pa		Summary			1	11.			
	1	Briefly describe the	organization's miss	ion or most significant activities:	See Sch	nedule O			
ø									
auc									
ern			_						
Governance			_	discontinued its operations or dis	posed of mo	ore than 25%	of its net asset	S.	
დ ფ	3	Number of voting m	nembers of the gove	rning body (Part VI, line 1a) .				3	35
Activities &	4	Number of indepen-	dent voting member	s of the governing body (Part VI,	line 1b) .			4	35
Ę	5	Total number of ind	lividuals employed in	calendar year 2019 (Part V, line	2a)			5	0
Ę	6	Total number of vol	lunteers (estimate if	necessary)				6	36
Q	7a	Total unrelated bus	siness revenue from	Part VIII, column (C), line 12 .				7a	0
	b	Net unrelated busin	ness taxable income	from Form 990-T, line 39				7b	0
							Prior Year		Current Year
	8	Contributions and a	rants (Part VIII, line	1h)				,316	185,526
ē		•	•	e 2g)		-		,520	0
Revenue		· ·	•	A), lines 3, 4, and 7d)		—		600	137
Še			•	nes 5, 6d, 8c, 9c, 10c, and 11e)			2	,778	
_								_	10,065
				must equal Part VIII, column (A), I			48	,694	195,728
				X, column (A), lines 1-3)					0
				(, column (A), line 4)					0
S		Salaries, other com			0				
Expenses			- '	column (A), line 11e)					0
ğ	I	_		lumn (D), line 25) ▶		0			
Ш				nes 11a-11d, 11f-24e)			52	,743	57,646
	18	Total expenses. Ac	dd lines 13-17 (must	equal Part IX, column (A), line 25)			,743	57,646
	19	Revenue less expe	nses. Subtract line	18 from line 12			(4	,049)	138,082
or						В	seginning of Curre	nt Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part >	X, line 16)				753	,150	729,084
t As	21	Total liabilities (Par	t X, line 26)				162	,148	0
		Net assets or fund	balances. Subtract	line 21 from line 20			591	,002	729,084
Pa	rt II	Signature Bl	ock						
				rn, including accompanying schedules and sicer) is based on all information of which pre			knowledge and beli	ef, it is	
iiuo,	COTTECT, AI	nd complete. Declaration	or preparer (other than on	icer) is based on all information of which pre	parer rias arry k	nowleage.			
		Kathyrn I	Diedrich						
Sig	n	Signature of office	er					Date	Э
Her	e	Kathyrn I	Diedrich, Ass	t Treasurer					
		Type or print nam							
		Print/Type preparer's n	name	Preparer's signature	Date	e	Check	X if	PTIN
Pai	d	Paul R Wing	CPA		ng-	-21-2020	self-emp		P01200093
	parer	Firm's name	Paul R W	ing CPA	V J		Firm's EIN ▶	-, -,	
	Only			James Drive			Phone no.		
-30	Jilly	i iiiii s audiess 🚩					FIIONE NO.	014 0	120_7026
Mari	the IDC	diaguage this returns		t NC 28461			1	914-9	39-7826 ▼ Yes □ No
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9) Wing Family of America, Inc. Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		37
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
*	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	7		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	Х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e		11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," complete Schedule D, Part X	445		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Х
12a	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		Х
20 a		20a		x
b	7	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		Х

Part 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 22 Х 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 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b х 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% 26 Х 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 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a Х 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 х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 х Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

19) Wing Family of America, Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	01		
_	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			
L	and services provided to the payor?			Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		
	If "Yes," indicate the number of Forms 8282 filed during the year	7c		Х
d		7e		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_		X X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		^
•	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			Λ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	F	.000 "	0040
EEA		rorm	990 (2	∠∪19)

Part VI

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

	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	х	
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
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		x
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Massachusetts			
18	Section 6104 requires an organization to make its Forms 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 Donn request Other (explain on Schedule O)			
19	Describe on 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			

