efile	e GR	APHIC	print - DO NOT PROCESS As Filed Data -		DL	N: 93	493315027840
	00	5	Return of Organization Exempt From	Income	Тах	(	OMB No. 1545-0047
Form	33	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	ns)	2019		
<u>م</u>			<ul> <li>Do not enter social security numbers on this form as it ma</li> </ul>			,	2019
Departi Treasu		f the	▶ Go to <u>www.irs.gov/Form990</u> for instructions and the l	atest inform	ation.		Open to Public Inspection
Interna	l Rever	nue Service					Inspection
			alendar year, or tax year beginning 01-01-2019 , and ending 12-31 C Name of organization	2019	D Employer	:	insting growthay
		pplicable: change	AMERICAN MAJORITY ACTION INC				ication number
🗆 Na	me cha	ange	Deing husingge og		26-35947	13	
	tial ret	:urn n/terminated	Doing business as				
		i return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	E Telephone	number	
🗆 Ар	olicatio	on pending	PO BOX 309		(540) 338	-1251	
			City or town, state or province, country, and ZIP or foreign postal code PURCELLVILLE, VA 20134		<b>G</b> Gross recei	pts \$ 4	38,889
			F Name and address of principal officer:	H(a) Is this	a group retu	rn for	
			NED RYUN PO BOX 309		linates?		🗌 Yes 🗹 No
			PURCELLVILLE, VA 20134	H(b) Are all include	l subordinates ed?		Yes 🗛
I Tax	<-exen	npt status:	□ $501(c)(3)$		," attach a list	•	·
JW	ebsit	e:► AMI	ERICANMAJORITYACTION.ORG	H(c) Group	exemption n	umber	•
<b>K</b> Form	n of or	ganization:	☑ Corporation □ Trust □ Association □ Other ►	L Year of forma	tion: 2010	<b>S</b> tate	of legal domicile: VA
Pa	ırt I	Sum	mary				
		Briefly des	cribe the organization's mission or most significant activities:				
ce	<u> P</u>	PROMOTIN	IG SOCIAL WELFARE AND CIVIC BETTERMENT THROUGH PROMOTION OF C	ONSERVATIV	E PRINCIPLES	•	
าลท	-						
лөл		Charle the	s box $\blacktriangleright$ if the organization discontinued its operations or disposed of m	th 2E0(	- <b>f</b> : <b>h h</b>	- 4 -	
Activities & Governance			s box P 🗀 if the organization discontinued its operations or disposed of m	ore than 25%	of its net ass	3	3
<b>න්</b> ග	4	Number o	of independent voting members of the governing body (Part VI, line 1b) .			4	2
the	5	Total nun	nber of individuals employed in calendar year 2019 (Part V, line 2a) $\ .$ .	5	5		
ctiv	6	Total nun	nber of volunteers (estimate if necessary)		•	6	3
Ā			elated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 39	 Duk	• • • • • •	7b	0
	8	Contribut	ions and grants (Part VIII, line 1h)	Prie	or Year 846,50	0	Current Year 438,626
ənu			service revenue (Part VIII, line 2g)			0	438,020
enneven		-	nt income (Part VIII, column (A), lines 3, 4, and 7d)		12	-	263
æ			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,58	-	0
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		848,20	5	438,889
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3 )		71,32	0	0
	14	Benefits p	paid to or for members (Part IX, column (A), line 4) . . . . .			0	0
8	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		395,87	9	178,292
Expenses			nal fundraising fees (Part IX, column (A), line 11e)			0	0
ŝ			aising expenses (Part IX, column (D), line 25) ▶13,170		526.02	_	207.021
			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		536,03	-	207,021
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses. Subtract line 18 from line 12 • • • • • • • • •		1,003,23	-	385,313 53,576
×s	1.5	Revenue		Beginning	of Current Yea	-	End of Year
Net Assets or Fund Balances							
Bal	20	⊤otal ass	ets (Part X, line 16) . . . . . . . . . . . . .		210,25	9	291,028
und (			ilities (Part X, line 26)		33,54	-	18,079
			s or fund balances. Subtract line 21 from line 20		176,71	4	272,949
Pa Under		<u> </u>	<b>ature Block</b> erjury, I declare that I have examined this return, including accompanying :	schedules and	statements.	and to	the best of mv
knowl	edge	and belie	f, it is true, correct, and complete. Declaration of preparer (other than offic				
any k	nowie	uye.					
		*****	* Jre of officer	2020 Date	0-10-30		
Sign				Date	•		
Here			RYUN CEO				

Paid	Print/Type preparer's name	Preparer's signature	Date 2020-10-30	Check if	PTIN P01227829
Preparer	Firm's name 🕨 SPONSEL CPA GR	ROUP LLC	I	Firm's EIN ► 27	7-0851983
Use Only	Firm's address 🕨 251 N ILLINOIS S	ST STE 450		Phone no. (317)	) 608-6699
	INDIANAPOLIS, I	N 46204			
May the IRS disc	cuss this return with the preparer	shown above? (see instructions) .			. 🗹 Yes 🗌 No
For Paperwork	Reduction Act Notice, see the	e separate instructions.	Cat. N	lo. 11282Y	Form <b>990</b> (2019)

