# EXTENDED TO NOVEMBER 15, 2021

Form **990** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.lrs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	roi ui	2020 calendar year, or tax year beginning	and ending		
В	Check if applicab	C Name of organization		D Employer Identifi	cation number
	Aridro				
	Name	Doing business as		26-15011	54
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	j.
	Final	DO 20V 97		540-338-	
	return termir bela		****	G Gross receipts 5	2,369,517.
	Amen				<del>ndan jedna je o odijena ve obio je do d</del>
	return	FORCEDITATION, AN SOLIA	<u> </u>	H(a) is this a group re	. businessed businessed .
_	Applik tion pendi			for subordinates	
سندر	· ·	SAME AS C ABOVE	· · · · · · · · · · · · · · · · · · ·	H(b) Are all subordinates to	
1	Tax-ex		)(1) or 527		list. See instructions
J	Websi	e: WWW.AMERICANMAJORITY.ORG		H(c) Group exemptio	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2008 N	A State of legal domicile: VA
P	art I	Summary			
سمندها . راده	1	Briefly describe the organization's mission or most significant activities: ${f T}{f O}$	CREATE	A NATIONAL	POLITICAL
Activities & Governance	· .	TRAINING INSTITUTE DEDICATED TO CULTIV	ATING PO	LITICAL LEA	DERS.
- 2		Check this box > if the organization discontinued its operations or di			
Ş				3	3
යි		Number of independent voting members of the governing body (Part VI, line			3
98		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			13
ij.	10				5
š	0	Total number of volunteers (estimate if necessary)		100,000,000,000,000,000,000	0.
Ş		Total unrelated business revenue from Part VIII, column (C), line 12			<u>.</u>
	<u>  b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			the same of the sa
	1		<u> </u>	Prior Year	Current Year
2	. 8	Contributions and grants (Part VIII, line 1h)		1,688,930.	2,307,784.
품	9	Program service revenue (Part VIII), line 2g)		19,440.	6,806.
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		508,	611.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,771.	54,316.
	12	Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 1	2)	1,724,649.	2,369,517.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	200.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
100		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5		615,195.	556,790.
Expenses				755,911.	1,530,044.
ě	'V&	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,609	924		
盗				354,190.	311.310.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,725,296.	2,398,344.
		Total expenses. Add fines 13-17 (must equal Part IX, column (A), fine 25)	1495.455188889 <b>[</b>	-647.	-28,827.
		Revenue less expenses. Subtract line 18 from line 12			
Sor	<b>1</b>	n ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	· · · · ·	ginning of Current Year.	End of Year
Sets	20	Total assets (Part X, line 16)		266,864.	309,847.
¥ 0		Total llabilities (Part X, line 26)		139,932.	211,742.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	., , , , , , , , , , , , , , , , , , ,	126,932.	98,105.
		Signature Block			
Und	ler pena	ities of perjury, I declare that I have examined this return, including accompanying sche	dules and statem	ients, and to the best of m	y knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information	of which prepare	r has any knowledge.	
				1 11/	12/2/
Sig	jn .	Signature of officer		Date	200 100 100
He		NED C. RYUN, CEO			<u> </u>
		Type or print name and the			
		Print/Type preparer's name: Preparer's signature		Date Check	PHW
Pal	ď		BELCHERI	1/12/21 self-employ	ed P01227829
	parer	Firm's name SPONSEL CPA GROUP, LLC	<u> </u>		27-0851983
	Only	Firm's address 251 N. ILLINOIS ST. STE 450			
	~ ~	INDIANAPOLIS, IN 46204		Phone nn (3	17) 608-6699
-		35 discuss this return with the preparer shown above? See instructions		Lysione next o	X Yes No

Form	1 990 (2020) AMERICAN MAJORITY INC.	26-1501154	Page 2
Pa	nt IIII Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:  AMERICAN MAJORITY, INC.'S PURPOSE IS TO CREATE A NATIONAL	τ. <b>Ρ</b> ΟΤ.ΤͲΤ <b>ሮ</b> δ	т.
	TRAINING INSTITUTE DEDICATED TO RECRUITING, IDENTIFYING,	TRAINING	AND
	MENTORING POTENTIAL POLITICAL LEADERS. (CONTINUED ON SCH		11112
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s 🗓 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s X No
	if "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses	s, and
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 544,128 · including grants of \$ 200 · ) (Revenue)	6	,806.)
48	THE ORGANIZATION CONDUCTED TRAINING FOR 3,998 PARTICIPAN		
41-	(Code:) (Expenses \$	. ¢	<u> </u>
4b	(Code:) (Expenses 5) (notiding grants to 5) (notiding grants to 5)	<b>4</b>	
		<del></del>	
			<del></del>
			<del></del>
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue		
4c	(Code:) (Expenses \$) (Revenue	·	
		·	
		<del></del>	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 544,128.		
<u>4e</u>	Total program service expenses ► 544,128.	Form	n <b>990</b> (2020)

Form 990 (2020) AMERICAN MAJ
| Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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		х
4	public office? It "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	amounts not listed in Part X; or provide credit couriseling, debt management, credit repair, or debt negotiation services:  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	45%	(整)	类的
	as applicable.			2
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		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		1
ď	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	11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11 <u>f</u>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a_		
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<del></del>	<del>-</del>	
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	l	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	ļ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
	complete Schedule G, Part III	19 20a	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		╁╧
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Section 2 and and an experience of the section of t	_	000	(2020)

Par	Checklist of Required Schedules (continued)			
		$oldsymbol{\square}$	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		. 1	
		24a	l	X
	Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	$\neg$	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	امرا	. 1	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	<u> </u>
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? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
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		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27_		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		<b>以於唐</b>	
28	Was the organization a party to a business transaction with one of the billowing parties (see Senetario 1).			
	instructions, for applicable filing thresholds, conditions, and exceptions):	XXXXXXXX	تعقيد وغمامرة	Comments
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		X
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	202	_	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		х
	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25	<del> </del>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32	1	
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	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	١.,	
	Part V. line 1	34	X	<u></u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
00	If "Yes," complete Schedule R, Part V, line 2	36	Ш.	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	_
38	Note: All Form 990 filers are required to complete Schedule O	38	X	<u>L.</u>
Da	Note: All Form 990 files are required to complete 3credule 0			
P.C.	Check if Schedule O contains a response or note to any line in this Part V			
	Onech il Genedule O contains a response of note to any line in this rate v	,	Yes	No
	Takes the grambour connected in Box 3 of Form 1096. Enter the if not applicable	4		<b>学数</b> 第
1a	Enter the number reported in Box 3 of Form 1030. Enter 3 in Not approached	ol 🏋		
t	1 Enter the number of Porms W-2G included in line 12. Litter of it not applicable			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	BFAKER 1C	ro arkitini	ic new 113 PARTIE
_	(gambling) winnings to prize winners?		m 990	(2020)
0000	04 12-23-20	. •••		,/