Kathryn Diedrich (508)833-1540, 2873 Char La Mar Dr, Green Bay, WI 54311

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

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

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

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

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

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

				(C)					
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and title	Average	١ ,	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount	
Name and the	hours					s botn ar /trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	악	ŋ	Q	<u>~</u>	9 <u>T</u>	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	stitut	Officer	y en	ghes	Former	(W-2/1099-WISC)	(** 2, 100000)	related organizations
	organizations	ual t ctor	iona		Key employee	/ee				
	below	Individual trustee or director	Institutional trustee		/ee	Highest compensated employee				
	dotted line)	ď	itee			nsate				
						8				
(1) Douglas Cutchin										
President				x				0	0	0
(2) Larry E Wing										
Vice President				x				0	0	0
(3) Judith C Allen										
Eastern District Coor.				x				0	0	0
(4) Ginger Schmidt										
Western District Coor.				x				0	0	0
(5) Terry Wing										
Recording Secretary				х				0	0	0
(6) Robert Payne										
Corresponding Secretary				х				0	0	0
(7) Kathy C Patton										
Asst Corresponding Secretary				х				0	0	0
(8) Kathryn Diedrich										
Treasurer				х				0	0	0
(9) Meredith Loomis										
Asst Treasurer				х				0	0	0
(10)Paul R Wing										
Finance Officer				х				0	0	0
(11)Robert Wollan										
Genealogist				х				0	0	0
(12)Jerry Bonecutter										
Asst Genealogist				х				0	0	0
(13)William Imes										
Historian				х				0	0	0
(14)Sharon Raymond Ahearn										
Asst Historian				х				0	0	0
EEA										Form 990 (2019)

EEA Form **990** (2019)

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

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

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

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

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

	u organizat	IOIT COI	Tiperise	iieu c	arry Curre	CIII	officer, director, or	il usiee.	
				(C)					
(A)	(B)			osition			(D)	(E)	(F)
Name and title	Average	١,			than one is both an		Reportable	Reportable	Estimated amount
	hours				r/trustee)		compensation	compensation	of other
	per week						from the	from related organizations	compensation from the
	(list any	Ind or a	Ins	Office	em Hig	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	hours for related	lividu	tituti	icer en	ploy	Former	(11 2 1000 111100)	,	related organizations
	organizations	al tr	onal	Ney employee	e con				
	below	Individual trustee or director	Institutional trusi	6	nper				
	dotted line)	Ф	tee		Highest compensated employee				
					٩				
(1) James Grasela									
Curator			2	[0	0	0
(2) Corron Grasela									
Asst Curator Sales			2	[0	0	0
(3) Victoria Grasela									
Property Maintenance Manager			2	[0	0	0
(4) Elizabeth Fulford									
Editor			2	١			0	0	0
(5) Lois Wing Smith									
Asst Editor			2	2			0	0	0
(6) Rod Flory									
Webmaster			2	[0	0	0
(7) Barbara Brann-Weir									
District One Representative			2	2			0	0	0
(8) James A Wing									
District Two Representative			2	2			0	0	0
(9) Lizabeth J Fisher									
District Three Representative			2	2			0	0	0
(10)Chester Wing									
District Four Representative			2	2			0	0	0
(11)Susan Leyba									
District Five Representative			2	2			0	0	0
(12)George V Wing									
District Six Representative			2	2			0	0	0
(13)Gaynor Corley									
District Seven Representative			2	[0	0	0
(14)Gary Wing									
District Eight Representative			2				0	0	0
								•	•

Form **990** (2019)

Part	VII Section A. Officers, Directors, Trustee	s, Key Emp	loyee	s, a	nd F	ligh	est Co	mp	ensated Employe	es (continued)			
						(C)							
	(A) Name and title	(B) Average hours	box	, unle	eck n	rson i	han one s both ar r/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) nated am of other mpensat	r
		per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga	rom the nization d organi:	and
	bert Barton Wing				x				0	0			0
	- 171												
	yce Schlim Tict Ten Representative				x				0	0			0
									•				
					x				0	0			0
	-								•				
	nn wicknam sr sr. Tict Twelve Representative				x				0	0			0
									0	0			
	rict Thirteen Representative				x				0	0			0
	ul p wine				^				U	0			U
	ul B Wing				٠,				0				•
	ict Fourteen Representative				Х				0	0			0
(22)													
(23)													
<u>(24)</u>													
(25)													
1b	Subtotal							. •					
С	Total from continuation sheets to Part VII, Sect	ion A .											
d	Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but not limit									of	•		
	reportable compensation from the organization	<u> </u>										Voc	No.
•	Did the conscionation list and former officer disc	4 4					. :					Yes	No
3	Did the organization list any former officer, direct		-				-		•				
4	employee on line 1a? If "Yes," complete Schedu.										3		X
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th												
_	individual										4		Х
5	Did any person listed on line 1a receive or accrue			-			_				_		
<u> </u>	for services rendered to the organization? If "Yes	s," complete	Sched	dule	J foi	suc	n pers	on		<u> </u>	5		Х
	on B. Independent Contractors												
1	Complete this table for your five highest compensa												
-	compensation from the organization. Report comp	ensation for	the ca	lend	ar ye	ear e	ending	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business address	ss							Description of service	es	Compens	sation	
	Tatal acceptance of the land o			· ·			-1-						
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				sted	above)) Wh	0				