May the IRS discuss this return with the preparer shown above? (see instructions)	•	•	•	•	•	•
For Paperwork Reduction Act Notice, see the separate instructions.					Cat.	. No

Form	990 (2019)					Page <b>2</b>
Pa	rt III Stateme	ent of Program Service	Accomplis	hments		
	Check if Se	chedule O contains a respons	se or note to a	any line in this Part III .		🗆
1	Briefly describe th	ne organization's mission:				
		ELFARE AND CIVIC BETTERM OF LAW, ENACTMENT OF LE			HAT PROMOTE CONSERVATIVE PRI ANGES IN PUBLIC POLICY.	NCIPLES, PRACTICES,
2	Did the organizati	on undertake any significant	program ser	vices during the year w	nich were not listed on	
	the prior Form 99	0 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe	these new services on Schee	dule O.			
3	Did the organizati	on cease conducting, or mal	ke significant	changes in how it condu	icts, any program	
		these changes on Schedule				🗌 Yes 🗹 No
4	Section 501(c)(3)		are required	to report the amount o	largest program services, as measu f grants and allocations to others, f	
4a	(Code:	) (Expenses \$	137,605	including grants of \$	) (Revenue \$	)
	See Additional Data					· ·
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		ervices (Describe in Schedule		•	) (Daman d	
	(Expenses \$		ing grants of	· · · · · · · · · · · · · · · · · · ·	) (Revenue \$	)
4e	Total program s	ervice expenses 🕨	137,6	05		

Form	990 (2019)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 😒	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🛸 .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part   <b>S</b> .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🐒	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 😒	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😒	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <b>3</b> .	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a		No
	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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$ .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ldots$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b>	37		No
38	All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   61		. 03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		F	orm <b>99</b>	<b>0</b> (2019)

Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a	Yes	
	solicit any contributions that were not tax deductible as charitable contributions?			
	not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\ldots$ .	<b>9</b> b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $~$ .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
		F	orm 99	<b>0</b> (2019)

orm	990	(2019)

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Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Ne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	lines 🔽
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 2			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisior		165	No
4	of officers, directors or trustees, or key employees to a management company or other person? ••• Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	<u>,</u> )	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	-		Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a		No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .	10b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a		No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> .	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c 13	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> .	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> . Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> .	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 111a b 122a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 111a b 12a b c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 111a b 12a b c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes	No
b 111a b 122a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes	No
b 111a b 122a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	
b 111a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	
b 111a b 12a b c 13 14 15 a b 16a b <u>Se</u>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule 0 the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule 0 how this was done</i> . Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization 's CEO, Executive Director, or top management official . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>ection C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <b>&gt;</b>	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	
b 111a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Exetion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	
b 111a b 12a b c 13 14 15 a b 16a b <u>Se</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►KELLY AMORIN CFO PO BOX 309 PURCELLVILLE, VA 20134 (540) 338-1251

policy, and financial statements available to the public during the tax year.

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

e List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		<u></u>								
<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any hours for related		ne bo	ox, u n of or/t	t ch unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	related organizations
(1) NATHANIEL RYUN CEO	16.00 	х		х				73,092	110,658	26,437
(2) PETER SAMUELSON CHAIRMAN, SECRETARY AND TREASURER	4.00	x		х				0	0	0
(3) PAUL BONICELLI DIRECTOR	2.00	x						0	0	0
(4) LONNY LEITNER CHIEF OF STAFF	10.00 			х				26,688	80,938	0
(5) MATTHEW BATZEL NATIONAL EXECUTIVE DIRECTOR	10.00 			х				21,713	66,238	24,855
(6) KELLY AMORIN CFO	10.00 			х				0	84,460	23,418
										Form <b>990</b> (2019)

Pa	t VII Section A. Officers, Direct	ors, Trustees	, Key I	Empl	loye	es,	and I	ligh	nest Con	npensate	d Employees (	conti	nued)	
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any hours for related		ne bo	ox, u n off or/t	t che inles ficer ruste	ss pers and a ee)	on	(D) (E) Reportable compensation from the organization (W-2/1099- (W-2/1092				(F) Estimated amount of othe compensation from the organization an	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		SC)	(W-2/1099- MISC)		relate organiza	∋d
												_		
												_		
16.9	Sub-Total						<u> </u> ▶							
с٦	otal from continuation sheets to Pa otal (add lines 1b and 1c)	rt VII, Section	Α.		•				1	21,493	342,294	1		74,710
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos		• ed al	bove	e) who	rece				r I		/4//10
	· · ·												Yes	No
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J			ee, k	ey e	mplo	oyee, d	or hig	ghest com	npensated	employee on	3		Ne
4	For any individual listed on line 1a, is	the sum of repo	ortable d								the .	3		No
	organization and related organizations individual	greater than \$	150,00	0? If •	"Yes •	," co •	omplet	e Sc	chedule J i	for such		4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization?		•						-			5		No
Se	ction B. Independent Contract	ors												
1	Complete this table for your five higher from the organization. Report compen											npens	ation	
		(A) nd business addre								5	(B) iption of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form	990	(2019)	