			•		Yes	No			
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>2</b> a	13	1013000	Made	A CONTRACT			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	not have many			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a 3b		<u> </u>			
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O								
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 a	ccou	nt)?	4a	DECEMBE	X			
b	If "Yes," enter the name of the foreign country		(EDAD)	167					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a 5b		X			
	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 th								
Va	any contributions that were not tax deductible as charitable contributions?			6a		Х			
h	If "Yes," did the organization include with every solicitation an express statement that such contribution								
	were not tax deductible?			6ь					
7	Organizations that may receive deductible contributions under section 170(c).					200			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices ;	provided to the payor?	7a		X			
b	· · · · · · · · · · · · · · · · · · ·			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	juired	1 1					
	to file Form 8282?			7c	and the Paris	X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f	N/				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8	899 as required?	7g	N/				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation i	ne a Form 1098-C?	7h		720K			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by tr	N/A	8		Zień Iński			
^	sponsoring organization have excess business holdings at any time during the year?			12 M. W.	海流	(Terrett			
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a	SPERME	PARTICIPATE PARTICIPATE			
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:			<b>网络</b> 次	凝凝	370			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			100	传播			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				2.5			
11	Section 501(c)(12) organizations. Enter:					<b>3</b>			
а	Gross income from members or shareholders N/A	11a		489					
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 !	?	12a	ZZ Wak	Eurisean.			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	120	N. S. W. W.	\$36 300V			
а	Is the organization licensed to issue qualified health plans in more than one state?	• • • • • • • • • • • • • • • • • • • •		13a	022.465	this can			
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			學為				
_	organization is licensed to issue qualified health plans	130	1	188	33				
1/10	and the second s			14a	·12:302	Х			
14a b	the state of the s			14b		İ			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratio			<u> </u>	ĺ			
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.				N. S.	<b>建筑</b>			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	ome?	16		X			
	If "Yes," complete Form 4720, Schedule O.			44		爱 旅			
				Earn	, գգր	יחפחפו			

Form 990 (2020) AMERICAN MAJORITY INC. 26-1501154 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule O.			
ь	Enter the number of voting members included on line 1a, above, who are independent	A A	23	100
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	69.5	110	
_	officer, director, trustee, or key employee?	2		X
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization make any significant changes to its governing documents since the prior remises that make any significant changes to its governing documents since the prior remises that make any significant changes to its governing documents since the prior remises that make any significant changes to its governing documents since the prior remises that make any significant changes to its governing documents since the prior remises that make any significant changes to its government of the prior remises the prior remises that make any significant changes to its government of the prior remises the prior remains t	5		Х
5		6		X
6	Did the organization have members or stockholders?	<del>-</del>		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		Х
	more members of the governing body?	<del>'"</del>	-	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 <sub>b</sub>		х
	persons other than the governing body?		1881000	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٠,,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	- not a total of the state of the state of the state of the second of the state of		激激	
12a	The state of the s	12a	X	
b	with the state of the same terms and the same terms are stated to displace applicable interests that could give rise to conflicts?	12b	X	_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by independent	<b>30</b> 3	28.18	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			8.80
		15a	X	15972815-06
	The organization's CEO, Executive Director, or top management official	15b		
þ	Other officers or key employees of the organization		(A) 49	他被
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	OBANA	X
	taxable entity during the year?	CONTRACT.	A PARTY	and b
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		图图
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466	DESCRIPTION OF THE PARTY OF THE	15600034
	exempt status with respect to such arrangements?	16b	<u> </u>	1
Sec	tion C. Disclosure	T ('7	шт	TE
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, F	(O)	, 111	in blo
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	s oni	/) ava	liable
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KELLY AMORIN, CFO - (540) 338-1251			
	PO BOX 87, PURCELLVILLE, VA 20134	_		
0320	OB 12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	For	n 990	(2020
	n n			

### AMERICAN MAJORITY INC.

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

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

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

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

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

Check this box if neither the organization n	(B)	orga 	ıı IIZ	(C		uhai	اعدا	(D)	(E)	(F)
Name and title	Average			Posi	tion			Reportable	Reportable	Estimated
ranio and the	hours per	pox,	not c unle	neck i 38 pei	more son i	than	one han	compensation	compensation	amount of
	week	offic	er an	dadi	recto	r/trus	tee)	from	from related	other
	(list any	rector				l		the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	ordi	aa			sated		organization (W-2/1099-MISC)	(44-2/1099-141120)	organization
	organizations	ndividual trustee or director	nstitutional trustee		<b>2</b>	Highest compensated employee		(14-2) (099-141100)		and related
	below	duait	rtiona		Key employee	3 as 6	늅			organizations
	line)	Indivi	igs '	Otticer	Keye	Emple	된			
(1) NATHANIEL RYUN	27.00									
CEO	28.00	Х		Х			ŀ	80,82 <u>1</u> .	111,313.	26,908
(2) PETER SAMUELSON	2.00							"		
CHAIRMAN, TREASURER, SECRE	1.00	Х						0.	0.	0
(3) PAUL BONICELLI	2.00		Г				l		_	
DIRECTOR	1.00	Х	L.					0.	0.	0
(4) KELLY AMORIN	23.00									
CFO	14.00	X	<u> </u>	X		乚		90,975.	8,133.	25,347
(5) MATTHEW BATZEL	15.00				1					
NATIONAL EXECUTIVE DIRECTO	25.00		L	Х			L	43,950.	73,950.	26,764
(6) LONNY LEITNER	24.00			1						١ ,
CHIEF OF STAFF	16.00		匚	Х	_			64,313.	43,838.	0
		]								!
	<u> </u>		L				_			ļ <del></del>
		oxdot			<u> </u>	╙	<u> </u>		<u> </u>	
		ļ								
		_	ļ		_	<u> </u>	<u> </u>			
		4					1			
		<u> </u>	┡	_	_	-	$\vdash$			<del></del> -
		4	1							
	-	₩	├—			▙	ļ		<u> </u>	
		-		ļ	ĺ					
<u> </u>	<u> </u>	-	┝	├	⊢		-			
		┨				l				
	<del>                                     </del>	+-	⊢	-	┡	╁╌	╁		<del></del>	
		┨				1				
	<del>                                     </del>	$\vdash$	⊢	-	╁	╁	$\vdash$	<del> </del>	<del>                                     </del>	<del>                                     </del>
		┨								
	<del> </del>	╁	$\vdash$	$\vdash$	┼─	$\vdash$	+			
	-	1	1			1				
	<b></b>	+	┼-	╁╾	╁	+	+	<del> </del>	<del>                                     </del>	<del>                                     </del>

Form **990** (2020)