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a	1				
ω	b		23,405				
ants	С						
ָהָ הַ מַ פַּ	d		1				
sifts ar A	е						
inis, o	f	All other contributions, gifts, grants,					
rior S. S.		and similar amounts not included above 1f	162,121				
ë	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f 1g	j \$				
	h	Total. Add lines 1a-1f	▶	185,526			
			Business Code				
Φ	2a						
<u>د</u> ه <u>ح</u>	b						
Se	С						
e. Seve	d						
Program Service Revenue	е						
Δ		All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
	١.	other similar amounts)		137	137		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	60	Gross rents 6a (i) Real	(ii) Personal				
	6a	Gross rents 6a Less: rental expenses 6b					
		Rental income or (loss) 6c					
		, , ,					
		(i) Consultion	(ii) Other				
	7a	Gross amount from (i) Securities sales of assets	(ii) Other				
	١.	other than inventory Less: cost or other basis 7a					
ě	b	and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
Rev	1	Net gain or (loss)					
ē	1	Gross income from fundraising					
₽		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	a				
	b	Less: direct expenses 8	b				
	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9	a				
	b	Less: direct expenses 9	b				
	С	Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less					
)a				
)b				
	С	Net income or (loss) from sales of inventory .					
			Business Code				
ous le		Merchandise Sales	453220	10,065	10,065		
Miscellanous Revenue	b						1
Sce. Rev	C	12 					1
Ξ̈́		All other revenue		7005-			
		Total. Add lines 11a-11d		10,065	10.000	_	-
	12	Total revenue. See instructions		195,728	10,202	0	0

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).

	Check if Schedule O contains a response or note to	any line in this Part IX		<u> </u>	<u> </u>
	not include amounts reported on lines 6b, 7b, 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		51451155	general superiors	
	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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	12,995	6,508	6,487	
14	Information technology	1,716	1,716		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,021	1,021		
20	Interest	1,447		1,447	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,180	7,658	522	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Historical Property Expenses	21,751	21,751		
b	Museum Property Expenses	10,536	10,536		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	57,646	49,190	8,456	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	60	1	60
	2	Savings and temporary cash investments	160,136	2	136,070
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
Assets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	12,281	8	12,281
As	9	Prepaid expenses and deferred charges		9	-
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 580,673			
	b	Less: accumulated depreciation 10b	580,673	10c	580,673
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	753,150	16	729,084
	17	Accounts payable and accrued expenses	,	17	,,
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
apil		controlled entity or family member of any of these persons	162,148	22	
=	23	Secured mortgages and notes payable to unrelated third parties	102/110	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	162,148	26	0
		Organizations that follow FASB ASC 958, check here	102/210		
"		and complete lines 27, 28, 32, and 33.			
ĕ	27	Net assets without donor restrictions	577,858	27	694,623
alar	28	Net assets with donor restrictions	13,144	28	34,461
Ä		Organizations that do not follow FASB ASC 958, check here	10,111		31,101
Ē		and complete lines 29 through 33.			
P.	29	Capital stock or trust principal, or current funds		29	
its (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSG	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	591,002	32	729,084
ž	33	Total liabilities and net assets/fund balances	753,150	33	729,084
	55	i otal nabilitios and not assets/fund balaness	/33,150	- 33	123,004

2c

3a

х

the audit, review, or compilation of its financial statements and selection of an independent accountant?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain on

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

Employer identification number

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

2019

OMB No. 1545-0047

Wing Family of America, Inc. 04-6111749 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 **Total.** Add lines 1 through 3 **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (e) 2019 (f) Total **7** Amounts from line 4 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **9** Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