P	ad	e	ç

Part	VIII Statement				onse or note to ano	y line in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1a Federated campa			1a					
Gifts, Grants ilar Amounts	<b>b</b> Membership dues		•	1b					
			L	1c 1d	 				
	e Government grants		l	1e					
ons, Sirr	f All other contributio and similar amounts	ons, g s not	ifts, grants,						
tributio Other	above g Noncash contributio		l	1f	438,626				
Contributions, and Other Sim	lines 1a - 1f:\$	/13 11		1g					
Cont	h Total. Add lines	1a-1	f		• • • <b>▶</b>	438,626			
	2a				Business Code				
ne									
Neve	ь								
Ce Br									
čer vi									
an S	d								
Program Service Revenue	e								
<u>a</u>	<b>f</b> All other program	serv	ice revenue						
	9 Total. Add lines 2						1		
	<b>3</b> Investment income similar amounts) .		luding divid			26	3		263
	4 Income from invest					►			
	5 Royalties		(i) Rea		(ii) Personal	▶  			
	<b>6a</b> Gross rents	6a							
	<b>b</b> Less: rental					-			
	expenses c Rental income	6b				_			
	or (loss)	6c	(1 )						
	<b>d</b> Net rental income		(i) Secur		(ii) Other				
	<b>7a</b> Gross amount from sales of	7a							
	assets other than inventory								
	<b>b</b> Less: cost or other basis and	7b							
	sales expenses					_			
	c Gain or (loss)	7c							
	d Net gain or (loss) <b>8a</b> Gross income from fu				••••				
Other Revenue	(not including \$ contributions reported	d on	of line 1c).						
leve	See Part IV, line 18			8a					
erF	<b>b</b> Less: direct expen <b>c</b> Net income or (los			8b ing ev	ents ⊾				
oth									
	9a Gross income from See Part IV, line 19	gam •	ing activities.	9a					
	<b>b</b> Less: direct expen			9b					
	c Net income or (los	s) fr	om gaming	activit	ies	_			
	<b>10a</b> Gross sales of inve returns and allowa	ento	ry, less						
	<b>b</b> Less: cost of good			10a 10b		_			
	c Net income or (los			invent	ory 🕨				
	Miscellaneo	us R	evenue		Business Code	-			
	ь								
	с								
	<b>d</b> All other revenue								
	e Total. Add lines 1					1			
	12 Total revenue. S	ee ir	nstructions		🕨	438,88	9	0 0	263

## Form 990 (2019)

Forn	n 990 (2019)				Page <b>10</b>
Pa	Art IX Statement of Functional Expenses		All athen and it is		
	Section 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a response or note to an		-		mn (A).
De	not include amounts reported on lines 6b,		(B)	(C)	<u> ⊡</u> (D)
7b,	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	143,020	14,086	122,488	6,446
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	22,630	2,422	19,198	1,010
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) $\ldots$	487	25	439	23
9	Other employee benefits	2,158	108	1,947	103
10	Payroll taxes	9,997	1,233	8,326	438
11	Fees for services (non-employees):				
а	Management				
b	Legal	4,134	2,003	2,131	
c	Accounting	24,100	10,899	13,201	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	91,582	46,346	45,236	
12	Advertising and promotion	1,000	1,000		
13	Office expenses	18,338	15,133	3,205	
14	Information technology	38,819	35,504	3,315	
15	Royalties				
16	Occupancy	5,355		5,355	
17	Travel	8,701	7,846	561	294
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,923		4,923	
23	Insurance	3,229		3,229	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.) a BUSINESS REGISTRATION F	4,856			4,856
		,			4,000
	MISCELLANEOUS EXPENSE	1,984	1,000	984	
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	385,313	137,605	234,538	13,170
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► 🗌 if following SOP 98-2 (ASC 958-720).				
4					

Form 990 (2019)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			<u> </u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		•	155,187	1	198,519
	2	Savings and temporary cash investments	• •	[		2	
Assets	3	Pledges and grants receivable, net		. [		3	
	4	Accounts receivable, net		[	3,745	4	3,122
	5	Loans and other payables to any current or form key employee, creator or founder, substantial co entity or family member of any of these persons Loans and other receivables from other disqualit	tor, or 35% controlled		5		
	6	section 4958(f)(1)), and persons described in se				6	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	••	· · [	1,295	9	1,619
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	121,359			
	Ь	Less: accumulated depreciation	10b	121,359	4,923	10c	0
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line		12			
	13	Investments-program-related. See Part IV, line	11 .	. [		13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	45,109	15	87,768		
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	210,259	16	291,028
	17	Accounts payable and accrued expenses	11,049	17	6,789		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor,	or 35% controlled entity		22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	parties .		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	22,496	25	11,290
	26	Total liabilities. Add lines 17 through 25 .			33,545	26	18,079
nces		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	ieck h	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions	•	<u> </u>	-243,036	27	-337,338
8	28	Net assets with donor restrictions	• •	[	419,750	28	610,287
Net Assets or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
ts c	30	Paid-in or capital surplus, or land, building or eq		Ļ		30	<u> </u>
se.	31	Retained earnings, endowment, accumulated inc		Ļ		31	<u> </u>
As	32	Total net assets or fund balances		L	176,714	32	272,949
Vet	33	Total liabilities and net assets/fund balances		· · · · · · [	210,259	33	291,028
~	33	Total nabilities and her assets/fully balances	•		210,209	33	Form <b>990</b> (2019)