Part VII Section A. Officers, Directors, Trus	stees, Key Em (B)	ploy	ees		<u>d Hi</u> C)	gne	st C			(E)
(A) Name and title	Average			Pos	ition			(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
ranio and the	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week (list any	-	cer an	o a d	recto	r/trus	(66)	from	from related organizations	other
	hours for	Individual trustee or director				20		the organization	(W-2/1099-MISC)	compensation from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	, "	organization
	organizations below	屋屋	onal		ployee	icamp ge				and related organizations
	line)	Individ	Institutional trustee	Officer	Key employee	Highest compensate employee	Former			Organizations
		Ī	Ī	Ī	_					
						_				_
		1								
		-	┝		_	-				
•		1								1
								**		
			$\vdash$			┞	<u> </u>			1
		_								<u> </u>
	1	┢┈	┢	-	┝	$\vdash$				<del>                                     </del>
-										
4h Catalal		_			L	]		280,059.	237,234	79,019
1b Subtotal  c Total from continuation sheets to Part V								0.	0	. 0.
d Total (add lines 1b and 1c)							<u> </u>	280,059.		79,019.
2 Total number of individuals (including but	not limited to th	hose	liste	ed a	bov	e) wi	no r	received more than \$100	0,000 of reportable	0
compensation from the organization	·			-			_	<del></del>		Yes No
3 Did the organization list any former officer	, director, trust	tee,	key	emp	loye	e, o	r hig	ghest compensated emp	oloyee on	
line 1a? If "Yes," complete Schedule J for	such individual	١				<b></b> .				. <b>3 X</b>
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportat	ole c	omp	ens.	atio:	n and edul	d ot	ther compensation from	the organization	4 X
and related organizations greater than \$10 5 Did any person listed on line 1a receive or	accrue compe	, cc insa	tion	fron	anı 1	y uni	relai	ted organization or indiv	idual for services	
rendered to the organization? If "Yes," con										~~
Section B. Independent Contractors			<del></del>						0100 000 of same	a action from
Complete this table for your five highest c the organization. Report compensation for										risation iroin
(A)		,	5, IU	<u>.</u>		<u>-: ''</u>		(B)		(C)
Name and busines		مالا	T) .	י אר יך	77			Description of s	services	Compensation
HSP DIRECT, 20130 LAKEVI STE 300, ASHBURN, VA 201		ĽК	٢.	⊔А	ΔA	′		FUNDRAISING	1	1,524,443
JIL JOO, ADIDOIGN, VA ZOI	<u> - :</u>								<del></del>	
				-						
										_
2 Total number of independent contractors	(including but	not l	imite	ed to	the	ose l	iste	d above) who received r	more than	VA 98 / 10 19 / 20 N/20 B
\$100,000 of compensation from the organ						1				- 000
										Form <b>990</b> (2020)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Gifts, Grants nilar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 2,307,784. g Noncash contributions included in lines 1a-1f 2,307,784 h Total. Add lines 1a-1f **Business Code** 6,806. 2 a TRAINING AND WEBINAR F 611430 6,806 Program Service Revenue f All other program service revenue ..... 6,806. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 611. 611. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 11.029 6 a Gross rents Ο. b Less: rental expenses ... c Rental income or (loss) 11.029 11,029 d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis Other Revenue and sales expenses |7c c Gain or (loss) ..... d Net gain or (loss) ...... 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ..... |9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ..... b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE 900099 43,287. d All other revenue 43,287. Total. Add lines 11a-11d 54,927. 369,517. 6,806. Total revenue. See instructions

032009 12-23-20

AME 05\_\_1

# Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
Check if Schedule O contains a respon				(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) 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	200.	200.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign	***		articological control	
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16			The second of the second of the second	
4 Benefits paid to or for members				ON BOTTON OF THE STATE OF THE S
5 Compensation of current officers, directors, trustees, and key employees	327,850.	218,981.	85,602.	23,267
6 Compensation not included above to disqualified	<del>`</del>			
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	152 006	88,149.	50,353.	14,494
7 Other salaries and wages	152,996.	00,143.	30,333.	24,474
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		4.1		<u> </u>
9 Other employee benefits	42,803.		13,072.	2,533 3,131
10 Payroll taxes	33,141.	19,083	10,927.	3,131
11 Fees for services (nonemployees):	.,			
a Management	2.746	2,186.	540.	20
<b>b</b> Legal	2,746.		3,736.	140
c Accounting	19,001.	15,125.	3,730.	140
d Lobbying		เพาะเกษาสมาชาว (การ์เรียก ซึ่งการสมาชาก (สมาชาวสาร์เกียก	-(Vanasaruses) er Masil annotatannak	1,530,044
e Professional fundraising services. See Part IV, line 17	1,530,044.			1,330,044
f Investment management fees	<del></del>	***	<u> </u>	
g Other. (If line 11g amount exceeds 10% of line 25,	CE 040	C2 751	2 110	79
column (A) amount, list line 11g expenses on Sch 0.)	65,949. 549.		2,119.	
12 Advertising and promotion			<del></del>	17,193
13 Office expenses	28,421.		25,908.	11,150
14 Information technology	41,040.	13,134.	23,300.	
15 Royalties	46,648.	26,494.	20,154.	· <del>· ·</del>
16 Occupancy			2,200.	843
17 Travel	15,451.	12,400.	2,2001	010
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	16,007.	3,175.	4,273.	8,559
19 Conferences, conventions, and meetings 20 Interest	10,007	3,173.	1,2,3	
21 Payments to affiliates				<del></del>
22 Depreciation, depletion, and amortization	200.		200.	
23 Insurance	8,395.	6,296.	2,099.	orani dada masa ya masa ka masa
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule 0.)	<b>斯华斯學斯多斯</b> 德斯		175 4 175 6 175 6 175 175 175 175 175 175 175 175 175 175	AND THE PROPERTY OF THE PARTY O
a LICENSES AND SUBSCRIPTI	45,380.	31,188	4,571.	9,62
b TRAINING	9,208.		1 005	
c BANK AND CREDIT CARD FE	4,901.			
d MISCELLANEOUS	3,567.		3,567.	
e All other expenses	3,847.			1 600 00
25 Total functional expenses. Add lines 1 through 24e	2,398,344.	544,128	244,292.	1,609,92
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)		<u></u>		
032010 12-23-20	-			Form <b>990</b> (20

1.1.	17.0	Balance Sheet  Check if Schedule O contains a response or note to any line in this Part X			
		Check if Schedule O contains a response of note to any line in this Part A	(A) Beginning of year		(B) End of year
7	1	Cash - non-interest-bearing	228,638.	1	199,221.
1	2	Savings and temporary cash investments	1 2 062	2	3,062.
	3	Pledges and grants receivable, net	1	3	
	4	Accounts receivable, net		4	342.
	5	Loans and other receivables from any current or former officer, director,	er, every early out	额在	No electrony and design
ļ	_	trustee, key employee, creator or founder, substantial contributor, or 35%		200	
l		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		巡流	
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	1 7/6/7	7	87,378
	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	1 16 702	9	16,314
		Land, buildings, and equipment: cost or other			
ļ		basis Complete Part VI of Schedule D 10a 21,874			
	ь	Less: accumulated depreciation 10b 21,874	200.	10c	0.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	- 2 - 2 - 2
	15	Other assets. See Part IV, line 11	3,530.		3,530
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u> 266,864.</u>		309,847
	17	Accounts payable and accrued expenses		17	103,142
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u></u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	THE STREET STREET, STR	21	
Q	22	Loans and other 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		22	<del>-</del>
ī	23	Secured mortgages and notes payable to unrelated third parties		23	108,600
	24	Unsecured notes and loans payable to unrelated third parties	·	24	100,000
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24). Complete Part X		Ì	
		of Schedule D	139,932	25	211,742
	26	Total liabilities. Add lines 17 through 25	133,334	26	211,720
·n	[	Organizations that follow FASB ASC 958, check here			
<u> </u>		and complete lines 27, 28, 32, and 33.	-394,831	2 2 2 2	-378,545
70	27	Net assets without donor restrictions	521,763		ADC CEO
ă	28	Net assets with donor restrictions	321,703	28	
Š		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.		29	
23	29	Capital stock or trust principal, or current funds		30	<del></del>
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1 176 437		00 00
ž	32	Total net assets or fund balances	266 264		222 245
	33_	Total liabilities and net assets/fund balances		- 1 33	Form <b>990</b> (202