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

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

Sec	ction A. Public Support			· •	•	,	
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	225,147	62,383	102,853	45,316	185,527	621,226
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	10,868	959	4,269	2,778	10,202	29,076
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	236,015	63,342	107,122	48,094	195,729	650,302
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						650,302
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	236,015	63,342	107,122	48,094	195,729	650,302
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	258	2,610	59	600		3,527
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	258	2,610	59	600		3,527
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	236,273	65,952	107,181	48,694	195,729	653,829
14	First five years. If the Form 990 is for the or	rganization's firs	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						<u></u> ▶ □
	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 8, c					15	99.46 %
16	Public support percentage from 2018 Sched	ule A, Part III, li	ne 15			16	95.96 %
Sec	ction D. Computation of Investment In-	come Percen	tage				
17	Investment income percentage for 2019 (line	e 10c, column (f), divided by li	ne 13, column	(f))	17	1.00 %
18	Investment income percentage from 2018 Se					18	1.00 %
19a	33 1/3% support tests - 2019. If the organize	zation did not ch	neck the box o	n line 14, and l	ine 15 is more	than 33 1/3%,	and line
	17 is not more than 33 1/3%, check this box	and stop here.	The organiza	tion qualifies a	s a publicly su	oported organiz	ation ► x
b	33 1/3% support tests - 2018. If the organiz	zation did not ch	neck a box on l	line 14 or line 1	19a, and line 10	6 is more than	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and stop h	ere. The orga	nization qualifie	es as a publicly	y supported org	janization ► 🗌
20	Private foundation. If the organization did r	not check a box	on line 14, 19	a, or 19b, chec	k this box and	see instruction	s ▶ 🗌

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
	2		
	20		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	30		
	9с		
	10a		
	10b		
A (Fo	rm 990	or 990-E	Z) 2019

Schedule A (Form 990 or 990-EZ) 2019 Wing Family of America, Inc 04-6111749 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe 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 Section 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 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.* **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.* c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No 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. 2a b Did the activities described in (a) 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 (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

2b

3a

Sched	dule A (Form 990 or 990-EZ) 2019 Wing Family of America, Inc.		04-6111	7 49 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ganiz	zations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explain	in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zation	s must complete Sections	A through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
CO	Ilection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	1 7	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2		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			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supporting o	rganization (see

EEA

instructions).

-	ule A (Form 990 or 990-EZ) 2019 Wing Family of America, I		04-61	L1749 Page	7
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continuea)		_
Sec	tion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exem	npt purposes			_
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions		
4					
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e organization is respons	sive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
h	From 201 <i>E</i>				

1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to underdistributions of prior years c Remainder. Subtract lines 3d, 3h and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3d and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions carryover to 2020. Add lines 3j and 4b. Resess from 2016 Excess from 2017 d Excess from 2017 d Excess from 2017 d Excess from 2017		Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
(reasonable cause required - explain in Part VI). See instructions. 3	1	Distributable amount for 2019 from Section C, line 6			
instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014	2	Underdistributions, if any, for years prior to 2019			
3 Excess distributions carryover, if any, to 2019 a From 2014		(reasonable cause required - explain in Part VI). See			
a From 2014		instructions.			
b From 2015	3	Excess distributions carryover, if any, to 2019			
c From 2016	a	From 2014			
d From 2017	b	From 2015			
e From 2018					
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c Excess from 2017 d Excess from 2018					
d Excess from 2018					
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e Excess from 2019					
	<u>e</u>	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

2019

Employer identification number

04-6111749

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Form 990-EZ, or Form 990-PF.

Wing Family of America, Inc.
Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, •	ered by the General Rule or a Special Rule.
Note: Only a section 501(c)(7), (8 instructions.), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
X 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 pro contributor's total contribu	perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.
Special Rules	
For an organization des	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the
regulations under secti	ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line
	nat received from any one contributor, during the year, total contributions of the greater of (1)
\$5,000; or (2) 2% of th	e amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization des	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
literary, or educational	purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization des	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	year, contributions exclusively for religious, charitable, etc., purposes, but no such
	ore than \$1,000. If this box is checked, enter here the total contributions that were received
- · · · · · · · · · · · · · · · · · · ·	exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the
	to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions aduring the year
•	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990.

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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Wing Family of America, Inc.

