Form 990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Depa	artment of t	the Treasury	Go to www.irs.gov/Form99				ĭ	Inspection	
-	the second named in column 2 is not to second	Maria Control of the	endar year, or tax year beginning	7/1/2020	, and e		0/2021		
_		applicable:	C Name of organization Wreaths Across Ar			D Employer	Identificatio	n number	
_	Address	207	Doing business as						
$\overline{}$			Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	20-8362270	<u> </u>		
ш	Name cha	ange	P.O. Box 249			E Telephone	number		
	Initial retu	irn	City or town	State	ZIP code	207-470-09	63		
	Final return	/terminated	Columbia Falls	ME	04623	201-410-03			
님	rinai letuiti	/ fer trimingted	Foreign country name Foreign proving	nce/state/county	Foreign postal				
Ш	Amended	return				G Gross rece	ripts \$	23,1	117,108
П	Application	n pending	F Name and address of principal officer:			H(a) is this a group return for	or subordinates	Yes	X No
_			Wayne Hanson 6508 Bowie Dr. Springfie	ld VA 22150		H(b) Are all subordinate		Tyes	□No
_		4 - 4 - 4	Print, 1997		or 527	If "No," attach a lis		tions	
_		npt status:		en no.) 4947(8)(1)	01 527			an estat	
J	Website	: F WW	v. wreathsacrossamerica.org			H(c) Group exemption r	umber 5*		
K	Form of	organization	: X Corporation Trust Association	Other :-	L Yes	ar of formation: 2007	M State o	of legal domicile	: ME
P	artl	Su	nmary						
	1		escribe the organization's mission or mos	t significant activities	s: The	Organization coordi	nates the	placement	
8			hs on the headstones of veterans in all 50			JS			
Activities & Governance	1	veterans	s, honor those who serve, and teach our c	hildren the value of	freedom.				
110	1 2		nis box 🔰 🔲 if the organization discont			of more than 25%	of its net a	esets	
Š	2	Number	of voting members of the governing body	(Part \/ line 1a)	oi disposed	of more than 25%	3	30013.	18
8	3	Number	of independent voting members of the go	verning body (Part)	// line 1h)		4		14
88	4						5		47
要	5		mber of individuals employed in calendar				6	2.4	500,000
ਚ	6		mber of volunteers (estimate if necessary		7a	۵,۰	0		
•	7a		related business revenue from Part VIII, o				7b		0
_	b	Net unre	elated business taxable income from Form	1990-1, Part I, line 1	1	Prior Year	70	Current Yea	
	١.	0 1 1	tions and assets (Don't MIL Eng 4h)				3,363		366,317
ne	8		itions and grants (Part VIII, line 1h)			24,972	-		837,963
Revenue	9		service revenue (Part VIII, line 2g)		5.495	21,0	5,701		
Š	10		ent income (Part VIII, column (A), lines 3,		8,239				
	11		venue (Part VIII, column (A), lines 5, 6d,		22.6	71,082			
	12	Total rev	enue—add lines 8 through 11 (must equal P	art VIII, column (A), III	ne IZ)	26,11	0	22,	281,063
	13		and similar amounts paid (Part IX, column				0		0
	14		paid to or for members (Part IX, column			4.00		0	
88	15		other compensation, employee benefits (Pa			1,89	1,848	2,	194,499
SUS	16a	Profess	onal fundraising fees (Part IX, column (A)	, line 11e)			0		- 0
Expenses	b	Total fu	ndraising expenses (Part IX, column (D), I	ine 25) ►	614,982	05.04	4 755	20.5	297,821
ш	11	Other e	xpenses (Part IX, column (A), lines 11a-1	1d, 11f-24e)		25,31			
	18	Total ex	penses. Add lines 13-17 (must equal Par	t IX, column (A), line	325)	27,20			492,320 211,257
	19	Revenu	e less expenses. Subtract line 18 from lin	e 12		-1,08		End of Yea	
ssets or						Beginning of Current			745,072
sset	20		sets (Part X, line 16)				6,180		
Net As	21	Total lia	bilities (Part X, line 26)				0,169		242,057
		Net ass	ets or fund balances. Subtract line 21 from	n line 20		-1,27	2,808	-1,	496,985
P	art II	Sig	nature Block				novdodao		
Und	der penalt	ies of perju	y, I declare that I have examined this return, including ect, and complete. Declaration of preparer (other than	accompanying schedules	and statements	s, and to the best of my ki h preparer has any know	ledge.		
and	belief, it	is true, con	ect, and complete. Declaration of preparer (other trial))	armanon or mino	The second secon			
Si	gn	1	- January Contested			Date			
	ere	1.	Signature of officer	TER.		0410	11/15/2	1021	
			MAKEN WORCES	1					
-		10.	Type or print name and title	parer's sideature	1	Date	112-2-51	PTIN	
-		Phi	t/Type preparer's name Pre	11 1/	X			if	
	id	_ Ro	nald R Smith	16 100		11/15/2021	self-employed	P014819	96
	epare		n's name t RHR Smith & Company CPA	s	•	Firm's EIN :	04-33831	155	
US	se Onl	V	n's address \$- 3 Old Orchard Road, Buxton,			Phone no.	207-929-	TVEVENE.	
								X Yes	No
Ma	ay the II	KS discu	ss this return with the preparer shown about	ver see instructions			6 8 * E	[V] 169	

STATE SHADOWS	90 (2020)	Wreaths Across America	20-8362270	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
-	Deieffred	Check if Schedule O contains a response or note to any line in this Part III escribe the organization's mission:		
1		mher honor and teach Remember the fallen, honor those who serve and have served		
		h our children the value of freedom.		
2		organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
		?	Yes	X No
		describe these changes on Schedule O.		
4		the organization's program service accomplishments for each of its three largest program services		
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others,	
	tne total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 18,833,534 including grants of \$) (Revenue	ie \$ 21.837	963)
	The orgr	nanization coordinates wreath placement with several agencies nation wide working with		
	other no	nprofit organizations to spread its message of "Remember, Honor, Teach.". The		
	organiza	tion's largest project is Arlington National Cemetery, but the work also includes		
	cemeter	es in all 50 states.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	2 91	
-1.0		/(Expended \$\psi\) /(Nevertee		

4c	(Code:) (Expenses \$ including grants of \$) (Revenue	200	
40	(Code.	/(Lapenses #) (Neverte	ιο φ	/
44	Other ==	param condess (Describe on Schadule O.)		
4d	(Expense	es \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e		gram service expenses 18,833,534	0)	

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
S	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		知当	
	VII, VIII, IX, or X as applicable.	media		
a	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
C	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	_	X
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	-	X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		V
	Schedule D, Parts XI and XII	12a	-	X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	125		Х
42		12b	-	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	\rightarrow	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		^
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	146	\neg	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		\neg	
100	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
51.5	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
1975	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		Х

ı a	Checkist of Required Schedules (Communed)		_	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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			
24a	employees? If "Yes," complete Schedule J	23	X	+
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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	_	-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			1
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		^
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		P.	300
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		= Qanty	-
	If"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
29	If"Yes," complete Schedule L, Part IV	28c	X	_
30	Did the organization receive more than \$25,000 in hon-cash contributions? If Yes, complete schedule M	29	^	
	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?			
22	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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	- 55		^
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	251		
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	_
••	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		200011	
Dav	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	2 Carrows a contains a respective of flotte to diffy fills if the flott vi	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	172		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	r Lije		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	Links Market	18	TO Y
	gaming (gambling) winnings to prize winners?	1c	X	

If "Yes," complete Form 4720, Schedule O.

Form 9	90 (2020) Wreaths Across America 20-836	2270	P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2.7			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 47	-	_	198
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ACTES
22	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		v
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a 3b	-	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30	_	
	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	elle:	491	187
.775	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			250
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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		X
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).		E.	ET.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	T.E.T	100	A. Sala
	and services provided to the payor?	7a	X	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
С	required to file Form 8282?	70		V
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	20073	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Dys. org	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1.1/27		18
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	13.5	N. B.	Mr.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	_
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	8	- 8	100
a	Initiation fees and capital contributions included on Part VIII, line 12	-		1
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			DOS-
a	Gross income from members or shareholders	-	100	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			18.7
~	against amounts due or received from them.)	100	SIL	1
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 12b	No.	1016	168
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	85		740
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.		THE	35
b	Enter the amount of reserves the organization is required to maintain by the states in which	Dec.		RUE.
	the organization is licensed to issue qualified health plans	200		135
C	Enter the amount of reserves on hand	44	100	V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		V
	excess parachute payment(s) during the year	15	-	X
	If "Yes," see instructions and file Form 4720, Schedule N.	40	-192.74	V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

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Part VI

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

Sect	tion A. Governing Body and Management			
			Yes	No
1a		ne:		
	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			7
	committee, explain on Schedule O.	180		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14		NEW YEAR	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		0.55	
	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ť		
2000	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		
-	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	150		^
	the year by the following:	659		
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
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Gr.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	4		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1 10	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	13.4		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	. 37	100	
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		ATI	
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 9)	01(c))	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	razio di		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	cy,		
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Karen Worcester 207-470-0963 4 Point Street, Columbia Falls, ME 04623			
	4 FORK Officer, Oblighing Falls, ML 04023			

Form 990 (2020)	Wreaths Across America	20-8362270	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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
 organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch unles	Pos neck as pe	c) sition more		ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Charemon Davis	50.00				-	п.				-
Chief Financial Officer	0.00			x		x		170 577		
(2) Amber Caron	42.00	_		^		^		170,577		
Director of Communications	0.00					х		129,423		
(3) Donald Queeney	40.00	_	\vdash	\vdash		^		120,420		
Director of Transportation	0.00	1				x		103,846		
(4) Wayne Hanson	35.00	_				1		100,040		
Chairman	0.00	1		X						
(5) Karen Worcester	40.00									
Executive Director	0.00			x						
(6) Michael Edgecomb	5.00	_								
Vice Chairman	0.00			x						
(7) Renee Worcester	5.00	_								
Secretary	0.00			X						
(8) David Russen	5.00									
Treasurer	0.00	Х		X						
(9) Sarah Worcester	5.00									
Director	0.00	Х								
(10) Ann Hanson	5.00									
Director	0.00	Х								
(11) Pamela Slaven-Lee	5.00									
Director	0.00	Х								
(12) Kevin Hafey	5.00									
Director	0.00	X								
(13) Dan Leclair	5.00									
Director	0.00	Х								
(14) Patrick Simmons	5.00									
Director	0.00	X								

Part VII

	(A) Name and title	(B) Average hours	box,	unles er an	Pos neck is pe d a d	rson irecto	than o	n an tee)	(D) Reportable compensation	(E) Reportable compensation		(F) ated am of other	
		per week (list any hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	orga	npensation from the nization organiza	and
(15) Dire	James Farrell	5.00	x										
(16)	Dan Mead	10.00											
Dire		0,00	Х				_						
	Barry Pottle	5.00											
Direct (18)	Ron Sailor	0.00 5.00	X	\vdash	-		-						
Direc		0.00	х										
(19)	Randy Lewer	5.00											
Direc	tor	0.00	Х										
	Debbie Sparks	5.00											
Direc		0.00	Х			_	_	-					
Direc	Lorna Harris	5.00 0.00	х										
(22)	AU	0.00	^										
(23)													
(24)	***************************************												
(25)													
1b	Subtotal	ection A		•				b	403,846 0	0			0
d	Total (add lines 1b and 1c)							•	403,846	0			0
2	Total number of individuals (including but not lin		ted a	bov	e) v	rha	recei	ved	more than \$100	,000 of			
	reportable compensation from the organization	-			_								3
3	Did the organization list any former officer, dire						_		ompensated			Yes	
	employee on line 1a? If "Yes," complete Sched										3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated that the sum of th	The state of the s								1			
5	individual				-			-			4	X	
_	for services rendered to the organization? If "Yo	es," complete Sc	hedu	le J	for	suc	h per	son			5		<u>X</u>
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest compe	neated independ	iont o	ont	mant	ore	that r	2000	ived more than \$	100 000 of			_
•	compensation from the organization. Report co										ax ve	ar.	
	(A) Name and business add							Ī	(B) Description of serv		(C)		
Word	ester Resources DBA P.O. Box 214 H	arrington, ME 04	643					Ful	fillment of wreath	s and oth	16	6,954	,087
Miss	on Impossible Software 499 Longley Rd	Groton, MA 014	50					Sof	tware Build & Pla	atform			,921
							_	_					0
				_		_		_					0
2	Total number of independent contractors (including the \$100,000 of compensation from the			tho	se li	stec	abo	ve)	who received				0

Part VIII Statement of Revenue

		Check if Schedule O co	ntains a	respon	se or	note to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns			1a	0				Sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b				1b	0				
9 5	c				1c	0				
A A	d				1d	0				
<u>a</u>	e				1e	0		7		
SI E	f									
er s		similar amounts not include			1f	366,317				
들은	g	Noncash contributions included in								A 100
ont		lines 1a-1f			1g	\$ 44,822				
OB	h	Total. Add lines 1a-1f					366,317			
						Business Code				
Program Service Revenue	2a	Wreath Sponsorship					21,837,963			
2 0	b					0				
Š	c	**********				0				
BT S	d					0				
P. S.	0					0				
P.	f	All other program service re					0			
	g	Total. Add lines 2a-2f					21,837,963			
	3	Investment income (including								
		other similar amounts)				5,701				
	4	Income from investment of				-	0			
	5	Royalties					0			
			-	(i) Rea	aj .	(ii) Personal				
	6a	Gross rents	6a							
	p	Less: rental expenses .	6b		_					
	c	Rental income or (loss)	6c		0	0		Comment of a second		
	d Za	Net rental income or (loss) Gross amount from	· · · ·	(i) Securi	tion I	(ii) Other	0			
	7a	sales of assets	 -	(i) Securi	nes	(ii) Other				
		other than inventory	7a		0	0				
0	h	Less: cost or other basis	14		-					
Ē		and sales expenses	7b		0	0				
946	c	Gain or (loss)	7c		0	0				
Other Revenue	ď		10			▶	0			
£	8a	Gross income from fundrais			ĊΪ		- i			
ŏ	-	events (not including \$	5	0						
		of contributions reported on	line 1c)							
		See Part IV, line 18			8a	0				
	b	Less: direct expenses			8b	0				
	c	Net income or (loss) from fu	undraisin	g even	ts		0			
- 1	9a	Gross income from gaming	activitie	s.						
		See Part IV, line 19			9a	0				
- 1	b	Less: direct expenses			9b	0				
	C	Net income or (loss) from g	aming a	ctivities			0			
	10a	Gross sales of inventory, le	SS							
		returns and allowances			10a	906,500				
	b	Less: cost of goods sold.			10b	836,045				
	c	Net income or (loss) from sa	ales of ir	ventor	y		70,455			
9	72.10					Business Code				
6 9		Refunds					627			
Revenue	b									
e 6	c						0		*	
Miscellaneous Revenue	ď	All other revenue					0			
~		Total. Add lines 11a-11d.					627			
	12	Total revenue. See instruct	ions				22,281,063	01	01	0

	Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other or	ganizations must co	emplete column (A).	
	Check if Schedule O contains a response or note to	o any line in this Pa	rt IX		П
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic			THE RESERVE OF	
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	403,846	103,846	300,000	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,279,610	398,883	614,805	265,922
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	375,129	111,687	204,132	59,310
10	Payroll taxes	135,914	40,865	73,348	21.701
11	Fees for services (nonemployees):	133/33/			21,101
а	Management	0			
b	Legal	16,583		16,583	
c	Accounting	6,000		6,000	
d	Lobbying	0		0,000	
e	Professional fundraising services. See Part IV, line 17	0	CONTROL AND AND ADDRESS.		
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	-			
9	(A) amount, list line 11g expenses on Schedule O.)	457,800		457,800	
12	Advertising and promotion	438,318		219,159	219,159
13	Office expenses	422,195		422,195	219,109
14	Information technology	747,798	616,877	130,921	
15	Royalties	0	010,077	130,921	
16	Occupancy	72,451		72,451	
17	Travel	162,978	97,786	16,302	48,890
18	Payments of travel or entertainment expenses	102,570	37,700	10,302	40,090
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	16,991		16,991	
21	Payments to affiliates	0		10,991	
22	Depreciation, depletion, and amortization	668,096	334,048	334,048	0
23	Insurance	47,322	334,040	47,322	0
24	Other expenses. Itemize expenses not covered	47,022	Manager Street Land Co.	41,322	Committee and the second
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Sponsorships, Trucking, & Other Sponsorship costs	14,818,680	14,818,680		
b	Paybacks To Groups	1,979,944	1,979,944		
C	Promotional items (to veteran's, welcome home etc.)	1,979,944	104,213		
d	Clean I In	114,957	114,957		
	All other expenses		111,748	444 747	
e 25	Total functional expenses. Add lines 1 through 24e	223,495		111,747	244.000
25 26	Joint costs, Complete this line only if the	22,492,320	18,833,534	3,043,804	614,982
20					
	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)				

		Check if Schedule O contains a response of	r note to	any line in this Part X.			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			902,746	1	2,002,012
	2	Savings and temporary cash investments			0	2	249,699
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			30,380	4	29,330
	5	Loans and other receivables from any current of	or forme	r officer, director,			
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons	0	5	
	6	Loans and other receivables from other disqualif	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net		0	7	0	
88	8	Inventories for sale or use			480,500	8	245,015
₹	9	Prepaid expenses and deferred charges			1,246,000	9	1,330,689
	10a	Land, buildings, and equipment: cost or	1				
		other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	3,364,527	1,566,554	10c	1,888,327
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line			0	12	0
	13	Investments—program-related. See Part IV, line		_	0	13	0
	14	Intangible assets	0	14	0		
	15	Other assets. See Part IV, line 11	0	15	0		
	16	Total assets. Add lines 1 through 15 (must equ			4,226,180		5,745,072
	17	Accounts payable and accrued expenses			194,100		283,652
	18	Grants payable	0	18	200,002		
	19	Deferred revenue	4,980,000		6,400,000		
	20	Tax-exempt bond liabilities			0	20	4,444,444
	21	Escrow or custodial account liability. Complete			0	21	
0	22	Loans and other payables to any current or for		The state of the s	· ·	-	
Liabilities		trustee, key employee, creator or founder, subs					
3		controlled entity or family member of any of the			0	22	
=	23	Secured mortgages and notes payable to unrel			326,069	23	558,405
	24	Unsecured notes and loans payable to unrelate			020,003	24	0
	25	Other liabilities (including federal income tax, pa			Ť	2.7	
		parties, and other liabilities not included on lines		For additional designation of the control of the co			
		Part X of Schedule D		And the second s	0	25	0
	26	Total liabilities. Add lines 17 through 25			5,500,169	-	7,242,057
40		Organizations that follow FASB ASC 958, ch			4,000,140		7,272,007
60		and complete lines 27, 28, 32, and 33.	eck ner				
an	27	Net assets without donor restrictions			1 272 000	27	1 406 005
Ba	27	Net assets with donor restrictions			-1,273,989	28	-1,496,985
B	20	Organizations that do not follow FASB ASC			0	20	
Ē			930, CIN	eck nere			
6	20	and complete lines 29 through 33.			20		
22	29	Capital stock or trust principal, or current funds			0	29	
356	30	Paid-in or capital surplus, or land, building, or e			0	30	
¥	31	Retained earnings, endowment, accumulated in			1 272 000	31	4 400 000
Net Assets or Fund Balances	32	Total net assets or fund balances			-1,273,989	32	-1,496,985
_	33	Total liabilities and net assets/fund balances .			4,226,180	33	5,745,072

Form	990 (2020) Wreaths Across America	20-8	3362270	Pag	e 12		
Par	t 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	22	2,281	,063		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1	,273	,989		
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		-11	,739		
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	-1	,496	,985		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			. [
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			DA			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		500	100			
	Schedule O.		183				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		N.S.	53	Asi		
	reviewed on a separate basis, consolidated basis, or both:		186	30			
	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		254	934	100		
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			The second			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on		20	23	Tin.		
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?		3a				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			_	_		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		26				

Form 990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

2020

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization Employer identification number Wreaths Across America 20-8362270 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 0 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

0

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.)

_	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by	7/32/2017/15/5/10			CANAL ALE SUPPLIE		
	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						0
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10.	100000000000000000000000000000000000000					0
12	Gross receipts from related activities, etc. (s	ee instructions).				12	
13	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su						
	Public support percentage for 2020 (line 6, c			7)		14	0.00%
15	Public support percentage from 2019 Sched					15	0.00%
	33 1/3% support test—2020. If the organiz						0.0076
	and stop here. The organization qualifies as						- □
h	33 1/3% support test—2019. If the organiz						
	box and stop here . The organization qualified						
170							
ira	10%-facts-and-circumstances test—2020 10% or more, and if the organization meets t						
	Part VI how the organization meets the facts						
	organization						
b	10%-facts-and-circumstances test—2019						
-	15 is 10% or more, and if the organization m	•		and the same of th	contract the second second second		
	in Part VI how the organization meets the fac	cts-and-circumstand	es test. The organi	zation qualifies as	a publicly support	ed	<u>=</u>
	organization	K K + K - K - K - K - K - K - K	*********			* * * * * * * *	
18	Private foundation, If the organization did r	not check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		
	instructions						▶□

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

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	138,358	489,881	576,467	497,788	321,495	2,023,989
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	1					
	organization's tax-exempt purpose	14,446,629	18,874,335	22,179,721	25,681,451	21,837,963	103,020,099
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to			1			
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	14,584,987	19,364,216	22,756,188	26,179,239	22,159,458	105,044,088
100	Amounts included on lines 1, 2, and 3	,	,,		20,110,200	22,100,100	100,011,000
	received from disqualified persons		238,362	284,986	281,075	44,822	849,245
b	Amounts included on lines 2 and 3		200,002	201,000	201,010	11,022	043,240
-	received from other than disqualified						
	persons that exceed the greater of \$5,000			-			
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	0	238,362	284,986	281,075	44,822	849,245
8	Public support (Subtract line 7c from		200,002	204,300	201,073	44,022	045,245
٥	line 6.)						104,194,843
Sec	ction B. Total Support						104,154,043
-	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	14,584,987	19,364,216	22,756,188	26,179,239	22,159,458	105,044,088
	Grass income from interest, dividends,	14,004,007	10,004,210	22,700,700	20,173,233	22,100,400	103,044,000
IVa							
	payments received on securities loans, rents,		10,258	4,433	5,495	F 701	25 227
h	royalties, and income from similar sources		10,256	4,433	5,495	5,701	25,887
D	and the contraction are an exercise to the contract of the con						
	section 511 taxes) from businesses						•
	acquired after June 30, 1975	0	40.050	4.422	F 40F	F 704	0
	Add lines 10a and 10b	0	10,258	4,433	5,495	5,701	25,887
11	Net income from unrelated business						
	activities not included in line 10b, whether	1		1			
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,	44 504 007	40.074.474	00 700 004	00 101 701		
	and 12.)	14,584,987	19,374,474	22,760,621	26,184,734	22,165,159	105,069,975
14	First 5 years. If the Form 990 is for the organ						. \Box
0	organization, check this box and stop here .					* * P P * W * W	
	tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8, co					15	99.17%
16	Public support percentage from 2019 Schedu					16	99.12%
	tion D. Computation of Investmen					47	
17	Investment income percentage for 2020 (line					17	0.02%
18	Investment income percentage from 2019 Sc					18	0.02%
19a	33 1/3% support tests—2020. If the organiz						
h	not more than 33 1/3%, check this box and si						. , ▶ X
D	33 1/3% support tests—2019. If the organization 18 is not more than 33 1/3%, check this be						. —
20			-				
20	Private foundation. If the organization did n	or cueck a pox on li	ine 14, 19a, or 19b	, check this box an	iu see instructions		

V Supporting Organizations

(Complete only if you checked a box in line 12 on 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.
- 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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
3b		
3с		
4a	1000	
4b		
4c	N 6 19	
5a		
5b		51
5c	WE 5	it.
6	[6]	
SETTING.		
7	17.00	
8		
9a	5.5 K	
9b		(dell
9c		11/4
10a		
10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	2530		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		1.4	
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1942		
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
		41.50	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,		752	138
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	-		-57
	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	175	district.	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	5 0	
2	Did the organization operate for the benefit of any supported organization other than the supported	4,04,74	1500	120
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	125.35	235	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ACC.		de
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		撒!	TEN D
	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		100	
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the considering and ideas and of the considering the same by the lead does of the 66th weath of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100	7 2 4	BIT
	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	100		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	14-5-11	1553
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1726
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	E	1 3	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have		H	Prof.
	a significant voice in the organization's investment policies and in directing the use of the organization's	4.55	1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	150		
	supported organizations played in this regard.	3		
Section	on 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 inst	ruction	s).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	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,	-	ne.	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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	1000		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	10		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	153	12	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		4 . 9	
	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 "Yes" describe in Part VI the role played by the organization in this regard	3h		
	DUIS SUPPORTED OF CARLESTIONS (IF "YES " DESCRIDE IN MART VI THE FOIR DIAVED BY THE OF CARLESTION IN THIS RECARD	1.50		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust	on Nov. 20, 1970 (explain	
instructions. All other Type III non-functionally integrated supporting organization	anization	ns must complete Sections	s A through E.
Section 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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	400	La libraria de la comitación de la comit	
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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors	435		All the Participants
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		White the second	
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting o	rganization (see
instructions).		0	

Part	Type III Non-Functionally Integrated 509(a)(3	 Supporting Organi 	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	1	
	organizations, in excess of income from activity	5 15 161 USIS		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part VI)	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6	PAGE SERVICE		0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015 0	Authorizant Chillian		
b	From 2016			
С	From 2017 0			
d	From 2018 0			facility and the sale
е	From 2019 0			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2020 distributable amount			0
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from	distriction and		
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2020 distributable amount	14 telephone Victor		0
С	Remainder, Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result	520		
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h	and the later state of	Brown Allerth	
	and 4b from line 1. For result greater than zero, explain		Mary and the same of the same of	
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3j		Street of Telephone	
	and 4c.	0	Marine Liber	
8	Breakdown of line 7:	tictle-tucky of the		
a	Excess from 2016 0			
b	Excess from 2017 0	CHARLES SEASON		A IN SECRETARIO
	Excess from 2018 0			PART PROPERTY.
d	Excess from 2019 0		AND SHOWING THE	
е	Excess from 2020 0	元代 PC 3元 元 对 2000 (1)	ENVIRON-VERSION	

Schedule A (Fo	orm 990 or 990-EZ) 2020	Wreaths Across America		20-8362270	Page 8
Part VI	Supplemental Inform	nation. Provide the explanations require	ed by Part II, line 10; Part II, line 17a or	17b; Part	
	III, line 12; Part IV, S	ction A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6,	9a, 9b, 9c, 11a, 11b, and 11c; Part IV	Section	
	B, lines 1 and 2; Part	IV, Section C, line 1; Part IV, Section D,	lines 2 and 3; Part IV, Section E, lines	1c, 2a, 2b,	
		e 1; Part V, Section B, line 1e; Part V, S			
	lines 2, 5, and 6. Also	complete this part for any additional infe	ormation, (See instructions.)		
			,		
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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

2020

Open to Public Inspection

	or the origination		Limpio	yer identification flumber
Wrea	aths Across America			20-8362270
Par	Organizations Maintaining Donor			r Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part I	V, line 6.	
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don	or advisors in writing that the ass	ets held in dono	r advised
	funds are the organization's property, subject t	o the organization's exclusive leg	gal control?	Yes No
6	Did the organization inform all grantees, donor			
	only for charitable purposes and not for the be			
	conferring impermissible private benefit?			Yes No
Par	Conservation Easements.			
	Complete if the organization answere	ed "Yes" on Form 990, Part IV	V, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that a	apply).	
	Preservation of land for public use (for examp	le, recreation or education) Pr	reservation of a h	nistorically important land area
	Protection of natural habitat	Pr	reservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	n held a qualified conservation o	ontribution in the	form of a concentation
~	easement on the last day of the tax year.	Thora a quamica conservation o		Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easer			2b
С	Number of conservation easements on a certification			2c
d	Number of conservation easements included in			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, t	ransferred, released, extinguishe	ed, or terminated	by the organization during
	the tax year			
4	Number of states where property subject to con		>	
5	Does the organization have a written policy reg			
c	violations, and enforcement of the conservation			
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and	enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ing handling of violations and enfor	roina concentation	acceptants during the con-
	\$ \$	ing, rianding of violations, and emor	rcing conservation	easements during the year
8	Does each conservation easement reported on	line 2(d) above satisfy the requir	rements of section	nn 170(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization repo			
	balance sheet, and include, if applicable, the te			
	organization's accounting for conservation ease			
Part	Organizations Maintaining Collecti		ures, or Othe	r Similar Assets.
	Complete if the organization answere	d "Yes" on Form 990, Part IV	/, line 8.	
1a	If the organization elected, as permitted under	FASB ASC 958, not to report in it	ts revenue stater	nent and balance sheet
	works of art, historical treasures, or other similar			
	public service, provide in Part XIII the text of the	e footnote to its financial stateme	nts that describe	s these items.
b	If the organization elected, as permitted under			
	works of art, historical treasures, or other similar		n, education, or r	esearch in furtherance of
	public service, provide the following amounts re	elating to these items:		190
	(i) Revenue included on Form 990, Part VIII, lir (ii) Assets included in Form 990, Part X	ne 1		> \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art			nancial gain, provide the
	following amounts required to be reported under	r FASB ASC 958 relating to thes	e items:	
a	Revenue included on Form 990, Part VIII, line		* * * * * *	> \$
D	Assets included in Form 990, Part X			• 5

Sche	dule D (Form 990) 2020 Wreaths Across A	merica			20-8362	270 Page 2
Par	t III Organizations Maintaining	Collections of A	rt, Historical Tr	easures, or Othe	r Similar Assets	
3	Using the organization's acquisition, a					
	collection items (check all that apply):					
а	Public exhibition		d Loan	or exchange program	n	
b	Scholarly research		e Other			
С	Preservation for future generation	ns			*******************	
4	Provide a description of the organizati XIII.		explain how they	further the organizat	ion's exempt purpos	se in Part
5	During the year, did the organization sassets to be sold to raise funds rather					Yes No
Par	Complete if the organization a 990, Part X, line 21.		on Form 990, Pa	rt IV, line 9, or rep	orted an amount	on Form
1a	Is the organization an agent, trustee, or	custodian or other in	ntermediary for cor	tributions or other as	ssets not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and complet	e the following tab	le:		
					A	mount
¢	Beginning balance				lc	0
d	Additions during the year				d	
e	Distributions during the year				e	
f	Ending balance				1f	0
2a	Did the organization include an amour	nt on Form 990, Par	t X, line 21, for esc	crow or custodial acc	ount liability?	Yes X No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	has been provided o	n Part XIII	
Part	V Endowment Funds. Complete if the organization a	answered "Yes" o	on Form 990, Pa	rt IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	0				
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a	Board designated or quasi-endowment		>	%
b	Permanent endowment	•	%	

b Permanent endowment %
c Term endowment %

End of year balance

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

organ	iization by.		res	NO
(i)	Unrelated organizations		(i)	
(ii)	Related organizations		ii)	
If "Ye	s" on line 3a(ii), are the related organization	s listed as required on Schedule R?	b	

Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	244,825	71,631	173,194
С	Leasehold improvements	0	388,768	55,894	332,874
d	Equipment	0	1,169,067	597,722	571,345
е	Other	0	3,450,194	2,639,280	810,914
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X,	column (B), line 10c.) .		1,888,327

0

Complete if the organization answer	ed "Yes" on Form 990	Part IV line 11b See Form 9	990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation:
(1) Financial derivatives		Cost or end-of-year r	narket value
(2) Closely held equity interests	0		
(2) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII Investments—Program Related. Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 11c. See Form 9	990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	. • 0		A STORE AND A LINE
Part IX Other Assets.			
Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d. See Form 9	90, Part X, line 15.
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (l	B) line 15)	>	0
Part X Other Liabilities.			
Complete if the organization answere line 25.	ed "Yes" on Form 990,	Part IV, line 11e or 11f. See F	Form 990, Part X,
	scription of liability		(b) Book value
(1) Federal income taxes			0
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (l			0
2. Liability for uncertain tax positions. In Part XIII, provide the			

	ule D (Form 990) 2020 Wreaths Across America	20-8362270	Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1,1860.1	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	10000	
c	Add lines 4a and 4b	4c 5	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		0
Pari	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	SHS:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Part	XIII Supplemental Information.	-	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part	X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	······································		

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Schedule D (Fo		Wreaths Across An	nerica		20-8362270	Page 5
Part XIII	Suppleme	ental Information	(continued)			

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#### SCHEDULE J (Form 990)

Department of the Treasury

Wreaths Across America

Internal Revenue Service Name of the organization **Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

20-8362270

**Questions Regarding Compensation** Part I No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III, Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in or receive payment from a supplemental nonqualified retirement plan? 4b b 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a 5b X If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: 6a 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject 8 to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53,4958-6(c)? . .

9

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a.

The section of the se	noise.	maividual mast equal	the total amount of F	orm 990, Part VII, Sec	tion A, line 1a, applica	ible column (D) and (i	<ul><li>E) amounts for that ir</li></ul>	idividual.
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Charemon Davis	ε	170,577					170 677	
1 Chief Financial Officer	1						770,071	
	ε							
2	<b>E</b>	* * * * * * * * * * * * * * * * * * * *						
	<b>(E)</b>							
3	€							
	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
4	<b>(E)</b>				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	<b>©</b>							
5	<b>E</b>				********************			
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	€							
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16	€€			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2020

Open To Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Wreaths Across America 20-8362270 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and (a) Name of disqualified person 1 (c) Description of transaction organization Yes No (1) (2)(3)(4)(5)(6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . 3 Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written (a) Name of interested person with organization from the principal amount by board or agreement? loan organization? committee? To Yes From No Yes No Yes No (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)Total 0 S Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27, (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)

(7) (8) (9) (10)

Soliednie F	(1 OIIII 990 01 990-LZ) 2020 TYTOUGIO	torodo / tirroriou		20 0002210		age 🚄
Part IV	Business Transactions Involvir Complete if the organization answ		Part IV, line 28a, 28b	, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organia	aring of zation's nues?
					Yes	No
(1) Word	cester Resources DBA Worcester W	Owners are relatives of the	14,750,217	Wreaths, shipping, balsam products	9	X
(2)						
(3)						
(4)						
(5)					_	
(6)					-	
					-	
(8)					-	-
(9) (10)					-	-
Part V	Supplemental Information.					
raitv	Provide additional information for	responses to questions on	Schedule L (see ins	tructions).		
Part IV Lir	ne 1 Worcester Resources, D/B/A W	orcester Wreath Company	("Worcester Wreaths	s")		
			3			
was awar	ded the most recent contract by Wre	aths Across America to sur	oply the balsam			
wreaths p	laced on the headstones of veterans	through a best-practice, re	equest for proposal			
nrocess ('	'RFP"). Renee Worcester and Sarah	Worcester are officers and	employees of			
D. 00000 (	11.1. )		1311F137.11111111			
Worceste	r Wreaths. Their husbands Micheal \	Norcester and Morrill Word	ester own the majori	ty		
		I I				
ownership	interest in Worcester Wreaths. The	se relationships with worce	ester vvreaths were			
disclosed	to the board of directors for Wreaths	Across America, pursuant	to the	••		
organizati	on's conflict of interest ploicy, and th	ey recused themselves from	m discussion			
and vote	of the agreement between the organ	ization and Worcester Wrea	aths. Wreaths Across	8		
America h	as issued, and will continue to issue	on a regular basis, a publi	c RFP to ensure			
that Wrea	ths Across America receives the mo	st advantageous terms in it	's purchase of			
	o further it's charitable purpose.					
		***********				
		*****************				
	***************************************					• • • • • •

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Wreaths Across America

Employer identification number

Wrea	aths Across America			20-836	2270			
Pai	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 1	noncash	(d) od of det contribut	terminir	ng ounts
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods		1.05.3.00					
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 ▶ ( Wreaths )	X	1	44,82	2 Fair Marke	t Value		
26 27	Other • ()							
28	Other ► ( )							
29	Number of Forms 8283 received by	the organi	zation during the tay year fo	or contributions for	+			
20	which the organization completed				29			
	miler are organization completed	om ozoo,	rant v, beliet Atkilowiedg	omone, , , , , , ,	23		Yes	No
30a	During the year, did the organization	on receive b	v contribution any property	reported in Part I lines 1 t	orough		103	140
	28, that it must hold for at least three							
	to be used for exempt purposes for					30a		X
b	If "Yes," describe the arrangement		rouning portions			304	Sec.	^
31	Does the organization have a gift a		policy that requires the revie	ew of any nonstandard				
	contributions?					31	-	X
32a	Does the organization hire or use t							
	noncash contributions?				9 30 W K	32a		X
b	If "Yes," describe in Part II.		in the second of the second of the second			1999	TEE	
33	If the organization didn't report an a	amount in co	olumn (c) for a type of prope	erty for which column (a) is				
	checked describe in Part II		, , , , , , , , , , , , , , , , , , , ,	(3)		1 3 3		

Schedule M (F		20-8362270	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b,	32b, and 33, and whe	ether
	the organization is reporting in Part I, column (b), the number of contributions, the or a combination of both. Also complete this part for any additional information.	number of items rece	ived,
	4		
~~~~~~			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Tressury Internal Revenue Service Name of the organization

Wreaths Across America

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

20-8362270

Form 990, Part VI, Line 1A: - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTE According
to the corporate bylaws the executive committee has certain authority to act in the best
interest of the organization in regards to certain decisions which allow the organization to
operate day to day management activities.
Form 990, Part VI, Line 2: - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.
Renee Worcester, A Director and Officer and Sarah Worcester, A Director , are sisters-in-law,
and Karen Worcester, the Executive Director, is the mother-in-law to both Renee Worcester and
Sarah Worcester, Ann Hanson and Wayne Hanson are spouses but are not related to the Worcester
family. Pamela Slaven-Lee daughter to Karen Worcester.
Form 990, Part VI, Line 11B: - FORM 990 REVIEW PROCESS The form 990 is reviewed by the
Executive Director and Finance Department of the organization. The form 990 is distributed to
the board before being submitted.
Form 990, Part VI, Line 12C: - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
Continuing compliance is monitored based uponn policies within the bylaws at least annually.
If a situation arises during the year the facts of the conflict are disclosed to the board
including the conflict. The conlicted individual(s) abstain from voting.
Form 990, Part VI, Line 17: - LIST OF STATES WHICH THIS RETURN IS FILED AL AR CA CT FL GA HI
IL KY MD MA MI MN MS NH NJ NM NC OR PA RI SC TN VA WV
Form 990, Part VI, Line 19: - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE The organization
maintains a public inspection book with all required documents and posts it's 990 on it's
website and distributes it to all parties who ask. Many of our doucments are published and
maintained on our website.
Form 990, Part VI, Section B, Line 15c: Executive Director and Top Manangement office are all
volunteers. The company has policies and employee agreements for other compensated
individuals.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
Wreaths Across America	20-8362270
year ended June 30, 2021 is not complete as of the filing date of this 990.	