Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



November 15, 2024

Luke's Wings 1054 31st Street NW 540 Washington, DC 20007

Luke's Wings:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

DAVID TALLEY

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN LUKE'S WINGS 26-1691195 FLETCHER D. GILL Name and title of officer or person subject to tax CHIEF EXECUTIVE OFFICER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **L b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** 2,005,653. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize GAFFEY DEANE & TALLEY PLLC 99999 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 51178354499 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. DAVID TALLEY ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Αŀ	or the	2023 calendar year, or tax year beginning	and	enaing			
B (Check if applicable	C Name of organization			D Employer id	entifica	ation number
	Addres	LUKE'S WINGS					
	Name change	Doing business as			26-169	9119	15
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not de 1054 31ST STREET NW		Room/suite 540	E Telephone no 202-73		6694
	termin ated			- v	G Gross receipts \$		2,146,071.
	Ameno				H(a) Is this a gro		
F	Applic		TCHER D. GILL		for subordi		
	pendir	g SAME AS C ABOVE			H(b) Are all subordi		—
1 7	Гах-ехе	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1 ' '		ist. See instructions
	Nebsit				H(c) Group exe		
K F	orm of	organization: X Corporation Trust As	ssociation Other	L Year	of formation: 200	08 M	State of legal domicile: MD
		Summary					
_	1	Briefly describe the organization's mission or most	significant activities: THE	ORGANI	ZATION IS	DE	DICATED TO
Activities & Governance		THE SUPPORT OF SERVICE MED	MBERS WHO HAVE E	BEEN WO	OUNDED IN	BAT	TLE.
rna	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its n	et asse	ets.
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	7_
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)				6
Se Se	5	Total number of individuals employed in calendar y	ear 2023 (Part V, line 2a)			5	0
ξ	6	Total number of volunteers (estimate if necessary)				6	0
댲	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.
					Prior Year		Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			2,478,91		1,870,454.
Revenue	9					0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4,				0.	135,199.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		-145,30		0.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		2,333,61	13.	2,005,653.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	1	Benefits paid to or for members (Part IX, column (A	,, , , , , , , , , , , , , , , , , , , ,			0.	0.
es	15	Salaries, other compensation, employee benefits (F			556,72		577,667.
Expenses	16a	Professional fundraising fees (Part IX, column (A), l	ine 11e)		446,89	93.	358,908.
ă	b	Total fundraising expenses (Part IX, column (D), line	· -		1 521 6	44	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			1,531,64		1,178,800.
	1	Total expenses. Add lines 13-17 (must equal Part I			2,535,26		2,115,375.
	19	Revenue less expenses. Subtract line 18 from line	12		-201,64		-109,722.
Net Assets or				Ве	ginning of Current		End of Year
Sset	20	Total assets (Part X, line 16)			1,406,72		1,378,355.
et A	21	Total liabilities (Part X, line 26)			18,15 1,388,56		99,515. 1,278,840.
2 <u>-</u>	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		1,300,30	00.	1,2/0,040.
		Ities of perjury, I declare that I have examined this return,	including accompanying echodula	c and statems	ante and to the heet	of my l	knowledge and bolief it is
		t, and complete. Declaration of preparer (other than office				-	knowledge and belief, it is
ii uo	, 001100	t, and complete. Declaration of preparer (other than office	i j is based on an imormation of wi	ilicii proparci	Thas arry knowledge.	•	
Sig	n	Signature of officer			Date		
Sigi Her		FLETCHER D. GILL, CHIEF EX	KECUTIVE OFFICER	2			
Hei	-	Type or print name and title	incollyn ollichi	L			
		Print/Type preparer's name	Preparer's signature] [Date Ch	eck	PTIN
Paid	i	DAVID TALLEY			if se	 If-employed	P00600433
	arer	Firm's name GAFFEY DEANE & TA	LLEY PLLC	1	Firm's EI		3-3045455
	Only	Firm's address 12355 SUNRISE VAL					<u> </u>
	•	RESTON, VA 20191	-		Phone no	o. (70	3) 657-6040
— Ma∖	/ the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No
	·	Denominal Deduction Act Notice and the conce	ata inaturations				Farm 990 (2022)