Employer identification number

04-6111749

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Douglas Cutchin 151 Shore Drive Nashua, NH 03062	\$50,673	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2_	Jeffrey Miller 871 Hwy 140 Le Grand, CA 95333	\$	Person x Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Ruth Powell 263 West Street Braintree, MA 02180	\$	Person x Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Helen Parsons Estate 23 Brewstew Road Arlington, MA 02476	\$9,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_	Nancy K Wheaton 344 NW Zack Drive Lake City, FL 32055	\$7,000	Person x Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	Robert F Wing 400 Lanappe Drive Columbus, OH 43214	\$5,000	Person x Payroll Complete Part II for noncash contributions.)			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

	g Family of America, Inc.	04-6111749
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	unts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
-		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	nservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
-	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
•	tax year •	anization daming the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
•	• Start and volunteer from devoted to monitoring, inspecting, flanding or violations, and emoting conservation	on casements damig the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
•	► \$	acomerie during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4))(B)(i)
•	and section 170(h)(4)(B)(ii)?	П., П.,
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	ar december the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	7.000.0.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	alance sheet works
ıu	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.	and of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance.	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	ce of public service,
		L C
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair	i, provide tile
_	following amounts required to be reported under FASB ASC 958 relating to these items:	▶ ¢
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

	rt III Organizations Maintaining C		•				ssets	(COIII	inuea)
3	Using the organization's acquisition, accession,	and other records, c	heck any of th	he followir	ng that make sig	gnificant use of its			
	collection items (check all that apply):		. 🗆						
а	X Public exhibition				exchange progra	ams			
b	Scholarly research		e 📙	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collection	ctions and explain ho	ow they furthe	er the orga	anization's exen	npt purpose in Part			
	XIII.								
5	During the year, did the organization solicit or re								
	assets to be sold to raise funds rather than to b		of the organi	zation's c	ollection?		. 🗆	Yes	X No
Pa	rt IV Escrow and Custodial Arrang		-	۰	N / 1' O			_	
	Complete if the organization ar	nswered "Yes" o	n Form 99	0, Part	IV, line 9, or	reported an an	ount c	n For	m
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian of								□
	included on Form 990, Part X? Yes U No								
b									
					-	_	mount		
С	Beginning balance				_	1c			
d	Additions during the year					1d			
е	• •					1e			
f	Ending balance				1	1f			
2a	Did the organization include an amount on Form								∐ No
_b	If "Yes," explain the arrangement in Part XIII. Cl	heck here if the expl	anation has be	een provi	ded on Part XIII				
Pa	rt V Endowment Funds.	1 113 7 11							
	Complete if the organization ar	nswered "Yes" o	n Form 99	0, Part	IV, line 10.				
		(a) Current year	(b) Prior yea	ar (0	Two years back	(d) Three years bac	(e)	Four yea	irs back
1a	Beginning of year balance	34,461	31,1	161	59,145			287	7,657
b	Contributions	3,300	10,0	000	61,171	36,65	8		L,631
С	Net investment earnings, gains, and								
	losses				59	2,61	0		258
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs				89,214	25,24	2	244	1,427
f	Administrative expenses								
g	End of year balance	37,761	41,1	161	31,161	59,14	5	45	5,119
2	Provide the estimated percentage of the current	year end balance (li	ne 1g, columr	n (a)) held	d as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possessi	on of the organization	on that are held	d and adr	ninistered for th	е			
	organization by:						_	Ye	s No
	(i) Unrelated organizations						3	a(i)	х
	(ii) Related organizations						3a	a(ii)	х
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	d on Schedule	R?			. [:	3b	
4	Describe in Part XIII the intended uses of the or		ment funds.						
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization ar	nswered "Yes" o	n Form 99	0, Part	IV, line 11a.	See Form 990,	Part >	(, line	10.
	Description of property	(a) Cost or other	basis (b)	Cost or oth	er basis (c) Accumulated	(d)	Book val	lue
		(investmen	t)	(othe	r)	depreciation			
1a	Land	•							
b	Buildings			580	0,673			580	673
С	Leasehold improvements								
d	Equipment	•							
е	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, column (B,), line 10d	0.)	. >		580	0,673

Schedule D (Form		erica, Inc.	•		04	-6111749	Page 3
Part VII	Investments - Other Securities.	"\\" -	000 Dt l	N/ En a	. 445 - 0 5	- 000 D+ V	lin n 40
	Complete if the organization answered	"Yes" on For					
	(a) Description of security or category (including name of security)		(b) Book valu	е		(c) Method of valuation or end-of-year market v	
(1) Financial	derivatives						
(2) Closely-h	eld equity interests						
(3) Other							
(A)							
(B)							
(C) (D)							
(E)							
(F)							
(G)							
(H)							
	nn (b) must equal Form 990, Part X, col. (B) line 12.).						
Part VIII	Investments - Program Related.						
	Complete if the organization answered	"Yes" on For	m 990, Part I	V, line	e 11c. See Forn	n 990, Part X,	line 13.
	(a) Description of investment		(b) Book valu	е		(c) Method of valuation or end-of-year market v	
(1)					0031 0	or end-or-year marker v	alue
(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u>							
(8)							
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.).						
Part IX	Other Assets.						
1 0.11	Complete if the organization answered	"Yes" on For	m 990, Part l	V, line	e 11d. See Forn	n 990, Part X,	line 15.
	(a) Desc		•	•			ok value
(1)							
(2)							
(3)							
(4)							
(5)							
(6) (7)							
(8)							
(9)							
	nn (b) must equal Form 990, Part X, col. (B) line 15.).						
Part X	Other Liabilities.						
	Complete if the organization answered	"Yes" on For	m 990, Part I	IV, line	e 11e or 11f. Se	e Form 990, F	Part X,
	line 25.						
1. (1) Factorial	(a) Description of liability	(b) Book v	alue				
(2)	income taxes						
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	(I)						
ı otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶						

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

Sched	ule D (Form 990) 2019 Wing Family of America, Inc.		04-6111749	Page 4			
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue p	er Return.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b		2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	la					
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				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		s per Return.	ı			
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.					
1	Total expenses and losses per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
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 4	la l					
b	Other (Describe in Part XIII.)	lb					
C	Add lines 4a and 4b		4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5				
Pa	rt XIII Supplemental Information.						
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	s 1b and 2b; Part V, line 4	; Part X, line				
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.					

EEA Schedule D (Form 990) 2019

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

Name of the organization Employer identification number Wing Family of America, 04-6111749

Part I	Excess Benefit Transaction	ons (section 501(c)(3), section 501(c)(4),	and 501(c)(29) organizations only).	
	Complete if the organization	n answered "Yes" on Form 990, Part IV, li	ine 25a or 25b, or Form 990-EZ, Part V, line 4	10b.
		(b) Polationship between disqualified person and		(4) C

1	(a) Name of discussifications	(b) Relationship between disqualified person and		(d) Corrected?		
	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No	
(1)						
(2)						
(3)						
2	Enter the amount of tax incurred by the	organization managers or disqualified persons d	luring the year			
	under section 4958		▶ \$			
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization					

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
	Board	Mortgage										
(1) Jeffrey Miller	Director	Loan	х		200,000			х	х		х	
(2)												
(3)												
(4)												
(5)												
Total					▶ \$	<u>;</u>						

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance	
(1)					
(2)					
(3)					
(4)					
(5)					

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
	o.gamza.ion			Yes	No
				103	110
)					
)					
)					
)					
rt V Supplemental Information.					
	n for responses to questions	on Schedule L (see	instructions).		
_					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2019

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

04-6111749 Wing Family of America, Inc. 01. Officer, directors, etc. family relationship (Part VI, line 2) All members are related through the ancestral tree of the Wing Family of America. 02. Members or stockholder classes and rights (Part VI, line 6) Organization's Mission Entity is a genealogical corporation promoting social interactions between members and collects, preserves and maintains historic records and artifacts and operates a museum open to the public. Publish an annual magazine to educate members and public about maintenance of historic and genealogical material. 03. Member election for additional members (Part VI, line 7a) All members in good standing are entitled to vote at the annual meeting to elect the Board of Directors. 04. Form 990 governing body review (Part VI, line 11) The organization review policy states that Form 990 will be prepared by a Certified Public Accountant and reviewed by the President, Vice President and Treasurer, before being filed with the Internal Revenue Service. 05. Conflict of interest policy compliance (Part VI, line 12c) Any officer or board member who may encounter anything that could be considered a potential conflict of interest must submit the facts to a three member panel consisting of the President, Vice President and Treasurer for resolution.

06. Governing documents, etc, available to public (Part VI, line 19)

The Wing Family of America publishes it's financial report annually and sends it to all

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number Wing Family of America, Inc. 04-6111749 members and several libraries available to the public. It also publishes the by-laws on it's website. Each member receives a copy of by-laws when they join, and copies of any other governing documents are made available upon request.