Form 990 (2019)	orm	990	(2019)	
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Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\checkmark$
1 2	Total revenue (must equal Part VIII, column (A), line 12)	1			438,889
3	Revenue less expenses. Subtract line 2 from line 1	3			53,576
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			176,714
5	Net unrealized gains (losses) on investments	5			,
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			42,659
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			272,949
Pa	rt XII Financial Statements and Reporting		1		
	Check if Schedule O contains a response or note to any line in this Part XII				$\checkmark$
				Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e basis,			
	□ Separate basis      ✓ Consolidated basis     □ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ingle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	Зb		

## **Additional Data**

## Software ID: Software Version: EIN: 26-3594713 Name: AMERICAN MAJORITY ACTION INC

Form 990 (2019)

### Form 990, Part III, Line 4a:

IN THIS FISCAL YEAR, AMERICAN MAJORITY ACTION OPERATED OFFICES IN VIRGINIA AND WISCONSIN IN ORDER TO PROMOTE CONSERVATIVE PRINCIPLES AT FEDERAL, STATE AND LOCAL LEVELS THROUGH MOBILIZATION OF PUBLIC OPINION; THE PROMOTION OF CONSERVATIVE PRACTICES AND POLICIES; AND THE REFORM OF LAWS, ENACTMENT OF LEGISLATION, AND THE PROMOTION OF CHANGES IN PUBLIC POLICY. IN WISCONSIN, AMERICAN MAJORITY ACTION HAD KNOCKED ON 15,000 DOORS. IN VIRGINIA, AMERICAN MAJORITY ACTION HAD 76,123 TOTAL LIVE TOUCHES, 11,534 TOTAL DOOR KNOCKS, AND 25,079 TOTAL LIVE CONVERSATIONS.

efil	e GRAPHIC pri	nt - DO NOT PROCESS	As Filed Data -		D	LN: 9	93493315	
SCI	HEDULE C	Political	Campaign ar	nd Lobbying Activi	ties		OMB No. 1	545-0047
	m 990 or 990-			Tax Under section 501(c) a		527	20	19
	tment of the Treasury al Revenue Service			elow. ►Attach to Form 990 o structions and the latest info		z.	Open to Inspe	Public ection
• S • S • S • S • S • S • S • S • S • S	ection 501(c)(3) org Section 501(c) (othe Section 527 organize organization ans Section 501(c)(3) of Section 501(c)(3) of organization ans ky Tax) (see separ	ganizations: Complete Parts I er than section 501(c)(3)) org- zations: Complete Part I-A on wered "Yes" on Form 990, rganizations that have filed For ganizations that have NOT fi wered "Yes" on Form 990, rate instructions), then	-A and B. Do not com anizations: Complete I ly. Part IV, Line 4, or For orm 5768 (election und led Form 5768 (electio Part IV, Line 5 (Proxy	rm 990-EZ, Part V, line 46 (Pol plete Part I-C. Parts I-A and C below. Do not co rm 990-EZ, Part VI, line 47 (Lo der section 501(h)): Complete Pon under section 501(h)): Complete 7 Tax) (see separate instructio	omplete Part I-f b <b>bying Activit</b> i art II-A. Do not ete Part II-B. D	3. i <b>es), t</b> comp o not	hen lete Part II-E complete Pa	3. art II-A.
	Section 501(c)(4), ( ne of the organizat	5), or (6) organizations: Com	olete Part III.		Employerid		action num	
	RICAN MAJORITY ACT				Employer id	ептіті	cation nur	iber
					26-3594713			
Par	-	-	•	ction 501(c) or is a section	-			
1	Provide a descript "political campaig		ct and indirect politica	l campaign activities in Part IV (	see instruction	s for c	definition of	
2	Political campaigr	activity expenditures (see in	structions)		►	\$_		79,526
3		or political campaign activitie	s (see instructions)			_		0
Par	t I-B Complet	e if the organization is	exempt under se	ction 501(c)(3).				
1	Enter the amount	of any excise tax incurred by	the organization und	er section 4955	►	\$_		
2	Enter the amount	of any excise tax incurred by	v organization manage	rs under section 4955	►			
3	If the organizatio	n incurred a section 4955 tax	, did it file Form 4720	for this year?			🗌 Yes	🗆 No
4a	Was a correction	made?					🗌 Yes	🗌 No
b	If "Yes," describe							
	-		-	ction 501(c), except sect		-		
1		, , ,	5 5	tion 527 exempt function activit		\$_		60,026
2				er organizations for section 527		\$_		19,500
3	Total exempt fund	ction expenditures. Add lines	1 and 2. Enter here ar	nd on Form 1120-POL, line 17b.	►	\$_		79,526
4	Did the filing orga	anization file Form 1120-PO	L for this year?		•••••		🗌 Yes	🗹 No
5	organization mad	e payments. For each organiz	ation listed, enter the	<li>of all section 527 political org amount paid from the filing org ivered to a separate political or</li>	anization's fund	ds. Als	so enter the	