Form 990 (2023) LUKE'S WINGS 26-1691195 Page 2

Part III | Statement of Program Service Accomplishments

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION DEDICATED TO THE SUPPORT OF SERVICE MEMBERS WHO HAVE
	BEEN WOUNDED IN BATTLE. PROVIDES FAMILIES WITH THE MEANS TO VISIT
	DURING SERVICE MEMBER HOSPITALIZATION AND REHABILITATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,308,149. including grants of \$) (Revenue \$)
	LUKES WINGS PROVIDES EMERGENCY TRAVEL PLANNING SERVICES AND AIRPLANE
	TICKETS FOR BAMILIES AND LOVED ONES OF WOUNDED, ILL, AND INJURED
	SERVICE MEMBERS, VETERANS, AND FALLEN OFFICERS, CURING RECOVERY AND
	REHABILITATION. FROM INCEPTION, OVER 14,000 TICKETS ON COMMERCIAL
	AIRLINES FOR HERO FAMILIES HAVE BEEN PROVIDED ACROSS THE COUNTRY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,308,149.
	Form 990 (2023)

332002 12-21-23

Form 990 (2023) LUKE 'S WINGS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			x
•	Schedule D, Part III	8		
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?			1,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? f "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, ,	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	, ,	406		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		<u> X</u>
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	<u> </u>
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		x
	, , , , , , , , , , , , , , , , , , ,			

332003 12-21-23

Form 990 (2023)

LUKE'S WINGS

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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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	07		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			 -
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		- 55		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contidue C contains a response of flote to any line in this fact v		V	N _C
.	Enter the number reported in her 2 of Form 1000 Finter 0 if not analyze his		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 0			
	The state of the s			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-		
	(gambling) winnings to prize winners?	1c	990	(2022)

332004 12-21-23

Form 990 (2023)

D23) LUKE'S WINGS
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		<u> </u>
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).			37
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		X
	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	l _		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	٠,,		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	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	4		
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	4		
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			v
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		A
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
.,	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2023) LUKE'S WINGS 26-1691195 Page 6

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

	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	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		X
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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	1	X
	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?	10k)	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	118	1	X
b	Describe on 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	12	ı X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12k	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	120	; X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	158	1	X
b	Other officers or key employees of the organization	15k)	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	168	1	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?	16k)	
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD			
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon 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, a	nd fina	ncial	
	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			
	LUKES WINGS INC - 202-735-5694			
	1054 31ST STREET NW, 540, WASHINGTON, DC 20007			

Form 990 (2023) LUKE'S WINGS 26-1691195 Page 7

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	organization compensated (C)					(D)	(E)	(F)	
Name and title	Average	Po (do not check box, unless p		Pos	itior			Reportable	Reportable	Estimated
	hours per			ss pei	rson i	is bot	n an	compensation	compensation	amount of
	week	-	cer ar	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	99			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		99	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee		uploy	st cor		10001120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) FLETCHER GILL	40.00									
CHIEF EXECUTIVE OFFICER		Х		Х				106,823.	0.	0.
(2) SERGEANT JAMES PIERCE	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) EMILY JEAN FLETCHER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(4) JASON CHARLES SICKELS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JOHN F. ENNIS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CHASTINE H. BOBBITT	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) MATT S. SUTTMILLER	5.00									
BOARD MEMBER		X						0.	0.	0.
						_				
		-								
						<u> </u>				
		-								
						_				
		-								
						-				
		-								
						\vdash				
		-								
	+	\vdash	\vdash			\vdash	-			
		1								
-		1	\vdash			1				
		1								
	+	\vdash	\vdash			\vdash	-			
		4	I	ı	1	1	1	1	1	1

Form 990 (2023) LUKE 'S WINGS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)
(C) (D) (E) 26-1691195 Page 8