Form	990 (2020) AMERICAN MAJORITY INC.	<b>∠</b> 0-150.	1,104	Pag	e 12
Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,369		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,398		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,82	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	126	5,9:	<u>32.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				^ -
	column (B))	10	98	3,10	05.
Pai	TXII Financial Statements and Reporting				77
	Check if Schedule O contains a response or note to any line in this Part XII			*****	
			986988 <i>8</i> 07 (	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			Zag.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	SASSESSEE -	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1000	100	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2221/2	X	
b	Were the organization's financial statements audited by an independent accountant?		2b	A (1888)	15833644
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		100	<b>***</b>
	consolidated basis, or both:				
	X Separate basis	.**1		连接	ESEED!
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	2c	х	
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.		lak basah	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		1 1		х
	Act and OMB Circular A-133?		3a		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iiiea audit	3b	1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			990	(2020)
			LOUIT	730	2020)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020

Open to Public Inspection

Name of the organization Employer identification number 26-1501154 AMERICAN MAJORITY INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type 1. 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) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (vi) Amount of other (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes aboye (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 AMERICAN MAJORITY INC. 26-15011

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

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1,021,043.	1,156,992.	560,426.	1,688,930.	2,307,784.	6,735,175.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total, Add lines 1 through 3	1,021,043.	1,156,992.	560,426.	1,688,930.	2,307,784.	6,735,175.		
	The portion of total contributions	ez itak itelakka		K. 3. 48 3.918 4.518 4.2	1/2/8/27/4/17	R FERSON STATE			
•	by each person (other than a				all regions are said				
	governmental unit or publicly								
	supported organization) included	\$2. \$4.2 \$4.72 \$4.72			Problem in the	[PARTE   1997]			
	on line 1 that exceeds 2% of the								
	amount shown on line 11,		and entitle the and			a to the second			
	column (f)						2,267,725.		
•	Public support, Subtract line 5 from line 4.		67694741074107	N.2 489 243 250 264 27	BOTO MATERIAL PROPERTY		4,467,450.		
	tion B. Total Support	(13/20/2013/2013/2013/2013/2013/2013/2013	Harris Market Accounts of	Sentimental structures assessed (2.1)	na literacy differential transcription	Programme Zelateznicz, liec (bec 24)			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	1,021,043.	1,156,992.	560,426.	1,688,930.	2,307,784.	6,735,175.		
	Gross income from interest,		, ,	•	, .				
Ü	dividends, payments received on								
	securities loans, rents, royalties,				i				
	and income from similar sources	23,969.	23,876.	16,279.	11,743.	11,640.	87,507.		
_	Net income from unrelated business	20,700			,				
9						ļ			
	activities, whether or not the								
40	business is regularly carried on					<del>                                     </del>			
10	Other income. Do not include gain								
	or loss from the sale of capital			743.	4,536.	43,287.	48,566.		
	assets (Explain in Part VI.)	S-LC0089-L0008-L0008-L0	ETAREN CONTOUNTA	INCONSTRUCTOR	4,550	37.20 / S	6,871,248.		
			Compression and Course (Account form)	in the filter of the body in the first of	ervan er en skrivet van de we	AR TO CONTROL OF THE	108,457.		
	Gross receipts from related activities			for the confidence		[ 12 ]	100,1071		
13	First 5 years. If the Form 990 is for the					50 I (C)(3)			
<u></u>	organization, check this box and stop								
	ction C. Computation of Publ					14	65.02 %		
	Public support percentage for 2020 (					15	55.28 %		
	Public support percentage from 2019						<del></del>		
16a	33 1/3% support test - 2020. If the	_					. V		
	stop here. The organization qualifies					······································			
b	33 1/3% support test - 2019. If the								
	and stop here. The organization qua								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fac		-	-	•		. [1		
	meets the facts and circumstances to	_			-				
b	10% -facts-and-circumstances tes						IU% Of		
	more, and if the organization meets t						, <u> </u>		
	organization meets the facts and circ								
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17		and see instructions			

# Schedule A (Form 990 or 990-EZ) 2020 AMERICAN MAJORITY INC. 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

Sec	ction A. Public Support	now, piease com	piete Fatt II.)						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2	2020	(f) Total	
	Gifts, grants, contributions, and	1-1-010	\_,	1	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	1 \-/-		1-1	
•	membership fees received. (Do not					1			
	include any "unusual grants.")								
2	Gross receipts from admissions,			<del>-</del>	1	<b>†</b>			
~	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose						1		
	Gross receipts from activities that		<del> </del>	<del>                                     </del>		<del> </del>			_
ડ							İ		
	are not an unrelated trade or bus-								
_	iness under section 513			+	<del>                                     </del>	<del> </del>		<del></del>	
4	Tax revenues levied for the organ-					1			
	ization's benefit and either paid to				1				
	or expended on its behalf		<del> </del>	<del>                                     </del>	<del> </del>	+			
5	The value of services or facilities		1						
	furnished by a governmental unit to						ļ		
	the organization without charge				<del> </del>				
-	Total. Add lines 1 through 5		ļ	<u> </u>	<del> </del>	-			
72	Amounts included on lines 1, 2, and			1					
	3 received from disqualified persons		.	<b> </b>	1	<u> </u>			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the		1				İ		
	amount on line 13 for the year	<del> </del>				ļ			
•	Add lines 7a and 7b			<u> </u>			MANAGE COMMITTEE		
8	Public support. (Subtract line 7c from line 6.)			Tato A Vicini Vicini	ELECTRICAL STATE OF THE SECOND		43 (A) (A)		
Se	ction B. Total Support				- <del></del>				
Cale	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	2020	(f) Total	
	Amounts from line 6			ļ		ļ			
10:	Gross income from interest,		1						
	dividends, payments received on securities loans, rents, royalties,			1					
	and income from similar sources		<u></u>						
ı	Unrelated business taxable income			1			1		
	(less section 511 taxes) from businesses			1			ŀ		
	acquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business					[			
	activities not included in line 10b,			1			ļ		
	whether or not the business is regularly carried on					L	]		
12	Other income. Do not include gain								_
	or loss from the sale of capital								
13	assets (Explain in Part VI.)		1	<u> </u>					
	First 5 years. if the Form 990 is for th	e organization's	first, second, third	, fourth, or fifth tax	x year as a section	501(c)(3)	organizati	on,	
1-4					x your do a doorio				
Se	ction C. Computation of Publ	ic Support P	ercentage						
	Public support percentage for 2020 (			, column (f))		15			%
16						16			%
	ction D. Computation of Inves								
17					)	17			%
18								<del></del>	%
10	a 33 1/3% support tests - 2020. If the	organization did	not check the ho	con line 14, and lin	ne 15 is more than		and line 1	7 is not	
19	more than 33 1/3%, check this box a								
	more than 33 1/3%, check this box a b 33 1/3% support tests - 2019. If the								_
	b 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che	organization did	The bars The see	n in io 14 Of Mid 13	ae a publishue us	norted are	co morelion	<u> </u>	$\neg$
	line 18 is not more than 33 1/3%, che Private foundation. If the organization	or this box and	stop nere. The org	antauon quaines	this have and sea i	netruction	, ,		Ħ
		a dia not check	a DOX ON IINB 14, 1	ad, OI 19D, Check	CA	hedule A	(Form gar	or 990-EZ) 2	020
0320	23 01-25-21				30		, 5, 556		