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				

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

Scł	nedule C (Form 990 or 990-EZ) 2019			Page <b>2</b>			
Ρ	art II-A Complete if the organization is section 501(h)).	exempt under section 501(c)(3) and file	d Form 5768 (ele	ection under			
4	Check	n affiliated group (and list in Part IV each affiliated g g expenditures).	roup member's name	e, address, EIN,			
в	Check	A and "limited control" provisions apply.					
	Limits on Lobbying Expenditures(a) Filing organization's totals(b) Affiliated grou totals(The term "expenditures" means amounts paid or incurred.)totalstotals						
1a	Total lobbying expenditures to influence public opini	on (grass roots lobbying)					
b	Total lobbying expenditures to influence a legislative	e body (direct lobbying)					
С	Total lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1c an	d 1d)					
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in both					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e.					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.					
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25% of line 1						
h	Subtract line 1g from line 1a. If zero or less, enter -						
i	Subtract line 1f from line 1c. If zero or less, enter -(						
j	If there is an amount other than zero on either line section 4911 tax for this year?		🗌 Yes 🗌 No				

## 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-	Year Averagi	ng Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For o	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		i)	<u>(b)</u>
activi		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)?$		Г	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Γ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

## Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART I-A, LINE 1:	PROVIDED DIRECT SUPPORT FOR CONSERVATIVE CANDIDATES IN WISCONSIN AND MINNESOTA RACES.
	Schedule C (Form 990 or 990F7) 2019

efi	le GRAPHIC pr	int - DO NOT PROCESS As Fi	ed Data -			DLN	l: 93493315027840
	HEDULE D m 990)	Supplemer	ital Financ	cial Statements			OMB No. 1545-0047
Dones	tment of the Treasury	Part IV, line 6, 7, 8, 9, 3	ganization ansv L0, 11a, 11b, 11 ▶ Attach to Forr	vered "Yes," on Form 99 .c, 11d, 11e, 11f, 12a, or n 990.	90, r 12b.		<b>ZU19</b> Open to Public
	al Revenue Service			ormatio	on.	Inspection	
	<b>me of the organ</b> ERICAN MAJORITY AG				Em	ployer iden	tification number
Am					26-3	3594713	
Pa		zations Maintaining Donor Advi			or Ac	counts.	
	Comple	te if the organization answered "Ye		), Part IV, line 6. nor advised funds		(b) Funds	and other accounts
1	Total number at	end of year	(4) 201			()   and	
2		of contributions to (during year)					
3	Aggregate value	of grants from (during year)					
4	Aggregate value	at end of year					
5		ation inform all donors and donor adviso roperty, subject to the organization's ex				funds are th	e 🗌 Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor	, or for any other purpose			
_		· · · · · · · · · · · · · · · · · · ·					🗌 Yes 🗌 No
Pa		vation Easements. te if the organization answered "Ye	s" on Form 990	). Part IV line 7			
1		onservation easements held by the orga					
	_	on of land for public use (e.g., recreation		Preservation of an	n histoi	rically impor	tant land area
	_	of natural habitat		Preservation of a			
					certine		lucture
-		on of open space	1.6.		,		
2		2a through 2d if the organization held a e last day of the tax year.	qualified conserv	ation contribution in the fo	orm of a		on the End of the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	stricted by conservation easements			2b		
с	Number of conse	ervation easements on a certified histori	c structure includ	led in (a)	2c		
d		ervation easements included in (c) acqu n the National Register	ired after 7/25/06	5, and not on a historic	2d		
3	Number of const tax year ►	ervation easements modified, transferre	d, released, extir	nguished, or terminated by	' the or	ganization d	uring the
4	Number of state	es where property subject to conservation	on easement is lo	cated Þ			
5		zation have a written policy regarding t It of the conservation easements it hold			of viol		🗌 Yes 🔲 No
6	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of	violations, and enforcing o	conserv	ation easem	ents during the year
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of viola	tions, and enforcing conse	rvation	easements	during the year
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?			170(h)(		🗌 Yes 🔲 No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the ofs accounting for conservation easemen	footnote to the c				
Par		zations Maintaining Collections			her Si	milar Ass	ets.
		te if the organization answered "Ye				nt and halan	as aboat warks of
1a	art, historical tre	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition,	, education, or research in	further		
b	historical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub nts relating to these items:					
(	( <b>i)</b> Revenue includ	led on Form 990, Part VIII, line 1				▶\$	
(	ii)Assets included	in Form 990, Part X				. ► \$	
2	If the organizati	ion received or held works of art, histori nts required to be reported under SFAS	cal treasures, or a	other similar assets for fina			the
а		ed on Form 990, Part VIII, line 1				-	
b	Assets included	in Form 990, Part X			• • •	. ▶\$	

