Form **990**

Department of the Treasury Internal Revenue Service **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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

			The same of the sa	ir, or tax year begin	ming			, and e	naing					
В		applicable:			aths Ac	ross America				D Emp	loyer ide	entification	number	
Ш	Address	change		isiness as				T		l				
	Name ch	nange		and street (or P.O. box i	if mail is n	ot delivered to stree	et address)	Room/suite		20-8362				
H			P.O. Box					<u> </u>		E Telep	hone nu	mber		
Ш	Initial ret	urn	Columbia				ate	ZIP code		207-470	-0972			
	Final retur	n/terminated	Columbia				IE .	04623				A		
\Box	Amende	مدرند ا	Foreign	country name	Foreig	n province/state/cou	unty	Foreign posta	code	G Gross	4		44	1 201 624
\sqsubseteq	Amende	a return			A STOLES CHICK					G Gross	receipts	13		1,381,621
Ш	Applicati	on pending	F Name an	d address of principal o	fficer:				H(a) Is t	this a group re	eturn for su	ibordinates?	Y	es X No
			Karen Wo	orcester 4 Point Str	reet, Co	lumbia Falls, M	IE 04623		H(b) Ar	e all subord	linates in	cluded?	Y	es No
1	Tax-exe	mpt status:	X 501((c)(3) 501(c) ((insert no.)	4947(a)(1)	or 527	If	"No," attach	a list. S	ee instructi	ions	
				acrossamerica.org		(<u></u>	<u>. </u>		11 14	>			
J	Website								EP	oup exemp	tion num	ber		
K	Form of	organization	: X Corp	ooration Trust _	Assoc	ciation Other		L Yea	ar of form	ation: 20	07	M State of	legal domic	ile: ME
F	Part I	Sur	mmary											
	1	Briefly d	escribe the	e organization's mi	ssion o	r most significar	nt activities	: The	Organiz	zation ha	as wrea	ath cerer	monies in	
9				nember our fallen l		4								
Jar	1			of freedom. Reme										
Activities & Governance	2	Check th				scontinued its o			of more	e than 25	0/2 of it	e not as	cate	
6	3			nembers of the go							1 -	1	3013.	18
త	4			ndent voting memb							4			
es	5			dividuals employed										15
Σ	6			olunteers (estimate			A 400	407			6			104
Ç	7a							,ř			7:			
-	b			siness revenue fro							71			0
	1 5	ivet unite	iateu busii	ness taxable incon	ne mom	FUIII 990-1, F	arti, ine i	1		Prior Yea		'	Current V	
	8	Contribu	tions and	grants (Part VIII, lir	ao 1h)		~					17	Current Ye	
Revenue	9	Drogram	contino re	giants (Fait VIII, III	ne 111).						554,79	_		,214,976
Ver	6000	Investme	service re	evenue (Part VIII, li	(A) !:=	- 2				31,	884,51		31	,841,873
Re	10			(Part VIII, column							16,86			26,918
	11			rt VIII, column (A),							81,73			111,911
	12			lines 8 through 11 (32,	537,90		40	,195,678
	 Grants and similar amounts paid (Part IX, col Benefits paid to or for members (Part IX, col 									0				0
	14									0				0
Expenses	15			ensation, employee					1,837,814				4	,191,404
ens	16a			aising fees (Part IX					MO STATE OF THE STATE OF			0		0
хb	b			xpenses (Part IX,				1,099,711						
ш	17			art IX, column (A),							799,70			,862,130
	18			ld lines 13-17 (mu							637,51			,053,534
	19	Revenue	less expe	nses. Subtract line	e 18 froi	m line 12					900,38			-857,856
Net Assets or Fund Balances									Beginn	ing of Curr			End of Ye	
Sset	20			K, line 16)							613,11			,001,671
et A	21			t X, line 26)						8,	620,38			,176,702
			2007 2007	balances. Subtrac	t line 21	from line 20 .					-7,26	4	-1,	,175,031
	rt II		nature B											
				It I have examined this rete. Declaration of prepare										
and i	beller, it is	s true, correc	t, and comple	0.10	1	than officer) is base	ed on all intorr	nation of which	preparer	nas any kn	owleage		0211	
Sig	n		1 COL	i alla		<u> </u>					<u> </u>	7/2	024	
Hei		"	ture of officer					_		Date	В			
			n Worcest					Exec	utive Di	rector				
			or print name			15			-1-					
	_1	Print/	Type prepare	rs name		Preparer's signatu	ire		Date		Check	□if	PTIN	
Pai		Rona	ald R Smith	h		Ronald R Smit	:h		11/	15/2024			P014819	196
	parer				nnany						0.0			-
Use	Only		name	RHR Smith & Cor						Firm's EIN		3383155		
			address	3 Old Orchard Ro						Phone no.		7) 929-4	606	
May	the IR	S discuss	this return	n with the preparer	shown	above? See ins	structions .						Yes	X No

A TOTAL PROPERTY.	990 (2023)	Wreaths Across America	20-8362270	Page 2
P	art III	Statement of Program Service Accomplishments		
_	D : 4	Check if Schedule O contains a response or note to any line in this Part III		
1		describe the organization's mission:		
		ember, honor, and teach. Remember the fallen, honor those who serve and have served ach our children the value of freedom. Although the wreath laying ceremonies are		
		the mission is year round. With the additional teach materials as well as the mobile		
		ion exhibit the organization can focus on all aspects continually.		
2		organization undertake any significant program services during the year which were not listed on		
		or Form 990 or 990-EZ?	Yes	X No
•		" describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program s?		[V].
		" describe these changes on Schedule O.	☐ Yes	X No
4		be the organization's program service accomplishments for each of its three largest program services,	as measured by	
	expens	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others,	
	the tota	Il expenses, and revenue, if any, for each program service reported.		
-				
4a	(Code:) (Expenses \$ 35,248,696 including grants of \$) (Revenue	\$ 40,195,	678)
	nation t	panization coordinates the wreath placement and ceremonies with other agencies across the o spread the message to Remember, Honor and Teach. The organization's largest project is		
	Arlingto	in National Cemetery but the work also includes cometaries in all fifty states. The		
	organiz	ation also provides the mobile education exhibit and other online resources for the teach		
	part of	the mission, as well as providing free curriculum resources. The organization utilizes		
	the radi	o department to spread awareness of Wreaths Across America and its mission, as well as		
	snare s	tories of service and sacrifice in its honor part of the mission. It partners with other		
	organiz	ations who support veterans and service members and their families in multiple ways.		
4b	/Codo	\/\(\Gamma_{\text{transform}}\)		
40	(Code:) (Expenses \$including grants of \$) (Revenue		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
	V ,	(Toveride	Ψ	/
14	Othor ==	ogram conject (Describe on Schodule C.)		
4d	(Expense	ogram services (Describe on Schedule O.) es \$ 0 including grants of \$ 0) (Revenue \$	0.1	
10		es \$ 0 including grants of \$ 0) (Revenue \$	0)	