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
ſ		44年	18 M
	分数个	100	<b>1988</b>
ŀ		1. 18 19 20	Sept Chara
	1	i	
Ī		and of	
	6,1876	1986年	<b>建</b>
i	de ad.	18.2	all the sale
	2		
ŀ		域独	遊楼
- 1		ASSESSED TO	ELECTRICAL PROPERTY.
- 1	3a		
1		677433	
	學學生	忠宪	
ľ	经通过	11公司	100.00
	3b		
- 1	E CE	£2408	
ŀ			THE STATE OF THE S
L	3c		
ĺ	ZRX		2.8
		SHEET STATES	120552923
ı	4a	achaersonic	Appellate 5°
Į		福德	
ı	游域为	<b>网络旅</b>	2000
		Valda isa	447,3620
Į	<u>4b</u>		
	强度处	New William	
		MARC	
ı.	W. W.		
	4 -		
	46	250276	
	感激素	18.00	感像
	ACH	100	16 Di
		激素	
		176	透纖
	Yellow (City)		
	5a		
	X 15.76	XXXXXXXX	
	ASSESSION S	(A)	
	5b		<u></u>
	5c		
	3	177.00	Y/4002/0
	Mark A	1000	in the
	沙居在	14.76	
	<b>B. M. S.</b>	403	Q. O.
	<b>200</b> 0	<b>学</b> 灣	<b>深</b> 图
	THE STATE OF	100	<b>建筑温度</b>
	6	I	
			過多數
	整要等		
	黑經歷	議議	語域影
	7	1	1
	1818	Q19/30	FF 11214
		KEIVE ON	
	8	<u></u>	Ь.
	0		
	<b>2.</b> 3. 3.		2.3
	<b>188</b>	MAGA	
	9a		
			(4) (4) (4) (4) (4) (4)
		E SERVICES	THE NEWS OF STREET
	9b		
	<b>像图</b> 4	100	200
	_	· Carrier Tolerand	THE PERSONNEL STATE
	9c	and the second	West Stand A
	的影響		
		and the same	GENERAL STATE
	10a	Lygan of the	3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	388	1.整理	器螺钉
	10b	- (	
rm 9	90 or 9	9U-EZ	.) 2020

AME05 1

Par	Supporting Organizations (continued)	<del></del>
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	
	11c below, the governing body of a supported organization?	11a
b	A family member of a person described in line 11a above?	11b
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	
	detail in Part VI.	11c
Sec	tion B. Type I Supporting Organizations	——————————————————————————————————————
		Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities, If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	WE 30 / C 1292 St 1275 AC
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2
	supervised, or controlled the supporting organization.	
Sec	tion C. Type II Supporting Organizations	Yes No
	the directors	
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 trustees of each of the organization's supported organization(s)? If No, describe in Fait White Controlled or management of the supporting organization was vested in the same persons that controlled or managed	200
		1
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>
Sec	HOIT B. All Type III Supporting Organizations	Yes No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	MEAN THE PERSON OF THE PERSON
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	10/01/01   2017
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	
Ü	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sec	tion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	s).
a	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructions).
2	Activities Test. Answer lines 2a and 2b below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	12 18 12 PAGE 4-35
	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 <u> </u>
t	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	
	these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	
ŧ	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Sa
ŀ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b
	of its supported evagnizations? If "Yes " describe in Part VI (lie fole bidyed by the diganization in this regard.	1 200

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Org	anizations	
1	Check here if the organization satisfied the integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in F	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1_		-
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	<u> </u>	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		each interface the following	ar en skierelie (da Anteile
	instructions for short tax year or assets held for part of year):	\$70 W		
a	Average monthly value of securities	_1a		
ь	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	1.57	Production of the Control of the Con	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3_		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·	
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		· · · · · · · · · · · · · · · · · · ·
Sect	tion 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		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integi	ated Type III supporting org	anization (see
-	in the setting of			

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	0 1001101 Fage!
Section D - Distributions	<u>, ,, , , , , , , , , , , , , , , , , ,</u>	100711110	0.07	Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2 Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
organizations, in excess of income from activity			2	
3 Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.			6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which t	he organization is responsive	•		
(provide details in Part VI). See instructions.			8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
	(i)	(ii)		(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
			1.00	
1 Distributable amount for 2020 from Section C, line 6			a de la California de l	
2 Underdistributions, if any, for years prior to 2020 (reason-				
able cause required · explain in Part VI). See instructions.		State of the state	W. 5725-3	
3 Excess distributions carryover, if any, to 2020	The second of the second of the second	Property of the control of the contr	n seed on	787 1778 1798 1799 1794 1797 1797
a From 2015			STATE OF THE	
b From 2016				
c From 2017			SALAN IS	
d From 2018			annerona. En deute	
e_From 2019				
f Total of lines 3a through 3e			PARKET TO	
g Applied to underdistributions of prior years		i de la companya de l	e Diame	ARE TO CONTRACT STREET, AND ADDRESS OF THE PROPERTY OF THE PRO
h Applied to 2020 distributable amount	To a section of the s			
i Carryover from 2015 not applied (see instructions)	<u> </u>		6 2 V	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	N. J. S. N. S. S. S. S. S. S. S. S. S. S. S. S. S.		in Name	
4 Distributions for 2020 from Section D,				
line 7: \$		30.25 A 30.22 A 30.22 A 30.24 A 30.24 A 30.24	CARAGONT (FILE	
a Applied to underdistributions of prior years		Alia es la caractera de Santesa de Santesa de Santesa de Santesa de Santesa de Santesa de Santesa de Santesa d		Anna Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Car
b Applied to 2020 distributable amount	AND THE STANDARD STANDARD STANDARDS	0.740	Y W. C	SPECIFICATION A
c Remainder. Subtract lines 4a and 4b from line 4.			(Ninewise)	\$\$\$\f\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
5 Remaining underdistributions for years prior to 2020, if		]		
any, Subtract lines 3g and 4a from line 2. For result greater				
than zero, explain in Part VI. See instructions.	A STATE OF THE PERSON OF THE P	THE STATE OF THE S	NAME.	AND A STORY THE ABOVE OF A MADERIC AND ADDRESS OF A DEPOSIT OF A DEPOS
6 Remaining underdistributions for 2020. Subtract lines 3h				
and 4b from line 1. For result greater than zero, explain in			AVV.	3
Part VI. See instructions.  7 Excess distributions carryover to 2021. Add lines 3j	TAN JANUAR ENGLISTE SANSAR ENGLISTE CONTROL CO		mit A	NATO DE MARIO DE MARIO DE MARIO.
		Kalifali (Algaria)		
and 4c.			144	
8 Breakdown of line 7:	The state of the s		113.14	
a Excess from 2016	A STATE OF THE STA	42 4 4 4 4 4 4 4 4 4 4 4 4		
b Excess from 2017	ZANZ TYOTER TRANSPORT	CONTONION	6 4 G	(0) 1/04/52/8 (0) 1/4/4/1/4
c Excess from 2018		2010-1012-1012-1012-1012-1012-1012-1012	17.30	
d Excess from 2019			201230	
e Excess from 2020	The control and the control of the C	1		(Form 990 or 990-EZ) 2020

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Quento Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

axi (Occ sopulate mod donono); alem				
<ul> <li>Section 501(c)(4), (5), or (6) organizat</li> </ul>	ions: Complete Part III.			
Name of organization			Emp	loyer identification number
AMERICA	N MAJORITY INC.			26-1501154
Part I-A Complete if the org	anization is exempt und	ler section 501(c	or is a section 527 o	organization.
1 Provide a description of the organiz				
2 Political campaign activity expendit	ures		<b>&gt;</b> ;	\$
3 Volunteer hours for political campai				
				499 m -
Part I-B Complete if the org				· <u> </u>
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955		\$ <u></u>
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	\$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes   No
4a Was a correction made?			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
b If "Yes," describe in Part IV.				( )(A)
Part I-C Complete if the org				
1 Enter the amount directly expended	I by the filing organization for se	ection 527 exempt fund	ction activities	\$
2 Enter the amount of the filing organ				
exempt function activities				\$
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	
line 17b				\$ <del></del>
4 Did the filing organization file Form	1120-POL for this year?		**********************************	Yes L_No
5 Enter the names, addresses and en	nployer identification number (E	IN) of all section 527 p	political organizations to wh	ich the filing organization
made payments. For each organiza	tion listed, enter the amount pa	id from the filing organ	nization's funds. Also enter	the amount of political
contributions received that were pr	omptly and directly delivered to	a separate political or	ganization, such as a sepai	ate segregated fund or a
political action committee (PAC). If				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
			filing organization's funds, If none, enter -0-	
			idilder if fletter e	delivered to a separate
				political organization. If none, enter -0
				il fiorie, effect of.
i				
				<del>                                     </del>
	•			
			<del></del>	
<u> </u>	<u> </u>			

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

Λ

146,007.

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(1	o)
	e lobbying activity.		No	Amo	ount
1 a	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:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
d	Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
-	Total. Add lines 1c through 1i	WWW.	維門實行		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Tracoupping Industrial Page	(1)	
	If IDean II and and has a manufacture in a constant in a constant and a continue of the contin	<b>"结构"。在2002年</b>	New Part of the Control	Audeto Auret Michel June 1986	LOPE SHEET STREET
	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<b>建设设施</b>		
c	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?	Salar Harristania	ate gravation inco	1000 CONTRACT	经加强增
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
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 campaign activity expenditures from t				
	tilli-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	i "No" OF	R (b) Parl	III-A, Iir	ne 3, is
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). Current year		2a		
b					·
			····		
ွင	TotalAggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			<u> </u>
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		4		
5_	Taxable amount of lobbying and political expenditures (See instructions)		5		
	Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou actions); and Part II-B, line 1. Also, complete this part for any additional information.	p list); Part I	I-A, lines 1	and 2 (See	
					<u>., </u>

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

Par	Organizations Maintaining Donor Advise	d Funds or Other S	imilar Funds or A	Accounts. Complete if the
B33500	organization answered "Yes" on Form 990, Part IV, lin	e 6.		·
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets hel	d in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			I I I I
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	ition in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or t	erminated by the orga	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, an	d enforcing conservat	tion easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	iorcing conservation e	asements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pai	tilli Organizations Maintaining Collections o		asures, or Otner	Similar Assets.
	Complete if the organization answered "Yes" on Form			
<b>1</b> a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pu			ance of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for publi	c exhibition, education, o	research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1	,,,,,,,,		
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			ı, provide
	the following amounts required to be reported under FASB /	ASC 958 relating to these	items:	
а	Revenue included on Form 990, Part Vill, line 1	****		
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.		Schedule D (Form 990) 2020

e Other

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

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)		****	-
(E)			
(F)			
(G)			
(H)		·····	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<del></del>	\(\alpha\)\(\gamma\)\(\gam	14 MET 16 MET 17 MET 17 MET 17 MET 17 MET 17 MET 17 MET 17 MET 17 MET 17 MET 17 MET 17 MET 17 MET 17 MET 17 MET
Part VIII Investments - Program Related.			
	- F 000 D IV #-	11- Cos Form 000 Dart V line 12	
Complete if the organization answered "Yes" o  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	IN DOOK VAILE	following of American cost of Aug.	c. year manner rando
(1)	<u> </u>		. ·
(2)			
(3)		<del>- </del>	
(5)			<u></u>
(6)			
(7)			
(8)			
(9)		Control of the contro	no estados se una estado a se casa e de Auro.
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		ne 11d. See Form 990, Part X, line 15.	#11 B 1 1
(a) D	escription		(b) Book value
<u>(1)</u>	<u>-</u>	···	
(2)	. 4417		
(3)			
(4)			
(5)			
(6)		·	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, line 2 <u>5.</u>	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)	•		<u>.</u>
(4)			
(5)			
		*****	
(6)	<del>n</del>		
(7)	<u></u> .	<del></del>	
(8)	···		
(9) Table (Column (b) must equal Form 990, Part V, col. (B) line	25.1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  2. Liability for uncertain tax positions. In Part XIII, provide to			hat reports the
organization's liability for uncertain tax positions under I			
organization s liability for uncertain tax positions under i	<u>- MOD MOU 740, UNECK</u>	Andread true revirot fue toordore tigs been but	OVIDED IN FOILALL LAA.

032053 12-01-20

Schedule D (Form 990) 2020

ı

Pai	TXIX Reconciliation of Revenue per Audited Financial Statem	ents With Rever	iue per Return.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		2,369,517.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	\$7.00°	
b	Donated services and use of facilities	. 2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			_
е	Add lines 2a through 2d	*************************	2e	0.
3	Subtract line 2e from line 1			2,369,517.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,369,517.
Pa	TXII Reconciliation of Expenses per Audited Financial Statem	nents With Expe	nses per Retui	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l		
1	Total expenses and losses per audited financial statements			2,398,344.
2	Amounts included on line 1 but not on Form 990, Part iX, line 25:		140	
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	. 2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	. 2d	2.52	_
е	Add lines 2a through 2d	.,,	2e	0.
3	Subtract line 2e from line 1	***************************************	3	2,398,344.
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	200	_
c	Add lines 4a and 4b		4c	0.
_	Add sites 4d dife 4D			2,398,344.

Part XIII Supplemental Information.

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.

### PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS 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 ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020 AND 2019, THERE WERE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. NO PENALTIES OR

Schedule D (Form 990) 2020

Schedule D (Forn	n 990) 202	20 AM	ERICAN	MAJORITY	INC	•			26-1501154	Page
Part XIII Su	pplemer	o AMI ntal Information	on (continu	ied)						
NTEREST	WERE	TNCHRRED	AS OF	DECEMBER	31.	2020	AND	2019.		
	***************************************	THEORETE	110 01	DECEMBER	<u> </u>	2020	11111	2017		
									·	
									· <del></del>	
		•								
						<del></del>				
								<del></del>		
			····					-		
			<u>.</u>							
		***					-	••		
					•					
			-							
				<u>.</u>						
				**-						
4		<del></del>								

### **SCHEDULE G**

(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

ERICAN MAJORITY INC. Employer identification number 26-1501154

AMERICA	N MAJORITY INC.			26-1501	154
Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answ</li> <li>t.</li> </ul>	vered "Yes"	on Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
Indicate whether the organization rais	e Solicit s f Solicit g Speci or oral agreement with any individu Part VII) or entity in connection with viduals or entities (fundraisers) pur	ation of non- ation of gove al fundraising al (including professional	government grants ernment grants events officers, directors, tru fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ISP DIGITAL, LLC - 20130	STRATEGY DEVELOPMENT	Yes No			
AKEVIEW CENTER PLAZA, STE	DONATION PROCESSING,	x	1,764,804.	1,528,031.	236,773.
Total			1,764,804.	1,528,031.	236,773.
3 List all states in which the organization or licensing. AL, AK, AZ, AR, CA, CO, CT, NE, NV, NH, NJ, NM, NY, NC,	on is registered or licensed to solid	it contributio	,KY,LA,ME,M	ID, MA, MI, MN	I,MS,MO,MT
				<del> </del>	
·····	<del></del>				
	<del></del> *				
· · · · · · · · · · · · · · · · · · ·	-				
<del></del>	<del></del>				

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

26-1501154 Page 2 Schedule G (Form 990 or 990 EZ) 2020 AMERICAN MAJORITY INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions ..... 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment ..... Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes No 6 Volunteer labor ..... No 7 Direct expense summary. Add lines 2 through 5 in column (d)

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)
а	Enter the state(s) in which the organization conducts gaming activities:  Is the organization licensed to conduct gaming activities in each of these states?  If "No," explain:
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No if "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	nedule G (Form 990 or 990-EZ) 2020 AMERICAN MAJORITY INC.	26-1501154	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		□ No
13	indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility		%
	o An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	as:	
	Name		
	Address ▶	**·- ***	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt	
	of gaming revenue retained by the third party >\$		
c	olf "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
		***	
	Gaming manager compensation > \$		
	Description of services provided	<del></del>	
		<del></del> -	
	☐ Director/officer ☐ Employee ☐ Independent contractor		
47	Manudatana diatributiana		
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
١	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	; and Part III, lines 9,	96, 106,
		Terpe.	
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	TIPEKS:	
(]	) NAME OF FUNDRAISER: HSP DIGITAL, LLC		
<u>()</u>	) ADDRESS OF FUNDRAISER:	····	
20	130 LAKEVIEW CENTER PLAZA, STE 300, ASHBURN, VA 20147	<u>_</u> .	
/ 7	I) ACTIVITY: STRATEGY DEVELOPMENT, DONATION PROCESSING, CO	IINSEL ON S	OLICE
7.7	(I) ACTIVITY: STRATEGY DEVELOPMENT, DONATION PROCESSING, CO		<del></del>
_			
_			

### **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 26-1501154 AMERICAN MAJORITY INC. Part Questions Regarding Compensation

12 1 20 1			Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	100	000 B	200
14	Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.	100	0.00	0.0
	First-class or charter travel  Housing allowance or residence for personal use	11/4		
	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)			
	Discretionary spending account		<b>Mail</b>	24
			豐富	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1b	MEL VER	DE SERVE
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			16094
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2 8882	10000	SCHOOLS
				多為
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		際為	28
	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.		AND THE	
	Compensation committee Written employment contract	. 1	400	24
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
			M	
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:		ALM.	
	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c	faton er orte	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		100	
				為學
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			10 to
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	<b>操發</b>		
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	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:			2.1
а	The organization?	6a		Х
	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.	Service of the servic	300	100
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	12027103	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	100	1949	**
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	v construction	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	100	200	U. O. A.
9		9	AUDINING	and the second
	Regulations section 53.4958-6(c)?	, -		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 AMERICAN MAJORITY INC. 26-1501154

Part 18 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 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other defended	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	UGITOMA		reported as deferred on prior Form 990
(1) NATHANIEL RYUN	(0)	80,821. 111,313.	0.	0.	2,196.	8,554.	91,571.	0.
CEO	(0)	111,313.	0.	0.	3,327.	12,831.	127,471.	0.
	(i)							
	(ii)						<u> </u>	
	(i)							
	(0)							
	(i)							
	(ii)							
	(0)							
	(ii)						ļ	
	[0]			<u> </u>				
	(ii)						<u> </u>	
	(i)							
	(ii)							
	(1)						<del> </del>	
	(ii)						<del> </del>	
	(0)						.	-
	(0)						ļ ———	
	(0)						<del> </del>	
	(ii)						<u> </u>	-
	(0)						<u> </u>	
	(0)						···	<u> </u>
	(0)						· · · · · · · · · · · · · · · · · · ·	<del> </del>
	(0)						<u> </u>	<del> </del>
	(1)			<del> </del>	-		<del>                                     </del>	
	(ii)			<del>                                       </del>			<del> </del>	
	(0)			<del> </del>	-		<del> </del>	<del> </del>
	(0)						·	
	(i)						<del> </del>	<del> </del>
	(ii)					<u></u>	<del> </del>	<del> </del>
	(i)	<del></del>			-		<del> </del> -	<del> </del>
	(ii)				<u> </u>	<u> </u>	<del></del>	

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public # / Inspection

Name of the organization

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MORE PARTICULARLY, THE ORGANIZATION IS A NON-PARTISAN POLITICAL
TRAINING INSTITUTE WHOSE MISSION IS TO TRAIN AND EQUIP A NATIONAL
NETWORK OF LEADERSHIP COMMITTED TO INDIVIDUAL FREEDOM THROUGH LIMITED
GOVERNMENT AND THE FREE MARKET. ADVOCATING TRUE FEDERALISM, TOWARD
THAT END, THE ORGANIZATION INTENDS TO BUILD A NATIONAL NETWORK OF
LEADERS AND GRASSROOTS ADVOCATES WHO ASPIRE TO INCREASE FREEDOM FOR
INDIVIDUALS AND FREEDOM IN THE MARKETPLACE.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF FORM 990 IS PROVIDED TO THE FULL BOARD FOR REVIEW AND APPROVAL
BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD ANNUALLY REVIEWS POSSIBLE CONFLICTS AND THE CONFLICT OF INTEREST
POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE BOARD USING COMPARABLE
DATA FOR NON-PROFIT ORGANIZATIONS DRAWN FROM PUBLIC INTERNET SOURCES. THE
EXECUTIVE DIRECTOR MAY REQUEST INCREASES IN PAY RATE BUT IS NOT A
PARTICIPANT OR PRESENT DURING PORTIONS OF THE MEETING USED TO SET HIS PAY
RATE.

COMPENSATION FOR OTHER EMPLOYEES IS SET BY THE EXECUTIVE DIRECTOR USING

DATA AND UNDERSTANDING HE HAS ACQUIRED OF LOCAL CONDITIONS AND PAY RATES.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047 2020

Name of the organization

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

(a)	(b)	(c)	(d)	(e)		(1)		
Name, address, and EiN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	Total inco	me End-of-yea	rassets	Direct controlling entity		
						-		
Partille Identification of Related Tax-Exempt Organizations during the tax year.	I ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more	related tax-ex	ampt	
(8) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) act controlling entity		g) \$12(b)(13) rolled lty?
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	l	501(c)(3))			Yes	No
AMERICAN MAJORITY ACTION, INC 26-3594713	MOBILIZING AND						1	
PO BOX 309	GET-OUT-THE-VOTE IN							
PURCELLVILLE, VA 20134	SUPPORT OF CANDIDATES AND	VIRGINIA	501(C)(4)		N/A		+-	Х
	-							
	1		İ		1		l	
	· · · · · · · · · · · · · · · · · · ·			Ĭ	1		T	
	]							
			ļ		<b>_</b>			
	1	1	1	1	1		I .	1
······································	-		1				1	1

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

Partilis Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(1)	(g)	l (t	h)	(1)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (atate or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	artionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi partne	erPercentag ownershi
		foreign country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
				1				l		11	
	_					1		l		11	1
	_						1	l	ļ		
						-		$\vdash$		╂┈┼	+
	4							l		ΙÌ	
	-							l	1	]	
	-	i				ļ		l		1	
		<del>                                     </del>					T'''	$\vdash$		$\sqcap$	
	-									11	
		]				ļ		l		11	1
<u> </u>	<b>-</b>									$\perp \downarrow$	
								l			
								l		11	
			1		İ	Į.		l		1	L
			<u> </u>		<u> </u>			<u> </u>	L		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	i) ctlon b)(13) rolted tity?
VOTER GRAVITY - 46-1971645 PO BOX 1132 PURCELLVILLE, VA 20134	SOFTWARE DEVELOPMENT	VA	N/A	C CORP	0.	Ċ.		x
COMPLIANT ENGAGEMENT SYSTEMS LTD 160 CITY ROAD LONDON, UNITED KINGDOM ECIV 2NX	VOTER DATA MANAGEMENT SOFTWARE	UNITED KINGDOM	VOTER GRAVITY,	C CORP	0.	0,	:	х
								 _
							dula D (San	

Sched	tule 8 (Form 990) 2020 AMERICAN MAJORITY INC.			26-	-1501154	F	age 3	
	Transactions With Related Organizations, Complete if the organization ans	wered "Yes" on Forn	1 990, 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	
1	During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed	in Parts II-IV?	28.00		<b>新新</b>	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X	
b	Gift, grant, or capital contribution to related organization(s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1b		Х	
c	Gift, grant, or capital contribution from related organization(s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10	х	Х	
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
					No.	100	3.3	
f	Dividends from related organization(s)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1f		X	
	Sale of assets to related organization(s)						X	
	Purchase of assets from related organization(s)						Х	
	Exchange of assets with related organization(s)						X	
	Lease of facilities, equipment, or other assets to related organization(s)				11	Х		
•					344	LU	100	
k	Lease of facilities, equipment, or other assets from related organization(s)			***************************************	1k		X	
	Performance of services or membership or fundralsing solicitations for related orga						Х	
	Performance of services or membership or fundralsing solicitations by related orga					X	L	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)				4	Х		
_					202	100		
р	Reimbursement paid to related organization(s) for expenses				1p		X	
	Reimbursement paid by related organization(s) for expenses					X	<u> </u>	
7		,,,			arese	036260	areas.	
r	Other transfer of cash or property to related organization(s)				1r		X	
s	Other transfer of cash or property from related organization(s)		<u></u>		1s		X	
2	if the answer to any of the above is "Yes," see the instructions for information on v	vno must complete t	his line, including covered	relationships and transaction threshold	ds.			
		(b)	(c)	(d)				
	(a) Name of related organization	Transaction	Amount Involved	Method of determining ar	nount involved			
		type (a·s)						
	TVG		159,231.	PMT				
(1) $P$	MERICAN MAJORITY ACTION, INC.	<u>Q</u>	139,231.	F-144				
(0)								
(2)								
(3)								
(4)	<u> </u>							
(5)								
(0)								
(6)	10-28-20	45	-	S	chedule R (For	n 990	) 2020	
202 100	19:50:50							

Pert 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 5 12-514)	(e) Ale all pariners sec. 501(c)(3) ores ? Yes No	(f) Share of total Income	(g) Share of end-of-year assets	(h) Dispropor tionate allocations Yes No	II of Schedule K-1	(i) General o managing partner? Yes NO	(k) Percentage ownership
	*****									
					·					

Schedule R (Form 990) 2020 AMERICAN MAJORITY INC.	26-1501154 Page 5							
Part VIII Supplemental Information								
Provide additional information for responses to questions on Schedule R. See instructions.								
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	•							
ITHE II, IDEATED OF THE BELLET ONG THE DESIGNATION								
NAME OF RELATED ORGANIZATION:								
NAME OF REHATED ORGANIZATION.								
AMERICAN MAJORITY ACTION, INC.								
PRIMARY ACTIVITY: MOBILIZING AND GET-OUT-THE-VOTE IN SUPPOR	T OF CANDIDATES							
PRIMARY ACTIVITY: MOBILIZING AND GET-COT-THE-VOTE IN BOTTON	1 OI CIENDIDIIIID							
AND ISSUES	· · · · · · · · · · · · · · · · · · ·							
	***							
	······································							
	<del></del> .							
	-							
	<del></del>							
· .								
	<del></del> -							