Sche	edule D (Form 990) 2019								Page <b>2</b>
Par	t III Organizations Maintaining Co	llections of Art,	, Histori	ical Trea	sures, o	r Other	Similar As	sets (conti	inued)
3	Using the organization's acquisition, accessic items (check all that apply):	n, and other record	ds, check	any of the	following	that are a	significant us	se of its coll	ection
а	Public exhibition		d	🗌 Lo	an or exch	ange prog	grams		
b	Scholarly research		e	🗆 Ot	her				
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIII.	llections and explai	in how the	ey further	the organi	zation's e:	xempt purpos	se in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t							🗌 Yes	
Pa	rt IV Escrow and Custodial Arrange Complete if the organization ans X, line 21.		orm 990	), Part IV	, line 9, o	r reporte	ed an amoui	nt on Forn	1 990, Part
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?							🗌 Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the	following	table:			Ar	nount	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990 Part X lir	e 21 for	escrow or	custodial :	account li:	ability?		
b	If "Yes," explain the arrangement in Part XII rtt V Endowment Funds.	I. Check here if the	explanat	ion nas be	en provide	a in Part .	XIII		
Pa	<b>ITE V</b> Endowment Funds. Complete if the organization ans	wered "Yes" on F	orm 990	). Part IV	line 10.				
		(a) Current year		rior year		years back	(d) Three yea	rs back (e)	Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1	g, column	(a)) held a	as:			
а	Board designated or quasi-endowment ►								
b	Permanent endowment ►								
С	Temporarily restricted endowment ►								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse organization by:	-	zation tha	t are held	and admin	istered fo	r the		Yes No
	(i) unrelated organizations		• • •	•••	• • •			3a(i)	
b	(ii) related organizations			dule R?				3a(ii) 3b	
4	Describe in Part XIII the intended uses of the	e organization's end	dowment	funds.				L	-I
Pa	rt VI Land, Buildings, and Equipme								
	Complete if the organization ans						<u> </u>		
	Description of property (a) Cost or ot (investm		ost or other	basis (othe	r) (c) Acc	cumulated (	depreciation	( <b>a)</b> B	ook value
1a	Land	1							
b	Buildings								
	Leasehold improvements								
	Equipment			21,3	59		21,359		0
	Other			100,0	00		100,000		0

 
 e Other
 100,000

 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)
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Schedule D (Form 990) 2019				Page <b>3</b>
Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, I	Part IV, li	ne 11t	).See Form 990, I	Part X, line 12.
(a) Description of security or category (including name of security)	<b>(b)</b> Book value		(c) Method	d of valuation: -year market value
(1) Financial derivatives		-		
(A)		1		
(B)				
(C)	ļ!	<b> </b>		
(D) (E)	ļ!	<b> </b>		
(E) (F)	<u> </u> '	<u> </u>		
(r) (G)	<u> </u> '	<u> </u>		
(H)		<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ine 11c	. See Form 990,	Part X, line 13.
(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(6)				
(7) (8)		]		
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•		1
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	'art IV, lir		. See Form 990, Par	
(a) Description (1)RELATED PARTY LOAN RECEIVABLE				(b) Book value 325,169
(2)INVESTMENT IN VOTER GRAVITY (3)				-237,401
(4)				
(5)				
(6)				
(7) (8)				ļ
(8) (9)				
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				87,768
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art IV, lir	 ne 11e	or 11f.See Form	990, Part X, line 25.
1.     (a) Description of liability       (1) Federal income taxes				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tetel (Column (b) must equal Form 000, Part V, col (P) line 25.)				11.200
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	11,290

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

	Schedule	D (Form	990)	2019
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Schee	lule D (Form 990) 2019			Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		eturn	
-	Complete if the organization answered 'Yes' on Form 990, Part		<b>_</b>	F
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$ :			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		<b>4</b> c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Par	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part		Retur	n.
1	Total expenses and losses per audited financial statements	•	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🔒 .	4a		
b	Other (Describe in Part XIII.)	4b	1	
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.		5	
Pa	t XIII Supplemental Information		-	1

Provide 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; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)							
Return Reference	Explanation						

#### Schedule D (Form 990) 2019

## **Additional Data**

Software ID: Software Version: EIN: 26-3594713 Name: AMERICAN MAJORITY ACTION INC

#### Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMEN T TO EVALUATE TAX POSITIONS TAKEN BY THE COMPANIES AND RECOGNIZE A TAX LIABILITY IF THE CO MPANIES HAVE TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COMPANIES, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2019 A ND 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATE MENTS. THE COMPANIES ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. NO PENALTIES OR INTEREST WERE IN CURRED DURING THE YEAR ENDED DECEMBER 31, 2019.