Form	990 (2023) Wreaths Across America	20-8362270	F	Page :	
Par	rt 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		X		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
		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				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.			X	
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	"Yes," complete Schedule D, Part I	6	1	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	1			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, VIII, IX, or X, as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part'X, line 10? If "Yes," complete				
	Schedule D, Part VI	11a	X		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	:	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		_	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	K 11e		Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comple	te			
	Schedule D, Parts XI and XII	12a	X		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes				
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				

fundraising, business, investment, and program service activities outside the United States, or aggregate

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

14b

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16

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X

X

Pa	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			+
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	\bot
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	+^
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			T
	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	_	1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		\ \ \
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
	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%			
27	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 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 the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		
b	"Yes," complete Schedule L, Part IV	28a 28b	-	\vdash
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200	 ^	\vdash
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization requidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part 1	31		X
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
252	III, or IV, and Part V, line 1	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
0.00.00000	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			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		30		
	Check if Schedule O contains a response or note to any line in this Part V			\Box
-			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	í .

Forn	1 990 (2023) Wreaths Across America 20-83	62270		Page \$
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)	JEE 7 O	Yes	_
2a			6.550	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 104	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	C PARTICIPATION OF THE PARTICI
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
•100	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			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	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?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_6a		X
~	gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5	^	
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
~	against amounts due or received for the			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	IJa		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the appening tion	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		\neg	
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	, o and a state person, original activities	- 1	- 1	

If "Yes," complete Form 6069.

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Form	990 (2023) Wreaths Across America 20-830	62270	F	Page 6			
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S						
	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
4-			Yes	No			
та	Enter the number of voting members of the governing body at the end of the tax year	4					
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, trustees, or key employees to a management company or other person?						
4							
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	_					
L	one or more members of the governing body?	7a	_	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		\ \			
8	stockholders, or persons other than the governing body?	7b		X			
Ü	the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401	.,				
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X				
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a					
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	120					
	describe on Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	Х	VIX. MICHIGAN			
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-		V			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard						
	The state of the Control of the state of the	16b					
Sect	ion C. Disclosure	100					
17	List the states with which a copy of this Form 990 is required to be filed ME						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	10 5					
120-1	X Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli	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

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated	
	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	es	
a Complete t	his 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 c 	of the organization's current officers, directors, trustees (whether individuals or organizations), regard	less of amount	
of compensation	on. Enter -0- in columns (D), (E), and (F) if no compensation was paid.		
	of the organization's current key employees, if any. See the instructions for definition of "key employe		
	organization's five current highest compensated employees (other than an officer, director, trustee, or		
	reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-the organization and any related organizations.	NEC) of more than	
or or well-supplied the territories	of the organization's former officers, key employees, and highest compensated employees who recei	ved more than	
	portable compensation from the organization and any related organizations.	vedifiore than	
 List all c 	of the organization's former directors or trustees that received, in the capacity as a former director of	r trustee of the	
organization n	nore than \$10,000 of reportable compensation from the organization and any related organizations		

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

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

			(C)							
(4)	(B)	/4-	Position (do not check me					(D)	(5)	(5)
(A) Name and title	Average					is both a		(D) Reportable	(E) Reportable	(F) Estimated amount
	hours			_	607	or/truster		compensation	compensation	of other
	per week (list any	Individual trustee or director	Institutional trustee	Officer	Key employee	em g	Former	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for related	irec vidu	E.	8	em	nest	ner	1099-MISC/	1099-MISC/	organization and
	organizations	of a) mai		Boy	e con		1099-NEC)	1099-NEC)	related organizations
	below dotted line)	a ste	Spr	Part of	ee	pen				
	dotted line)	l e	tee		·	Highest compensated employee				
(1) Charemon Davis	55.00	X	-			<u> </u>	+			
CFO & Co-Director Information Systems	0.00	X		Х	х	x		202,912		
(2) Amber Caron	42.00		\vdash	^	^	 ^ 	+	202,312		
Director of Communications	0.00					x		152,500		
(3) Courtney George	45.00		\vdash			 ^ 	+	102,000		
Manager Transportation & Industry Relations	0:00	х				x		112,673		
(4) Logan Staples	55.00									
Director of Customer Operations & Co-Director Inform	0.00	Х				Х		109,770		
(5) Julie Bright	40.00									
Director of Groups & Locations	0.00	Х				Χ	\perp	106,731		
(6) Wayne Hanson	20.00									
Chairman	0.00	Χ		Х						
(7) Karen Worcester	40.00									
Executive Director	0.00	X		Х						
(8) Michael Edgecomb	5.00									
Vice Chairman	0.00	Χ		Х						
(9) Renee Worcester	5.00									
Secretary	0.00	X		Х						
(10) David Russen	5.00									
Treasurer	0.00	X		Х						
(11) Sarah Worcester	5.00			- 1						
Director	0.00	X		_			_			
(12) Pamela Slaven-Lee	5.00			- 1						
Director	0.00	Х		_	_		+			
(13) Kevin Haley	5.00									
Director	0.00	Χ	1	_	_		+			
(14) Dan Leclair	5.00									
Director	0.00	Χ								