(A) Name and title	(B) Average hours per	box,	not cl unles	Posi heck i	more rson i	than o	an	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amou	ated nt of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer 0		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC, 1099-NEC)	ions compens MISC/ from t		sation the ation ated
										+		
										+		
										+		
										\perp		
										\top		
1b Subtotal								106,823.).		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								106,823.).		0.
2 Total number of individuals (including but n								•		•		
compensation from the organization										_	Ye	s No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	um of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization		4	X
and related organizations greater than \$150Did any person listed on line 1a receive or a	accrue comper	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		4	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .					5	X
Complete this table for your five highest co the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	nsatio	n from	
(A)					iuii	JI WI		(B)			(C)	
Name and business	address	NC	ONE	<u>. </u>				Description of s	ervices		mpensat	ion
2 Total number of independent contractors (i	· ·	ot lin	nited	to 1		_	ted	above) who received me	ore than			
\$100,000 of compensation from the organi	zation)				F	orm 99 ((2023)

332008 12-21-23

Form 990 (2023) LUKE 'S WINGS
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a					
z z		b	Membership dues 1b					
e, E		С	Fundraising events 1c	447,260.				
ifts			Related organizations 1d					
n G≒			Government grants (contributions) 1e	275,250.				
Sir			All other contributions, gifts, grants, and		-			
eti je				147,944.				
ĕ₽				771,780.				
ont		•	Noncash contributions included in lines 1a-1f		1 070 454			
<u>Ω</u> <u>e</u>		h	Total. Add lines 1a-1f		1,870,454.			
				Business Code				
ė	2	а						
Σĕ		b						
Se		С						
E S		d						
Be		е						
Program Service Revenue			All other program service revenue					
_				•				
_		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)					
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	'		0.7.7. 64.7.	` '	-			
			-		-			
			Less: cost or other basis					
Revenue			and sales expenses 76 140,418.					
ķ			Gain or (loss) 7c 135,199.		125 100	125 100		
æ		d	Net gain or (loss)		135,199.	135,199.		
her	8	а	Gross income from fundraising events (not					
ᅗ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See	Ī				
	•							
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	T				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	9				
		b	Less: cost of goods sold10k					
		С	Net income or (loss) from sales of inventory					
,				Business Code				
snc	11	а						
Miscellaneous Revenue		b						
≫ Ver		c						
Sce			All other revenue					
Ξ								
			Total. Add lines 11a-11d		2 005 652	125 100	^	0
	12		Total revenue. See instructions		2,005,653.	135,199.	0.	0.

332009 12-21-23

Form 990 (2023) LUKE'S WINGS Part IX Statement of Functional Expenses

Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 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,	316 360	152 271		163 009
•	trustees, and key employees	316,369.	152,371.		163,998.
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	98,398.	50,159.	48,239.	
8	Pension plan accruals and contributions (include	20,000	30,233.	20,2000	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	81,206.	22,345.	23,330.	35,531.
10	Payroll taxes	81,694.	54,091.	27,603.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	82,225.		82,225.	
	Lobbying	252 222			
е	Professional fundraising services. See Part IV, line 17	358,908.		0 (12	358,908.
f	Investment management fees	8,613.		8,613.	
g	Other. (If line 11g amount exceeds 10% of line 25,	6 277		6,277.	
40	column (A), amount, list line 11g expenses on Sch O.)	6,277. 77,422.	77,422.	0,211.	
12	Advertising and promotion	33,721.	18,846.	9,980.	4,895.
13 14	Office expenses Information technology	55,721.	10,040.	5,500.	4,055.
15	Royalties				
16	Occupancy	57,969.	27,257.	30,712.	
17	Travel	132,899.	132,052.	847.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<u></u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	854.		854.	
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 0.) NON CASH	771,780.	771,780.		
a b	OTHER	5,162.	771,700	3,586.	1,576.
ח	POSTAGE & PRINTING	1,826.	1,826.	3,300.	±,570•
d	INTEREST EXP	52.	_, 0200	52.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,115,375.	1,308,149.	242,318.	564,908.
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)				Form 990 (2022)

26-1691195 Page **11** Form 990 (2023)
Part X Balance Sheet LUKE'S WINGS

art X	Balance Sneet					
	Check if Schedule O contains a response of	or note to any line	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			433,536.	1	295,159
2					2	926,564
3				81,794.	3	29,647
4					4	
5						
	trustee, key employee, creator or founder,	substantial contr	ibutor, or 35%			
	controlled entity or family member of any of these persons			5		
6	Loans and other receivables from other dis	qualified persons	s (as defined			
	under section 4958(f)(1)), and persons desc	cribed in section	4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8 8	Inventories for sale or use				8	
ť 9				74,524.	9	47,962
10	a Land, buildings, and equipment: cost or ot	her				
	basis. Complete Part VI of Schedule D	10a				
1	b Less: accumulated depreciation	10b	94,940.	0.	10c	62,133
11	Investments - publicly traded securities			799,978.	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	16,890.	15	16,890		
16	Total assets. Add lines 1 through 15 (mus	t equal line 33)		1,406,722.	16	1,378,35
17	Accounts payable and accrued expenses			10,163.	17	27,831
18	Grants payable	Grants payable			18	
19				805.	19	121
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comp	olete Part IV of So	chedule D		21	
22	Loans and other payables to any current o	r former officer, o	director,			
[trustee, key employee, creator or founder,	substantial contr	ibutor, or 35%			
22	controlled entity or family member of any o	f these persons			22	
23	. ,	-			23	67,325
24	Unsecured notes and loans payable to unr	elated third partic	es		24	
25	Other liabilities (including federal income ta	x, payables to re	elated third			
	parties, and other liabilities not included or	lines 17-24). Co	mplete Part X			
	of Schedule D			7,191.	25	4,238
26	<u> </u>			18,159.	26	99,515
,	Organizations that follow FASB ASC 958	, check here	X			
<u> </u>	and complete lines 27, 28, 32, and 33.			1 204 562		4 000 044
27				1,304,563.	27	1,278,840
28				84,000.	28	
	Organizations that do not follow FASB A	SC 958, check I	nere 🔲 📗			
	and complete lines 29 through 33.					
29					29	
30	1 1 , , ,				30	
27 28 29 30 31 32	3 , ,			1 200 562	31	1 050 044
				1,388,563.	32	1,278,840
33	Total liabilities and net assets/fund balance	es		1,406,722.	33	1,378,355

Form 990 (2023) LUKE'S WINGS 26-1691195 Page **12**

Pa	rt XI Reconciliation 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	2,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,11		
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,38	8,5	63 .
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,27	8,8	41.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 26-1691195

Da	rt I	Peason for Public (/All augustiana manata		-: \ 0		0 1001100
		Reason for Public (ee instructions.	
The	organ	ization is not a private found	•	•	•	•		
1	Щ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	Ш	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	· ·				• •	oublic described in
-		section 170(b)(1)(A)(vi). (C	•	a. part or no support ii	o a gov		ann an mann ana gamaran	
8		A community trust describe	-	(1)(A)(vi) (Complete Par	+ 11 \			
9	H	An agricultural research org			•	nd in coni	inction with a land grant	collogo
9		•	-			-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e Or
40		university:	II	H 00 4 /00/ - f : 1				d annual and a financial and a financial
10	Ш	An organization that norma						
		activities related to its exen		· ·				-
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co	•					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).	
12	Ш	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а			anization operated, si	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	=				• •	,
d		Type III non-functionally		·				zation(s)
		that is not functionally int						* *
		requirement (see instructi	-	•	-			7011000
е		Check this box if the orga	•	-				
٠	· L	functionally integrated, or					Type i, Type ii, Type iii	
f	Ent	er the number of supported o	* *	nally integrated supporting	ig organiz	ation.		
'		vide the following information	•	d organization(s)				
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(-,	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
Tota	al	<u> </u>						