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -		DLN: 93	49331	15027	/840
	nedule J	Compensation Information	on	С	MB No.	1545-	0047
	n 990)	For certain Officers, Directors, Trustees, Key Employ Compensated Employees ▶ Complete if the organization answered "Yes" on Form ▶ Attach to Form 990.		2019			
-	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/Form990</u> for instructions and the	atest inform	nation.	Open i Inst	ectio	
Nar	ne of the organiza			Employer identifica			
AME	RICAN MAJORITY A	CTION INC		26-3594713			
Pa	rt I Questi	ons Regarding Compensation					
						Yes	No
1a		opiate box(es) if the organization provided any of the following to or for ection A, line 1a. Complete Part III to provide any relevant information					
	First-class	s or charter travel	residence for	personal use			
	_	companions 🗌 Payments for busines:	•				
	_	nification and gross-up payments Health or social club c					
		hary spending account L Personal services (e.g	I., maid, chauf	feur, chef)			
b		xes on Line 1a are checked, did the organization follow a written policy or provision of all of the expenses described above? If "No," complete P			<b>1</b> b		
2		ation require substantiation prior to reimbursing or allowing expenses in		- 1-2	2		
	directors, truste	es, officers, including the CEO/Executive Director, regarding the items of	checked on Lin	elar			
3		if any, of the following the filing organization used to establish the com		ne			
		EO/Executive Director. Check all that apply. Do not check any boxes for ed organization to establish compensation of the CEO/Executive Director		n Part III.			
	, 						
		ation committee L Written employment of written employment of Compensation survey					
		ent compensation consultant of other organizations	•	tion committee			
				don committee			
4	During the year related organiza	, did any person listed on Form 990, Part VII, Section A, line 1a, with re tion:	espect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-control payment?			4a		No
b	Participate in, o	r receive payment from, a supplemental nonqualified retirement plan? .			4b		No
С		r receive payment from, an equity-based compensation arrangement? .			<b>4</b> c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for eac	ch item in Part	. 111.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organizations must complete lines	5-9.				
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or					
	compensation c	ontingent on the revenues of:					
а		n?			5a		No
b		anization?			5b		No
	-	5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or ontingent on the net earnings of:	r accrue any				
а	-	n?			<b>6</b> a		No
b		anization?			<b>6</b> b		No
_	-	6a or 6b, describe in Part III.					
7	payments not d	ed on Form 990, Part VII, Section A, line 1a, did the organization provid escribed in lines 5 and 6? If "Yes," describe in Part III .	· · ·		7		No
8		nts reported on Form 990, Part VII, paid or accured pursuant to a contr nitial contract exception described in Regulations section 53.4958-4(a)(3		escribe			
					8		No
9	If "Yes" on line :	8, did the organization also follow the rebuttable presumption procedure	e described in	Regulations section	<b>—</b>		<u> </u>
-					9		
Forl	Janamuark Dadu	uction Act Notice, see the Instructions for Form 990	Cat No. 5	00F2T Cabadula	1 / Earm	- 000)	2010

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

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 are not listed on Form 990, Part VII.

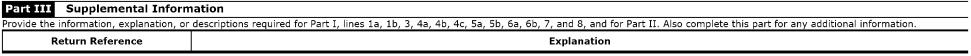
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Hotel the sum of column		(i) ior each listed in	alviadal mast equal the te		rate vii, beedon vi, line			e marviadai.	
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of columns (B)(i)-(D)	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive (iii) Other compensation reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1 NATHANIEL RYUN CEO	(i)		0	0	2,708	8,776	84,576	0	
	(ii)	110,658	0	0	3,669	11,284	125,611	0	
	+								
	+								
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Schedule J (Form 990) 2019









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SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	on to Form 990 or 990-EZ responses to specific questions on ide any additional information. n 990 or 990-EZ. 20 for the latest information.		OMB No. 1545-0047 2019 Open to Public Inspection		
Namel Betherofgamization AMERICAN MAJORITY ACTION	er identific 713	ation number			

Return Reference	Explanation
FORM 990,	AMERICAN MAJORITY ACTION, INC. BOARD MEMBERS NATHANIEL RYUN, PETER SAMUELSON, AND PAUL BON
PART VI,	ICELLI HAVE A BUSINESS RELATIONSHIP THROUGH EACH'S CAPACITY AS A DIRECTOR OR OFFICER OF A
SECTION A,	RELATED ORGANIZATION. ADDITIONALLY, AS DISCLOSED ON PART VII, NATHANIEL RYUN SERVES AS THE
LINE 2	CEO OF AN ORGANIZATION RELATED TO AMERICAN MAJORITY ACTION, INC.

Return Reference	Explanation					
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 WILL BE SENT TO THE ORGANIZATION'S BOARD FOR REVIEW BEFORE SUBMISSION.					

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD ANNUALLY REVIEWS POSSIBLE CONFLICTS AND THE CONFLICT OF INTEREST POLICY.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE PRESIDENT IS SET BY THE BOARD USING COMPARABLE DATA FOR NON-PROFIT ORG ANIZATIONS DRAWN FROM PUBLIC INTEREST SOURCES. THE PRESIDENT MAY REQUEST INCREASES IN PAY RATE BUT IS NOT A PARTICIPANT OR PRESENT DURING THE PORTIONS OF MEETINGS USED TO CONSIDER HIS PAY RATE. COMPENSATION FOR OTHER EMPLOYEES IS SET BY THE PRESIDENT USING DATA AND UNDE RSTANDING THEY HAVE ACQUIRED OF LOCAL CONDITIONS AND PAY RATES. THE BOARD OF DIRECTORS REV IEWS AND APPROVES THESE RECOMMENDATIONS WHERE APPROPRIATE. COMPENSATION OF PERSONS WITH FA MILY RELATIONSHIPS TO BOARD MEMBERS ARE SET IN A MANNER SIMILAR TO THE PRESIDENT'S COMPENS ATION.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS STATMENTS ARE AVAILABLE UPON REQUEST.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 46,346. MANAGEMENT AND GENERAL EXPENSES 45,236. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 91,582.