(A) Name and title	(B) Average			Pos neck		than		(D) Reportable	(E) Reportable	(F) ble Estimated amount		
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		od Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W- 1099-MISC/ 1099-NEC)	2/ or	of othe ompensa from th ganizatio ed organ	ation e n and
(45) - D. (1) O.	7.00					ited				1		
(15) Patrick Simmons Director	5.00 0.00	×										
(16) Dan Mead	10.00											
Director	0.00	Х					<u> </u>		<u> </u>			
(17) Ron Sailor	5.00											
Director	0.00	Χ			_		_			+		
(18) Randy Lewer	5.00	_										
Director (19) Debbie Sparks	0.00 5.00	Х	-	-	\vdash					+		
Director	0.00	х				-						
(20) Donald Queeney	40.00	^				-				+-		
Director of Transportation	0.00	х				X						
(21) Lorna Harris	5.00		4		1							
Director	0.00	X.		9						1		
(22) Karen Difendorf	5.00	•		-	7	>						-
Director	0.00	X	1									
(23) Nate Lewis	5.00			4						I		
Director	0.00	X										
(24) Jenny Lovering	5.00											
Director	0.00	X		_					~~	<u> </u>		
(25) Graig Morin	5.00		- 1									
Director		X								<u> </u>		
1b Subtotal	Ell Villa	• •	•		•			684,586	(+		0
c Total from continuation sheets to Part VII, Se			•	•			-	0				0
d Total (add lines 1b and 1c)								684,586	(0
2 Total number of individuals (including but not lin reportable compensation from the organization		ted at	DOV	e) w	no i	recei	vea	more than \$100,	,000 of			_
reportable compensation from the organization											Vac	5 N-
3 Did the organization list any former officer, direct	ctor trustee key	omn	love		or bi	ahas	t co	mnoncatod			Yes	No
employee on line 1a? If "Yes," complete Schedu	ule I for such ind	lividu	oloye	e, c	וון וכ	gnes	st CO	mpensaleu		3		x
										3		^
4 For any individual listed on line 1a, is the sum of the organization and related organizations great		•						•				
individual					-	oiete	SU	ledule 3 for such		4	\ \ \	8088
							• •			4	X	
5 Did any person listed on line 1a receive or accru										_		
for services rendered to the organization? If "Ye Section B. Independent Contractors	s, complete sci	ieaui	e J	IOF	suci	per	SON	· · · · · · ·	· · · · · ·	5		X
Complete this table for your five highest comper	reated independ	ont o	ontr	ooto	ro f	hot r		und mare than C	100 000 of			
compensation from the organization. Report cor										tav ve	ar	
(A)	inperiodation for th	ic oai	Cria	ui y	Cui	T	ng v	(B)	organizations	(C		
Name and business addre	ess							Description of servi	ces	Compe		
Worcester Resources DBA P.O. Box 214 Ha	arrington, ME 046	643					Spo	nsorships and of	ther bals:		7,612	666
Mission Impossible Software 499 Longley Rd								ware Build & Pla			1,411	
Access to Media 432 Front Street			1			_	Med					,775
Waste Management PA PO Box 13648 P				348				ste Services				,659
Dirigo Technoloy LLC												,234
2 Total number of independent contractors (includ	ing but not limite	d to t	hos	e lis	sted	abov	ve) v	who received				
more than \$100,000 of compensation from the o	rganization					5						

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

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line in	n this Part VIII			X
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
			Т				sections 512-514
nts	1a	-					
Contributions, Gifts, Grants and Other Similar Amounts	b						
ts, (C						
ar ar	d						
in.	e	All other contributions, gifts, grants, and	3				
tion r	١.	similar amounts not included above 11	f 2,181,412		. 4		
ib et	g	Noncash contributions included in	2,101,412				
on the	9		\$ 876,385				
g g	h			2,214,976	4		
			Business Code				
Program Service Revenue	2a	Wreath Sponsorship		37,841,873	37,841,873		
er v	b			0			
en S	С			0			
ey Sev	d			0			
go.	е			0			
4	ı	All other program service revenue		0			
	<u>g</u>	Total. Add lines 2a–2f		37,841,873			
	3	other similar amounts)		26,918	26,918		
	4	Income from investment of tax-exempt bond p		20,310	20,910		
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	(1)	0 0				
	_d	Net rental income or (loss)	. () .	0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a	0				
<u>o</u> 1	b	other than inventory 7a Less: cost or other basis	0				
n	b	and sales expenses 7b	ol				
e K	С						
Other Revenue	d	Net gain or (loss)	·	0			
the	8a	Gross income from fundraising					
0		events (not including \$ 0					
		of contributions reported on line 1c).					
		See Part IV, line 18					
	b	Less: direct expenses					
- 1	C	Net income or (loss) from fundraising events . Gross income from gaming activities.	 	0			
	9a	See Part IV, line 19 9a	o				
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities		0			
- 1		Gross sales of inventory, less					
		returns and allowances 10a	1,275,465				
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory .		89,522	89,522		
Sn l			Business Code				
Miscellaneous Revenue		Insurance refunds	900099	22,389	22,389		
Revenue	b	,		0			
Re Se	c d	All other revenue		0			
2		Total. Add lines 11a–11d		22,389			
		Total revenue. See instructions.		40 195 678	37 980 702	0	0

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must comple

360	Check if Schedule O contains a response or note				X
	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		,		
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			122	
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			4.	
	trustees, and key employees	684,586	255,709	327,712	101,165
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	
7	Other salaries and wages	2,562,256	861,279	1,202,892	498,085
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	679,221	237,727	305,650	135,844
10	Payroll taxes	265,341	89,924	121,445	53,972
11	Fees for services (nonemployees):		A		
а	Management	0			
b	Legal	49,871	>	49,871	
С	Accounting	5,626		5,626	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	377,998		377,998	
12	Advertising and promotion	456,583		228,291	228,292
13	Office expenses	435,019		435,019	
14	Information technology	1,158,579	521,912	636,667	
15	Royalties	0			
16	Occupancy	107,404		107,404	
17	Travel	491,633	224,990	266,643	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20 24	Interest	53,810		53,810	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	620,398	310,199	310,199	0
23 24	Insurance	97,153		97,153	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
_	(A), amount, list line 24e expenses on Schedule O.)	00.000.004	00.000.004		
a	Sponsorships, Trucking, & Other Sponsorship costs	28,833,391	28,833,391		
	Funds distributed to sponsorship groups Event expenses	3,401,661	3,401,661		
ч С		325,147	242,794		82,353
	Ceremony cleanup expense All other expenses	166,012	166,012	470 74-	
	Total functional expenses. Add lines 1 through 24e	281,845	103,098	178,747	,,,,,,,,,
25 26	Joint costs. Complete this line only if the	41,053,534	35,248,696	4,705,127	1,099,711
.0					
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	TOHOWING SUF 90-2 (ASC 930-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4,074,216	1	7,313,868
	2	Savings and temporary cash investments	464,936	2	295,015
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	699,659	4	174,044
	5	Loans and other receivables from any current or former officer, director,			
	l	trustee, key employee, creator or founder, substantial contributor, or 35%		4	
		controlled entity or family member of any of these persons	.0	5	
	6	Loans and other receivables from other disqualified persons (as defined		See See	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
188	8	Inventories for sale or use	171,633	8	280,931
a.	9	Prepaid expenses and deferred charges	116,286	9	255,489
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 8,557,855			
	b	Less: accumulated depreciation 10b 4,875,531	3,086,388	10c	3,682,324
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	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 equal line 33)	8,613,118	16	12,001,671
	17	Accounts payable and accrued expenses	4,365,504	17	8,588,671
	18	Grants payable	0	18	
	19	Deferred revenue	3,847,060	19	4,016,465
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
iak	-	controlled entity or family member of any of these persons	0	22	
-	23	Secured mortgages and notes payable to unrelated third parties	407,818	23	571,566
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	8,620,382	26	13,176,702
Ses		Organizations that follow FASB ASC 958, check here X			
au		and complete lines 27, 28, 32, and 33.			
39	27	Net assets without donor restrictions	-182,264	27	-1,775,031
0	28	Net assets with donor restrictions	175,000	28	600,000
5		Organizations that do not follow FASB ASC 958, check here			
٦		and complete lines 29 through 33.			
Net Assets or Fund Balance	29	Capital stock or trust principal, or current funds	0	29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
ē	32	Total net assets or fund balances	-7,264	32	-1,175,031
	33	Total liabilities and net assets/fund balances	8,613,118	33	12,001,671
					Form 990 (2023)

Form 9	990 (2023) Wreaths Across America	20	-8362270	Pa	ige 12
Part	t XI Reconciliation of Net Assets				3
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	0,19	5,678
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,534
3	Revenue less expenses. Subtract line 2 from line 1	3		-85	7,856
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-	7,264
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		-30	9,911
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,	1			
		10	_	1,175	5,031
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			•	X
				Yes	No
1	Accounting method used to prepare the Form 990:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
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				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	- DECEMBER OF DECE
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	12: 17:	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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		200000000000000000000000000000000000000	nocomocida i	

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .

Form 990 (2023)

3a

3b

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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.) 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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 I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 0 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) FIN (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)

Total

0011	VICALIS A	ACIOSS MITICITO				20-03022	Page Z
Pa	art II Support Schedule for Org	anizations Des	scribed in Sec	tions 170(b)(1)	(A)(iv) and 17		
	(Complete only if you check						nder
	Part III. If the organization fa	ails to qualify ur	der the tests lis	sted below, ple	ase complete F	Part III.)	
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						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					7	0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by				100		
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
c	shown on line 11, column (f)						
50	Public support. Subtract line 5 from line 4 ction B. Total Support						0
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
			404				
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						0
•	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						0
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First 5 years. If the Form 990 is for the orga					1	
	organization, check this box and stop here	4					
Sec	tion C. Computation of Public Sur						
14	Public support percentage for 2023 (line 6, c	olumn (f), divided b	y line 11, column (f	0)		14	0.00%
15	Public support percentage from 2022 Schedu					15	0.00%
16a	33 1/3% support test-2023. If the organiza	ation did not check	the box on line 13,	and line 14 is 33 1	/3% or more, chec	k this box	
	and stop here. The organization qualifies as	a publicly supporte	ed organization				
b	33 1/3% support test—2022. If the organiza	ation did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more,	check this	
	box and stop here. The organization qualifie						
17a	10%-facts-and-circumstances test-2023	. If the organization	did not check a bo	x on line 13, 16a,	or 16b, and line 14		
	10% or more, and if the organization meets to	he facts-and-circum	stances test, chec	k this box and sto j	p here. Explain in		
	Part VI how the organization meets the facts-						
2	organization						
b	10%-facts-and-circumstances test—2022						
	15 is 10% or more, and if the organization me in Part VI how the organization meets the fac						
	organization						
IΩ							
	Private foundation. If the organization did n	ot check a box on I	ine 13, 10a, 10b, 1	ra, or tro, check t	nis dox and see		

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

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

Calendary year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Using years, controlled as an extensive proteomed, controlled as an extensive proteomed, or activities and extensive proteomed and extensi		ction A. Public Support						
Construction in church any "number prices received, (to not horizon any "number prices" 497,788 321,495 687,354 554,797 2,214,976 4,276,410	Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
2 Gross recipits from admission, rechandles said or services performed, or facilities furnished in any activity that is related to the organization value emplayers	1	Gifts, grants, contributions, and membership fees						
2 Gross needly from seminations, merchandles said or services performed, in California by adjustation's tax-excerpt gumpose. 25,681,451			497,788	321,495	687,354	554,797	2,214,976	4,276,410
turnished in any activity that is related to the arganization's exement purpose	2							
Consideration Consideratio								
3 Gross receipts from activities that are not an unrelated rade or business under accessorious 13. 4 Tax revenues levied for the organization benefit and either paid to or expended on its behalf. 5 The values of services or facilities furnished by a governmental unit to the organization without change. 6 Total. Add lines 1 through 5			25.681.451	21.837.963	29 934 432	31 966 242	4 37 841 873	1/7 261 061
Unrelated rated or business under section 51	3				20,001,102	01,000,212	07,041,070	147,201,301
4 Tax revenues levied for the organization baself and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5						4		0
or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5	4	Tax revenues levied for the						
or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5		organization's benefit and either paid to					D	
5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5		or expended on its behalf						0
Total Add lines 1 through 5	5	The value of services or facilities						0
Total Add lines 1 through 5 28,179,239 22,159,458 30,821,786 32,521,039 40,056,849 151,538,371		furnished by a governmental unit to the						
### 15.538.371 **Total Add lines 1 through 5 .		, ,						0
Ta Amounts included on lines 1, 2, and 3 received from disqualified persons .	6		26 179 239	22 159 458	30 621 786	32 521 030	10.056.910	
Received from disqualified persons 281,075 44,822 167,328 45,300 876,385 1,414,910			20,170,200	22,100,400	30,021,700	32,321,039	40,030,049	131,330,371
b Amounts included on lines 2 and 3 neceived from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			281 075	44 822	167 328	45 200	076 205	1 444 040
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 18 for the year. 281,075	h	200 0	201,073	74,022	107,320	45,300	070,303	1,414,910
persons that exceed the greater of \$5,000 or "% of the amount on line 13 for the year	.,							
to 71% of the amount on line 13 for the year . 281,075					1 Do 0			
c Add lines 7a and 7b				4	500,000		750.000	
Public support (Subtract line 7c from line 6.)			291 075	44 900	China China	45 200		
Section B. Total Support			201,075	44,622	667,328	45,300	1,626,385	2,664,910
Section B. Total Support (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 2019 (d) 2020 (e) 2023 (f) Total 2019 (e) 2020 (f) 20	0			1 1				
Calendar year (or fiscal year beginning in) 9	Sec	tion B Total Support	i i					148,873,461
9 Amounts from line 6.			(a) 2019	(b) 2020	(a) 2021	(4) 2022	(a) 2022	/f) T-4-1
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 5,495 5,701 5,767 4,941 26,918 48,822 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
payments received on securities loans, rents, royalties, and income from similar sources. 5,495 5,701 5,767 4,941 26,918 48,822 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 c Add lines 10a and 10b 5,495 5,701 5,767 4,941 26,918 48,822 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 10b, whether or not the business is regularly carried on 10 to 23,892 activities not include gain or loss from the sale of capital assets (Explain in Part VI.) 10 to			20,179,209	22,109,400	30,021,760	32,321,039	40,056,649	151,538,3/1
royalties, and income from similar sources. 5,495 5,701 5,767 4,941 26,918 48,822 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 5,495 5,701 5,767 4,941 26,918 48,822 11 Net income from unrelated businesses activities not included on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) 26,184,734 22,165,159 30,627,553 32,525,980 40,106,156 151,609,582 4 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 5 Public support percentage from 2022 Schedule A, Part III, line 15 15 98,20% 6 Public support percentage from 2022 Schedule A, Part III, line 17 18 0,03% 1 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 0,03% 1 Investment income percentage for 2022 Schedule A, Part III, line 17 18 0,02% 3 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization X	IVU							
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			5 105	5 701	E 767	4 044	20.040	10.000
section 511 taxes) from businesses acquired after June 30, 1975	h	18 18 18 18 18 18 18 18 18 18 18 18 18 1	3,433	5,701	5,767	4,941	26,918	48,822
acquired after June 30, 1975	,	The semant of the Res		~	Į.			
c Add lines 10a and 10b				·				_
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. 20 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•	•	E 405	F 704	F 707	1044	00.040	
activities not included on line 10b, whether or not the business is regularly carried on. 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			5,495	5,701	5,767	4,941	26,918	48,822
or not the business is regularly carried on. 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1			
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)							ľ	
loss from the sale of capital assets (Explain in Part VI.)	10							0
(Explain in Part VI.)							1	
Total support. (Add lines 9, 10c, 11, and 12.)				1		i	Name	
and 12.)							22,389	22,389
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). Public support percentage from 2022 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 17. Investment income percentage from 2022 Schedule A, Part III, line 13, column (f), divided by line 13, column (f), divided by line 13, colu			00 404 704				anner missener at harrie	
organization, check this box and stop here. Section C. Computation of Public Support Percentage 5 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). 6 Public support percentage from 2022 Schedule A, Part III, line 15. 6 Public support percentage from 2022 Schedule A, Part III, line 15. 7 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). 8 Investment income percentage from 2022 Schedule A, Part III, line 17. 9 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 1							40,106,156	151,609,582
Section C. Computation of Public Support Percentage 5 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). 6 Public support percentage from 2022 Schedule A, Part III, line 15. 7 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). 8 Investment income percentage from 2022 Schedule A, Part III, line 17. 9 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 1 5 98.20% 9 8.99% 1 0.03% 1 7 0.03% 1 8 0.02% 1 8 0.02% 1 8 1 0.02% 1 9 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 8 1 1 2 2 3 3 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.								
Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	_				• • • • • • •			<u> </u>
Public support percentage from 2022 Schedule A, Part III, line 15						т	45	
Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))								
Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	Sec	tion D. Computation of Investment	Income Perce	ntage			16	98.99%
Investment income percentage from 2022 Schedule A, Part III, line 17					lump (f))		17	0.030/
33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	9a	33 1/3% support tests—2023. If the organiz	ation did not check	the box on line 14	and line 15 is mor	re than 33 1/3% or		0.02%
b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	b	33 1/3% support tests—2022. If the organiz	ation did not check	a box on line 14 or	line 19a, and line	16 is more than 33		
		ine 18 is not more than 33 1/3%, check this b	ox and stop here.	The organization o	ualifies as a public	ly supported organ	ization	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

- Charles	100	Ye	S	No
1				
2				
	11/00			
3a	000			
3b			100	100000000000000000000000000000000000000
3с			2000	
			NOTIFIED IN	
4a	100			P. 1860 (18
4b	I			
4c		karena la		
	SHOPERS		STATISTICS.	
5a	- Company			
5b			I	oncommunity of
5c	5050		100	
	SPIRATES			
	100000		No.	
6	2000			
	PARTERSON AND ADDRESS OF THE PARTER OF THE P			
7	66		100	
8	500			
9a	1000		1000	
	100000		1267257	
9b	2000		100	
9c			100	
			(MS128)	
10a	September 1		1000	
iva	80000			
10b				

Acres (September 1997)	t IV Supporting Organizations (continued)	8362270	F	Page :
· Gi	Capporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	, , , , , , , , , , , , , , , , , , , ,			
	11c below, the governing body of a supported organization?	11a		_
b	A CONTRACT CONTRACTOR OF THE CONTRACTOR CONTRACTOR OF THE CONTRACT	11b		1000000
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	*		
Sec	tion B. Type I Supporting Organizations	11c		I
	, and the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	0.0000000000000000000000000000000000000		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	TO CONTRACTOR OF THE PARTY OF T		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		GALLACTE SE
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
,			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ax		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	v		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	MODE DAYS	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C4	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			_
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se The organization satisfied the Activities Test. Complete line 2 below.	e instructions	5).	
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 en	ntity (see instruction	ons).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	Sherolar I	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2h		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
(v.))	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.	3b		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (B) Current Year (optional) (A) Prior Year (poptional) (B) Current Year (optional) (B) Current Year (optional)
Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 O O Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (A) Prior Year (optional)
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 O O Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 O O Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 9 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
4 Add lines 1 through 3. 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 O O Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
5 Depreciation and depletion 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 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 O O Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
5 Depreciation and depletion 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 O O Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 O O Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
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7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 O O Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 O Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (B) Current Year (optional) (b) Current Year (optional) (a) Prior Year (b) Current Year (optional) (b) Current Year (optional) (a) Prior Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (optional) (a) Prior Year (optional) (b) 1a 0 0 0
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors
e Discount claimed for blockage or other factors
2 Acquisition indebtedness applicable to non-exempt-use assets 2
3 Subtract line 2 from line 1d.
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,
see instructions)
F. Not value of non-everything counts (subtractly 46 %)
6 Multiply line 5 by 0.025
7 Pecoveries of prior year distributions
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
2 Enter 0.85 of line 1. 2
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3
4 Enter greater of line 2 or line 3.
5 Income tax imposed in prior year 5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to
emergency temporary reduction (see instructions).
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see
instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	d	
	organizations, in excess of income from activity	- 10 H 90 K	2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations 3	
4	The second secon		4	
5	The state of the s	provide details in Part V) 5	
6	\\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{		6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	The state of the s	nsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023	A		
	(reasonable cause required—explain in Part VI). See			
	instructions.	No.		
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018 0	4 4 A		
b	From 2019 0	680		
<u>C</u>	From 2020	8 1 1		
d	From 2021			
	From 2022			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2023 distributable amount	^		0
	Carryover from 2018 not applied (see instructions)			
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from	0		
4				
a	Applied to underdistributions of prior years			
<u>a</u>	Applied to underdistributions of prior years Applied to 2023 distributable amount		0	•
c	Remainder. Subtract lines 4a and 4b from line 4.	0		0
5	Remaining underdistributions for years prior to 2023, if	0		
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h		0	
-	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3			0
	and 4c.	0		
8	Breakdown of line 7.	J		
а	Excess from 2019 0			
b	Excess from 2020 0			
	Excess from 2021 0			
d	Excess from 2022 0			
е	Excess from 2023 0			
	<u> </u>			

Schedule A (F		20-8362270	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; Part	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part	IV, Section	
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, li	nes 1c, 2a, 2b,	
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Par lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	t V, Section E,	
	inted 2, 9, and 6.7430 complete this part for any additional information. (See instructions.)		
Part III Sec	tion B Line 12 Other income was from insurance claim on damages to our		
facility.			
	• 0		
		/	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

	ne of the organization		Employer identification number
	eaths Across America		20.8362270
Pa	art I Organizations Maintaining Donor	Advised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.	
	T-4-1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		A
2	Aggregate value of contributions to (during year)		
4	Aggregate value of grants from (during year)		
5	Aggregate value at end of year		
-	Did the organization inform all donors and donor	or advisors in writing that the assets held in	donor advised
6	funds are the organization's property, subject to	the organization's exclusive legal control?	Yes No
•	Did the organization inform all grantees, donors	s, and donor advisors in writing that grant fu	inds can be used
	only for charitable purposes and not for the ber	lefit of the donor or donor advisor, or for any	
Pa	conferring impermissible private benefit? rt II Conservation Easements.		· · · · · · · · Yes No
U		d Van F 000 B + V -	
1	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 7.	
•	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (for exampl		
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	in the form of a conservation
930	easement on the last day of the tax year.	V . W . A	Held at the End of the Tax Year
a	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easem	ents	2b
d	Number of conservation easements on a certifie	ed historic structure included on line 2a	. 2c
u	Number of conservation easements included on	line 2c acquired after July 25, 2006, and	
3	not on a historic structure listed in the National F	Register.	2d
	Number of conservation easements modified, tra	ansierred, released, extinguished, or termin	ated by the organization during
4	Number of states where property subject to cons	servation easement is located	
5	Does the organization have a written policy rega	ording the periodic monitoring inspection by	andling of
	violations, and enforcement of the conservation	easements it holds?	andling of
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing cor	Yes No
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing conserv	ration easements during the year
8	Does each conservation easement reported on I	ine 2d above satisfy the requirements of se	ction 170(h)(4)(B)(i)
	and section 170(n)(4)(B)(II)?		Voc No
9	in Part XIII, describe how the organization report	s conservation easements in its revenue ar	nd evpense statement and
	balance sneet, and include, if applicable, the text	of the footnote to the organization's financial	ial statements that describes the
Dow	organization's accounting for conservation easer	nents.	
Par		ns of Art, Historical Treasures, or O	ther Similar Assets.
1a	Complete if the organization answered	"Yes" on Form 990, Part IV line 8	
ıa	If the organization elected, as permitted under FA	ASB ASC 958, not to report in its revenue s	tatement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, education,	or research in furtherance of
b	public service, provide in Part XIII the text of the	footnote to its financial statements that desc	cribes these items.
D	If the organization elected, as permitted under FA	ASB ASC 958, to report in its revenue state	ment and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education, or res	earch in furtherance of public
	service, provide the following amounts relating to	tnese items.	
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X	1	· · · · . \$
2	If the organization received as held well as		\$
-	if the organization received or held works of art, h	istorical treasures, or other similar assets for	or financial gain, provide the
а	following amounts required to be reported under I	-ASB ASC 958 relating to these items.	
a h	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X	* * * * * * * * * * * * * * * * * * * *	\$
~			C

Sche	dule D (Form 990) 2023 Wreaths Across Americ	-			00	0000070		
THE RESERVE	Wicalio / toross / tilicito	THE RESIDENCE OF THE PARTY OF T	liotorical Tr			-8362270	<i>D</i>	Page
3		ections of Art, H	iistorical ir	easures, or	r Other Similar As	sets (con	<u>tinuea</u>	1)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other reco	oras, cneck ar	ny of the follow	wing that make signif	cant use of	its	
а	Public exhibition	4	□ Loon (or ovebenge n	ro arom			
		d		or exchange p				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's	collections and expl	lain how they	further the or	ganization's exempt p	ourpose in F	art '	
	XIII.							
5	During the year, did the organization solicit						_	_
	assets to be sold to raise funds rather than	to be maintained as	s part of the o	rganization's	collection?	. LY	es_	No
Par	IV Escrow and Custodial Arrangen							
	Complete if the organization answ	ered "Yes" on Fo	orm 990, Pa	rt IV, line 9,	or reported an am	ount on Fo	orm	
	990, Part X, line 21.					4		
1a	Is the organization an agent, trustee, custoo				other assets not			
	included on Form 990, Part X?					. 🗌 Y	es	No
b	If "Yes," explain the arrangement in Part XII	II and complete the	following tabl	le.				_
				W		Amount		
С	Beginning balance				. 1c			
d	Additions during the year				1d			
e	Distributions during the year			()	1e			
f	Ending balance				.) <u> 1f </u>			
2a	Did the organization include an amount on I	Form 990, Part X, li	ne 21, for esc	row or custod	dial account liability?		'es X	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the	explanation l	nas been prov	vided in Part XIII			Ī
Part			4					
	Complete if the organization answ	ered "Yes" on Fo	rm 990. Par	t IV. line 10	L			
			(b) Prior year	(c) Two year		back (e) F	our years	s back
1a	Beginning of year balance	0			0	0		
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships		7					
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	0	0		0	0		0
2	Provide the estimated percentage of the cur	rent year end balan	nce (line 1g, c	olumn (a)) he	ld as:			
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
C	Term endowment %							
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiz	zation that are	e held and ad	ministered for the			
	organization by:						Yes	No
						. 3a(i)		
						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz					. 3b		
4	Describe in Part XIII the intended uses of the		dowment fund	S.				
art	art 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.							
					a. See Form 990, F	art X, line	10.	
	Description of property	(a) Cost or other bas	. 5 . 6	or other basis	(c) Accumulated	(d) B	ook value	е
1.	Lond	(investment)		other)	depreciation			
	Land		0	040.550		0		0
	Buildings		0	648,556	97,57			0,984
	Leasehold improvements		0	545,318	83,42			1,889
	Equipment		0	1,581,973	1,016,88			5,087
е	Other	L	υl	5,782,008	3,677,64	4	2,10	4,364

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .

3,682,324

Part VII Investments—Other Securities.	II)	5	
Complete if the organization answered	"Yes" on Form 990,		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial derivatives	0		
(2) Closely held equity interests	0		
(3) Other			
(A)			
(B)			
(C)			
(D)		•	
(E)			
(F)			
(G)			, 4
(H)			-
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) .	0		
Part VIII Investments—Program Related.			
Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11c. See Form	990 Part X line 13
(a) Description of investment		(c) Method of v	
(a) Description of investment	(b) Book value	Cost or end-of-year	market value
(1)			
(2)			
(3)			
(4)	6 4		
(5)	4		
(6)	4		
(7)			
(8)		V	
(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) .	0		
Part IX Other Assets. Complete if the organization answered " (a) Description	Yes" on Form 990, I	Part IV, line 11d. See Form	990, Part X, line 15.
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		(
Part X Other Liabilities. Complete if the organization answered		Part IV, line 11e or 11f. See	
line 25.			
1. (a) Description	on of liability		(b) Book value
(1) Federal income taxes			C
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	(R))		
2. Liability for uncertain tax positions. In Part XIII, provide the text			0
organization's liability for uncertain tax positions under FASB ASC	740 Chack have if the t	partization's financial statements the	at reports the
Againzation's hability for uncertain tax positions under FASB ASC	740. Check here if the to	ext of the footnote has been provide	ed in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	turn.	
1	Total revenue, gains, and other support per audited financial statements	44 004	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 41,831,6	521
a	1 1		
b			
C			
d	Recoveries of prior year grants		
e	Add lines 2a through 2d	450	
3	Subtract line 2e from line 1	2e 450,0	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3 41,381,6	21
a			
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	1 105.6	40
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c -1,185,9 5 40,195,6	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	- 10,100,0	78
· are	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	teturn.	
1	Total expenses and losses per audited financial statements	1 42,689,4	77
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 42,009,4	11
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e 450,0	იი
3	Other losses	3 42,239,4	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1=1=00,1	· ·
a	investment expenses not included on Form 990, Part VIII, line 70		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c -1,185,9	43
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 41,053,5	_
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	ion.	
Part X	Line 4b Merchandise costs that are handled as net on the 990 vs. gross on the		
audit.			
Part X	I Line 4b Merchandise costs that are handled as net on the 990 vs. gross on the		
audit.			
	. (/)		

Scriedule D (F		20-8362270	Page 5
Part XIII	Supplemental Information (continued)		
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SCHEDULE J (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Wreaths Across America

Employer identification number

20-8362270

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	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			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	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			
	explain	1b		
2	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			
	1a?	2		
3	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			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement?	4b 4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	40		^
5	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			
3	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	If "Yes" on line 6a or 6b, describe in Part III.	6b		Х
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Page 2

Schedule J (Form 990) 2023 Wreaths Across America

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 20-8362270 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

meaning commiss (DN/) (iii) for each instead individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	naice.	maividual must equal	the total amount of Fc	orm 990, Part VII, Sec	tion A, line 1a, applica	able column (D) and (E) amounts for that in	idividual.
		(a) Breakdown of W-2	(b) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	099-NEC compensation	(C) Detiroment and	A Non-tenant	į	į
(A) Name and Titte		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(U) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		202,912					202 912	
1 CFO & Co-Director Information Syste							0	
Amber Caron	Ξ	152,500					152 500	
2 Director of Communications	€						00.50	
	Ξ							
3	€				1			
	Ξ							
4	€			4	5			
	Ξ							
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Schedule J (Form 990) 2023

SCHEDULE L (Form 990)

Transactions With Interested Persons

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

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

Schedule I	_ (Form 990) 2023 Wreaths A	Across America		20-8362270	F	Page 2		
Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.								
	(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction of transaction organization (e) Sharing of organization's revenues?							
					Yes	No		
	rcester Resources DBA Worceter Wr	Vendor - Owners are relat	27,612,666	Spons, balsam products, flags, lodg		Χ		
(2)								
(3) (4)					-			
(5)								
(6)								
(7)								
(8)								
(9) (10)								
Part V	Supplemental Information.							
Provide additional information for responses to questions on Schedule L. See instructions.								
Part IV Line 1 Worcester Resources DBA Worcester Wreath was awarded the most recent								
contract by Wreaths Across America to supply the balsam wreaths placed on the headstones								
contract by Wreaths Across America to supply the balsam wreaths placed on the headstones								
of veterans through a best practice, rquest for proposal process. (RFP) Renee Worcester								
and Sarah Worcester are officers of Wreaths Across America and employees of Worcester								
and Saran wordester are officers of wreaths Across America and employees of Wordester								
Wreath. Their husbands Michael Worcester and Morrill Worcester II (Rob) own the majority								
ownership interest in Worcester Wreath. These relationships with Worcester Wreath were								
disclosed to the Board of Directors for Wreaths Across America, pursuant to the								
organization's conflict of interest policy. They recused themselves from the discussion								
and vote of the agreement between the organization and Worcester Wreath. Wreaths Across								
America has issued, and will continue to issue on a regular basis, a public RFP to ensure								
that Wreaths Across America receives the most advantageous terms in its purchase of								
wreaths to further its charitable purpose. The Executive Director is also the mother of								
the two owners of Worcester Resources (Worcester Wreath) and recuses herself from being in								
the room	or discussing anything regarding the	RFP or it's execution. Durin	g the most					
ecent RF	P process Wreaths Across America a	also contracted with an outs	side organization to					
oversee a	and administer the Request for Propos	al process. The outside or	ganization also					
acilitated	and managed the questions and resp	oonses for any participating	vendor. In					
addition the outside organization assists in the administration of the ongoing contract.								

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 Attach to Form 990.

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

Name of the organization

Wreaths Across America

Part I Types of Property

Employer identification number

20-8362270

		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	Method o	(d) f determini	ng .
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash cont	ribution am	ounts
1	Art—Works of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications				_		
5	Clothing and household				~		
	goods				1		
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		4.				
	contribution—Historic						
	structures						
14	Qualified conservation						
4-	contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial		→ ()				
17	Real estate—Other						
18	Collectibles						
19 20	Food inventory						
21	Drugs and medical supplies Taxidermy			· · · · · · · · · · · · · · · · · · ·			
22	Historical artifacts					·	
23	Scientific specimens						
24	Archaeological artifacts	1					
25	Other (Sponsorship wreaths)	X	1	976 295	Egir Market V	duo	
26	Other (Sporisoising weaths)			0/0,303	Fair Market Va	liue	
27	Other ()						
28	Other (
29	Number of Forms 8283 received by	the organi	zation during the tax year fo	r contributions for			
	which the organization completed F	orm 8283	Part V Donee Acknowledge	ement	29		
	miles are enganization explored.	om 0200,	r art v, Donoo / totalowloage	, , , , , , , , , , , , , , , , , , ,	25	Yes	No
30a	During the year, did the organizatio	n receive b	v contribution any property r	reported in Part I, lines 1 thr	ough =	103	NO
	28, that it must hold for at least 3 years						
	to be used for exempt purposes for					0a	
b	If "Yes," describe the arrangement		, , , , , , , , , , , , , , , , , , ,				
31	Does the organization have a gift a		policy that requires the revie	w of any nonstandard			
	contributions?					1	X
32a	Does the organization hire or use the						
	noncash contributions?	•			3	2a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an a	mount in co	olumn (c) for a type of prope	rty for which column (a) is			
	checked, describe in Part II.		(-), po o, propo	, (a) lo			

Wreaths Acros			20-8362270	Page 2
Part II Supplemental Informa	ation. Provide the information	ation required by Part I, lines 30b,	32b, and 33, and who	ether
or a combination of bot	orting in Part I, column (b) h. Also complete this part	, the number of contributions, the tor any additional information.	number of items rece	ived,
or a complication of pot	ni 7 iloo compiete une pun	tior any additional information.		
		<u> </u>		
			>	
	<i>C</i> .			
	• 0			
9				
(7)				

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023

Department of the Treasury Internal Revenue Service Name of the organization

Wreaths Across America

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

Open to Public Inspection
Employer identification number

20-8362270

Form 990, Part VI, Section A, Line 1A: - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE
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, Section A, 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 Worchester 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, Section B, Line 11B: - FORM 990 REVIEW PROCESS The form 990 is reviewed by
the Excutive Director, Treasurer and CFO of the Organization. The form 990 is distributed to
the board before being submitted. The 990 is also sent to the legal team and / or outside CPA
for review as well as necessary for input.
Form 990, Part VI, Section B, 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, Section C, 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, Section C, 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 some Manangement are
volunteers. The company has policies and employee agreements for other compensated
individuals

Schedule O (Form 990) 2023	Page 2
Name of the organization Wreaths Across America	Employer identification number 20-8362270
Form 990, Part XII, Line 2C: The auditor works with the CFO and Finance Office and correspond	
with Management and Board as required. The Treasurer also works with the CFO and Finance T	eam
throughout the year.	
Form 990, Part IX, Line 24B: Breakdown of Other expenses: Total \$281,845. Vehicle Expenses:	A
\$133,250; Rolling Ambassador Program and Trucker's expense: \$54.229; WAA Promotional item	ns:
\$50,306 (including Vietnam Welcome Home); Business Registrations: \$7,502; Education Trailer	
misc: \$4,467; Other: \$32,091 (museum, staff development and other costs).	
Form 990, Part XI, Section 12, Line 8: The prior period adjustment is for the amount needed to	<u>)</u>
adjust depreciation for due to the 6 month period tax return and 18 month audit. This	
adjustment is to calculate updated deprecation amounts to catch up the 6 month period.	
Form 990, Part VIII, Line 10(b): The cost of goods sold does not include merchandise purchased	
to distribute for programs such as the Vietnam Welcome home program, teach program and othe	r
items that are given to promote awareness. The profit from this is used to help fund those	
items which are included in other costs.	
• <u>C</u>)	
<u></u>	