26-1691195 Page 2 LUKE'S WINGS

Schedule A (Form 990) 2023 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1091802.	1201710.	1959055.	2473597.	1863283.	8589447.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1091802.	1201710.	1959055.	2473597.	1863283.	8589447.
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)						
6	Public support. Subtract line 5 from line 4.						8589447.
	ction B. Total Support						03031171
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1091802.	1201710.	1959055.	2473597.	1863283.	8589447.
	Gross income from interest,	2032020		2333333	22733370		
Ü	dividends, payments received on						
	· · ·						
	securities loans, rents, royalties,	36,318.	36,098.	50,341.	0.		122,757.
•	and income from similar sources	30,310.	30,030.	30,341.	0.		122,737.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						0712201
	Total support. Add lines 7 through 10		`				8712204.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
80	organization, check this box and stor						<u></u>
	ction C. Computation of Publi			- 1 (6)		44	98.59 %
	Public support percentage for 2023 (I					14	
	Public support percentage from 2022					15	<u>%</u>
168	33 1/3% support test - 2023. If the o	-					[T 7
	stop here. The organization qualifies		~				
Ľ	33 1/3% support test - 2022. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu			•			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar		
						Schedule A	(Form 990) 2023

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	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Schedule A (Form 990) 2023 LUKE'S WINGS 26-1691195 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
OI:		
3b		
30		
3c		
4a		
Tu		
4b		
4c		
10		
5a		
Ja		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
40.		
10b		

	11 C C (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		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	and or type in 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		162	NO
•	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		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	,		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos " describe in Part VI the role played by the organization in this regard	3h	i I	l

332025 12-21-23 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	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 factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
<u>d</u>	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

LUKE'S WINGS

26-1691195

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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						
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							
-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) a contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributions is checked, enter h purpose. Don't con	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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

LUKE'S WINGS

26-1691195

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	DANIEL ANTHONY D'ANIELLO 4139 OCTAGON ROAD TULLY, NY 13159	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN STIGER FERRY FOUNDATION 9318 SAN JOSE BLVD HOWEY IN THE HILLS, FL 34737	\$90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SRS RAISE FOUNDATION 7440 STATE HWY 121 SUITE 102 MCKINNEY, TX 75070	\$ 75,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD SUITE 1200 JENKINTOWN, PA 19046	Total contributions \$ 51,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PETE STORE LLC 5100 HOLABIRD AVE BALTIMORE, MD 21224	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DELTA AIRLINES 1030 DELTA BLVD ATLANTA, GA 30354	\$\$	Person X Payroll

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

LUKE'S WINGS	26-1691195

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
7	GARY SINESE FOUNDATION PO BOX 40726 NASHVILLE, TN 37204	\$\$	Person X 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 Omnicash Omnicash If for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

LUKE'S WINGS

26-1691195

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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) FMV (or estimate) (See instructions.)	(d) Date received
			
		\$	
(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) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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) FMV (or estimate) (See instructions.)	(d) Date received
1 1 1			

Page 4

Name of organization **Employer identification number** LUKE'S WINGS 26-1691195 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

LUKE'S WINGS

Employer identification number 26-1691195

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	<u> </u>	
	-	(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	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , ,	
Pai		ganization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organizati		artiv, inte 7.
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	T TOOG VALION O	Ta continua motorio di actare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			l l
С	Number of conservation easements on a certified historic str		0-
	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the foots	note to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Ot	har Similar Assats
ı aı	Complete if the organization answered "Yes" on Form		niei Oliillai Assets.
			and halance about works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	•	
	,	, ,	•
h	service, provide in Part XIII the text of the footnote to its final		
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in furti	ierance of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		•
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia	
_	the following amounts required to be reported under FASB A		a gani, provide
a	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023

	t III Organizations Maintaining Co		Histo	rical Tre	asures, or	Other			(contin		age 🚣
3											
-	collection items (check all that apply).										
а	Public exhibition	d		nan or exc	hange progra	m					
b	Scholarly research	e			nango progre						
C	Preservation for future generations	Č									
4	Provide a description of the organization's coll	actions and explain	how the	, further th	e organizatio	n's avam	nt nurnos	ee in Dart	YIII		
5	During the year, did the organization solicit or							oc IIII ait	AIII.		
3	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part			garnzation	answered	ics on	om 550,	i aitiv, ii	110 0, 01		
1a	Is the organization an agent, trustee, custodial		ary for co	ontribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar								00	L	
-	The root, oxplain the arrangement in rate xiii ai	id complete the lene	ywii ig tai	510.					Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f							1f				
20	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII. C								_		_ NO
Par											
	To an a complete it	(a) Current year		or year	(c) Two year			ears back	(e) Four	vears	hack
10	Beginning of year balance		(2)	o. you.	(0))	5 245H (,		(5) : 54:	y our o	
b	Contributions										
ا ا	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	•		column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c shoul	•									
За	Are there endowment funds not in the possess	sion of the organizati	ion that a	are held ar	nd administer	ed for the	:		ſ		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati								3b		
4	Describe in Part XIII the intended uses of the c		ment fur	nds.							
Par	t VI Land, Buildings, and Equipme					_					
	Complete if the organization answered	"Yes" on Form 990,	Part IV,	line 11a. S	ee Form 990	Part X, li	ne 10.				
	Description of property	(a) Cost or oth basis (investment)			or other (other)		cumulate reciation	d	(d) Boo	k valu	e
	Land				4 0 4 0		0.4.0	10			
	Buildings			9	4,940.		94,94	±U•			0.
	Leasehold improvements										
	Equipment			_	2 1 2 2						
	Other				2,133.					2,1	
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	. line 10d	c, column	(B))				6.	2,1	<u> </u>

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 LUKE'S WING	SS	26	5-1691195 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 900 Part IV line	11c Soc Form 990 Bart V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
· · · · · · · · · · · · · · · · · · ·	(b) book value	(c) Wethod of Valuation. Gost of en	u-or-year market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	I.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 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, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	1
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			4 000
(2) DEFERRED RENT			4,238.
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			1
(8)			
(9)			1 220
Total. (Column (b) must equal Form 990, Part X, line 25, co	ol. (B))		4,238.

Schedule D (Form 990) 2023

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

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** LUKE'S WINGS 26-1691195 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations е Solicitation of non-government grants b X Internet and email solicitations Solicitation of government grants X Special fundraising events Phone solicitations С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) EVP MEDIA STRATGEGIES - 1294 Yes No NH RTE 175 UNIT 1, CAMPTON Х FUNDRAISING 0 190,400 -190,400. KME DIGITAL - 1800 DIAGONAL RD #205, ALEXANDRIA, VA ADVERTISING Х 0 66,300 -66,300. PIXIEDUST STUDIOS - 4350 EAST WEST HWY, BETHESDA, MD 20814 FUNDRAISING Х 0. 34,336 -34,336. SUMMIT PRINT & DESIGN - 701 W BROAD ST, FALLS CHURCH, VA DVERTISING Х 0. 32,857 -32,857. WICKED SAGE LLC - 12721 OAK FARMS DR, HERNDON, VA 20171 Х 0. MARKETING 6,278 -6,278. WORQFLOW MARKETING - 650 CALIFORNIA ST. SAN FRANCISCO MARKETING 0 5,000 -5,000. 335 171 -335 171 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

	rt II Fundraising Events. Complete if the of fundraising event contributions and growth of fundraising event contributions and growth of fundraising event contributions are growth of fundraising event contributions and growth of fundraising event contributions and growth of fundraising event contributions are growth of fundraising event contributions.	e organization answered		IV, line 18, or reported	
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ф		(event type)	(event type)	(total number)	col. (c))
Revenue					
Rè	1 Gross receipts				
	2 Less: Contributions				
\dashv	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
S	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
Exp					
irect	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through				
Pa	11 Net income summary. Subtract line 10 from line III Gaming. Complete if the organization a		 n 990, Part IV, line 19, or r		
	\$15,000 on Form 990-EZ, line 6a.		, , , ,		
e e		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			billyo/progressive billyo		coi. (a) throught coi. (c)
Re	1 Gross revenue				
ses	2 Cash prizes				
bens	3 Noncash prizes				
rect Expenses					
Direc	4 Rent/facility costs				
	5 Other direct expenses				
	5 Other direct expenses	Yes%	Yes%	Yes %	
	6 Volunteer labor	No No	No No	No No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization conduct	-	atataa?		Yes No
	Is the organization licensed to conduct gaming act If "No," explain:		states?		Yes No
-	,				
	Were any of the organization's gaming licenses rev			ear?	Yes No
a	If "Yes," explain:				

332082 09-13-23

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 LUKE S WINGS 20	-1691195 Page	<u>₃ 3</u>
11 Does the organization conduct gaming activities with nonmembers?	Yes N	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes N	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
		/ 0 %
b An outside facility	[130]	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Nome		
Name		—
Address		
Address		—
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes I	No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		—
Address		—
4C. Coming response information.		
16 Gaming manager information:		
Nome		
Name		—
Gaming manager compensation \$		
Gaming manager compensation \$		
Description of services provided		
		—
		—
		—
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	Yes N	No
retain the state gaming license?		10
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III, lines 0, 0h, 10h	_
	Part III, lines 9, 90, 100	١,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		—
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	DQ.	
SCHEDULE G, FART I, LINE 2B, LIST OF TEN HIGHEST FAID FUNDRAISE	<u>vo:</u>	—
		—
(I) NAME OF FUNDRAISER: EVP MEDIA STRATGEGIES		
(1) NAME OF FUNDATISER: EVF MEDIA STRATGEGIES		—
/T ADDDECC OF FINDDATCED. 120/ NU DEF 175 INTE 1 CAMPRON NU	03333	
(I) ADDRESS OF FUNDRAISER: 1294 NH RTE 175 UNIT 1, CAMPTON, NH	03223	—
		—
/T NAME OF FINDDATCED. PMF DICTMAI		
(I) NAME OF FUNDRAISER: KME DIGITAL		—
/T ADDRESS OF FINIDATORD. 1000 DIAGONAL DD #005 ALEVANDETA 17	a ጋጋጋ1 <i>4</i>	
(I) ADDRESS OF FUNDRAISER: 1800 DIAGONAL RD #205, ALEXANDRIA, V	A 22314	—
/I) NAME OF BUNDDATGED. GURATE DRIVE & DEGICE		
(I) NAME OF FUNDRAISER: SUMMIT PRINT & DESIGN		

LU14___1

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection **Employer identification number**

	LUKE'S WINGS				26-16	91195	
Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribution	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (AIRLINE MILES)	X	1	771,780.			
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi	zation durino	g the tax year for co	ontributions			
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29			
					_	Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 through	28, that it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used fo	or		
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribution	ons?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?				<u></u>	32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is check	ked,		
	describe in Part II.						
					Calaaduda M /		

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

Schedule M (Form 990) 2023

332142 09-11-23

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization LUKE'S WINGS	Employer identification number 26-1691195
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM	I, AND THE CHIEF
EXECUTIVE OFFICER REVIEWED IT BEFORE FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE REQUIRED TO REPORT ANY CONFLICT OF I	NTEREST TO THE
BOARD AS SOON AS A CONFLICT IS IDENTIFIED.	
EODM 000 DADE VI CECETON C. LINE 10.	
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AND OTHER INFORMATION ARE MADE AVAILA	DIE ON MUE
ORGANIZATION'S WEBSITE, TO THE GOVERNING BODY AND ADVISORS	
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS OVERSEES THE ANNUAL AUDIT.	

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

Schedule O (Form 990) 2023