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NON-CONTROLLING INTEREST SHARE OF INCOME 3,347. DIFFERENCE IN TAX VS BOOK GAIN IN INVESTME NT IN AM ACTION, LLC 18,039. INTEREST INCOME NOT RECEIVED FROM RELATED PARTY 21,273.

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT IS DELEGATED TO THE CHIEF FINANCIAL OFFICER. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE APPROVAL OF THE INDEPENDENT ACCOUNTING FIRM SELECTED TO PERFORM THE A UDIT. THE BOARD OF DIRECTORS WILL REVIEW THE FINAL AUDITED FINANCIAL STATEMENTS AND RELATE D MANAGEMENT LETTER. THIS PROCESS HAS NOT CHANGED SINCE FILING OF THE PRIOR YEAR 990.

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SCHEDULE R	rganizations	anizations and Unrelated Partnerships											
(Form 990)	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36,</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>							7010					
Department of the Treasury Internal Revenue Service		· · · · · · · · · · · · · · · · · · ·							ection				
Name of the organization AMERICAN MAJORITY ACTION INC							Employer identification number						
							26-3594713						
Part I Identification	n of Disregarded E	ntities. Complete if	the organization ans	swered	"Yes" on Form	990, Part IV, line	33.						
Name, address, and EI	<b>(a)</b> N (if applicable) of disrega	arded entity	(b) Primary activit	ÿ	<b>(c)</b> Legal domicile (sta or foreign country		(e) (f) End-of-year assets Direct contr entity		lling				
(1) AM ACTION LLC PO BOX 309 PURCELLVILLE, VA 20134 80-8066063			HOLDING COMPANY		VA	27	87,926	AMERICAN MAJORITY ACTIO	ON INC				
										-			
										-			
								-		-			
	npt organizations d		s. Complete if the o	rganiza	tion answered	"Yes" on Form 990	), Part IV, line 34	because it had one or	r more				
(a) Name, address, and EIN of related organization		on	Primary activity		al domicile (state foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	s Direct controlling	Section 512( (13) controll entity? Yes No				
(1)AMERICAN MAJORITY INC PO BOX 87			NON-PROFIT POLITICAL TRAINING INSTITUTE		VA	501(C)(3)	LINE 7	N/A		No			
PURCELLVILLE, VA 20134 26-1501154													
For Paperwork Reduction Ac	t Notice, see the In	structions for Form 9	90.		Cat. No. 50135	 5Y		Schedule R (Form	990) 20	)19			

														rage Z
Part III Identification of Related Organiza one or more related organizations treated				ete if the	organizatior	n answe	ered "Ye	s" on Form	n 990,	Part I	V, line 34,	beca	use it	had
(a) Name, address, and EIN of related organization		Primary Legal E activity domicile cor		<b>(d)</b> Direct controllin entity	Direct Predomin ntrolling income(rel entity unrelate excluded tax und sections !		<b>(f)</b> Share of tal income	<b>(g)</b> Share of end-of-year assets	are of Disproprtional -of-year allocations?				ral or Percentage aging ownership	
					514)	'			Yes	No		Yes	No	
Part IV Identification of Related Organiza							tion ans <sup>,</sup>	wered "Yes	s" on F	orm 9	90, Part IV	, line	34	
because it had one or more related or		-			(d)	ar. (e)		(6)		(				(1)
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	L do	(c) .egal micile or foreign		rect controlling entity		entity S S corp,	(f) Share of total income	Share	( <b>g)</b> of end- year issets	of- Perce	<b>1)</b> ntage rship	Se (13	(i) ction 512(b 3) controlle entity?
		COL	untry)											'es No
(1)VOTER GRAVITY INC PO BOX 1132 PURCELLVILLE, VA 20134 46-1971645	SOFTWARE DEVELOPMENT	,	VA	MA	ERICAN JORITY TION INC	С		18,039		270,3	82 84.35	0%	Y	es
(2)COMPLIANT ENGAGEMENT SYSTEMS LTD 160 CITY ROAD LONDON EC1V 2NX UK	VOTER DATA MANAGEMENT SOFTWARE		UK	VO IN(	TER GRAVITY	С					84.35	0%	Y	es

Page	3
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				-
Par	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
с	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d	Yes	
е	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
ο	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
	Other transfer of cash or property from related organization(s)	1s		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			<u> </u>
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining and	ounti	nyolyec	

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved				
(1)VOTER GRAVITY INC	D	325,169	FAIR MARKET VALUE				

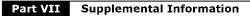
## Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section total 501(c)(3) income		(f) (g) Share of Share of total end-of-year income assets		allocations? amount in bo: 20 of Schedule K-1		of Schedule	(j) General managin partner	or Ig ?	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn		1) 2019







#### Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation