#### EXTENDED TO NOVEMBER 15, 2021

### Return of Organization Exempt From Income Tax

Form **990** 

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

2020
Open to Public Inspection

A	FOI TI	le 2020 calendar year, or tax year beginning and	ending		
В	Check i applical			D Employer identif	ication number
	Addr	ge ONE NATION			
L	Nam	ge Doing business as	22112962000963029	27-19379	61
F	Initia retur Final retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 202-706-	
house	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	172,135,922.
Г	Ame	nded HAVMADURM TVA 20160			
F	lretur Appl			H(a) Is this a group r	
-	Ition pend	SAME AS C ABOVE		for subordinates	
_	_			H(b) Are all subordinates i	
		tempt status: 501(c)(3) X 501(c) ( 4 ) ◀ (insert no.) 4947(a)(1)	or 527	1	list. See instructions
		ite: > WWW.ONENATIONAMERICA.ORG		H(c) Group exemption	
	Form c art I	forganization: X Corporation	L Year	of formation: 2010	M State of legal domicile: VA
	1	Briefly describe the organization's mission or most significant activities: ONE	NATION	IS ENGAGED	IN PUBLIC
5		COMMUNICATIONS AND DIRECT CONTACT WITH IN			
ā	2	Check this box  if the organization discontinued its operations or dispose			
Į.	3	Number of sets and se		3	3
ě	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
0	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	13
ie	6	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	3
Activities & Governance	7-	Total number of volunteers (estimate if necessary)		6	
A	/ 4	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	<del>                                     </del>	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	١.		-	Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)		48,360,500.	171,831,162.
/en	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	וון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		908,973.	304,760.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,269,473.	172,135,922.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		500,000.	12,490,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		646,555.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		612,121.	1,420,729.
xpe	. b	Total fundraising expenses (Part IX, column (D), line 25)	00.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,801,287.	180,100,503.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,559,963.	195,992,551.
_	19	Revenue less expenses. Subtract line 18 from line 12		28,709,510.	-23,856,629.
ts or			Be	ginning of Current Year	End of Year
<u> </u>	20	Total assets (Part X, line 16)		35,584,667.	11,728,038.
t As	21 22	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		35,584,667.	11,728,038.
P	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			· · · · · · · · · · · · · · · · · · ·
		Steven / Law		11/15/20	21
Sig	n	Signature of officer		Date	
Her	е	STEVEN LAW, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Paid	i	RENAE DUNCAN Klugo Dunka Ch	A 1	1/15/21 self-employ	ed P01257722
	parer	Firm's name ATCHLEY & ASSOCIATES, LLP		Firm's EIN ▶	74-2920819
Use	Only	Firm's address 1005 LA POSADA DRIVE			74 (Miles) (Mi
		AUSTIN, TX 78752	- 15 - 18 75	Phone no. (5	12)346-2086
Ma	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

# 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)?			
9	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 601(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			١
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
۰	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
9	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			***
10	If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩.
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
•••	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		100000	
۵				₩
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		<u>X</u>
-				X
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b	-	Δ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	$\neg$	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		T	_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	

Part IV	Checklist of Required Schedules	(continued)
		(+ 4.76774444)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
040	Schedule J	23	X	
244	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
h	Schedule K. If "No," go to line 25a	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	_	
Ō	any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<del>                                     </del>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	0.007.007.000.00	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
•	•••••••••••••••••••••••••••••••••••••••			₩.
b	"Yes," complete Schedule L, Part IV	28a		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		
	"Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	<u>X</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 519(b)(19)2, (51)(cap) and (cap) a		- 1	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	_	
	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	_	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	_	
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W 2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
20000	(gambling) winnings to prize winners?	1c	X	
J32004	12-23-20	Form !	990 c	2020)

2a Enter the number of employees reported on Form Way, Transmittal of Wage and Tax Stataments, field for the calendar year ending with or within the year covered by this return  5 If all least one is reported on line 2a, did the organization fiel all required floaderal employment tax returns?  5 If all least one is reported on line 2a, did the organization fiel all required floaderal employment tax returns?  5 If If Yea, The sum of lines is and 2a is greater than 250, you may be required to -evice eiteristructions)  5 If If Yea, The sit field a form 900 Tor this year? If Yea to field the private an explanation of schedule O  5 If Yea, The sit field a form 900 Tor this year? If Yea to field the private an explanation of schedule O  5 If Yea, The sit field a form 900 Tor this year? If Yea to field the private an explanation of schedule O  5 If Yea, The sit field a form 900 Tor this year? If Yea to field the private an explanation of schedule O  5 If Yea, The sit field a form 900 Tort is year if Yea to field the private an explanation of schedule O  5 If Yea, The sit of the sit of year is the solid private of foreign Bank and Financial Accounts (PBAR)  5 If Yea, The sit of the sit of year is the solid private of the sit of year is provided to the page of year is the solid private of the sit of year is provided to the page of year is year in the year of year is year in year in year is year in year year in year in year in year year year year year year year year	Form	990 (2020) ONE NATION 27-1937  It V Statements Regarding Other IRS Filings and Tax Compliance (continued)	961	P	age 5
2a Ester the number of employees reported on Form W-S, Transmittal of Wage and Tax Stataments.  2a 13  b If at least one is reported on line 2a, did the organization file all required federal employment tax reburns?  Note: If the sum of lines is and 2a is grater than 20, you may be required to e-site (see instructions)  3a Old the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, "that it filed a Form 980-T for this year? it 'No' to line 3b, previse an explanation on Schedule O  3c If Yes, "that it filed a Form 980-T for this year? it 'No' to line 3b, previse an explanation on Schedule O  3c If Yes, "that it filed a Form 980-T for this year? it 'No' to line 3b, previse an explanation on Schedule O  3c If Yes, "the time during the calander year, did the organization have an interest in, or a signifiant or other authority over, a financial account in a foreign country by the organization for the organization have an interest in, or a signifiant or other sharphers of the organization for the organization have an interest in case of Financial Accounts (*PIAR).  3c If Yes, "the set or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  3c If Yes, "the set or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  3c If Yes, "the set of 5b, did the organization in End or state and the organization solicit any contributions that were not tax deductibles?  4c If Yes, "did the organization include with every solicitation an express statement that such contributions orgitis were not tax deductibles or activitutions?  4c If Yes, "did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles a chiralisation real organization real organi	1 4	Statements negarding other the Fillings and Tax Compliance (continued)			
Bit   See		Facility of the second		Yes	No
b If at least one is reported on line 2a, did the organization line all required fuerely empty. Press were instructions.  Note: If the sum of lines 1 and 2a is geneter than 250, you may be required to _exist even instructions.  3a Did the organization have unrelated business gross incorns of \$1.000 or more during the year?  3b Did the organization have unrelated business gross incorns of \$1.000 or more during the year?  4d At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4d At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5d If "Yes," enter the name of the foreign country of the security of the organization and the organization that it was or is a perty to a prohibited tax sholter transaction?  5d Was the organization party to aprohibited tax sholter transaction?  5d If "Yes," on the sace of bid, did the organization that it was or is a perty to a prohibited tax sholter transaction oslicit any contributions that were not tax deductibles of Foreign 880-67?  5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of entributions?  7 organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," did the organization include with every solicitation an expresse statement that such contributions or gifts were not tax deductibles as charitable contributions?  7 organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 b If the service of the service of the service of the service of	2a				
Note: If the sum of lines 14 and 26 is greater than 250, you may be required to -sinic (see instructions) 3	<b>b</b>	If of least one is reported as line as did the association file all as a line as a did the association file all as a line as a did the association file all as a line as a did the association file all as a line as a did the association file all as a line as a line as a did the association file all as a line as a lin	- Managara	-	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," his filled a Form 9acro For this year? "Wo's * to line \$1,000 or more during the year?  4a At any time during the celendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4b If "Yes," enter the name of the foreign country. Pese instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5e In "Yes," of the Sea of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c In "Yes," of the Sea of 5b, did the organization the Form 8989 1.  5d Dob at the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles and enhanced and enhanced accounts of the sea of 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and enhanced and enhanced accounts of the sea of 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and enhanced enhanced and enhanced enhanced enhanced enhanced enhanced enhanced enhanced enhanced enhan	D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it field a Form 990-T for this year? If "No' to thin 6th, provide an explanation on schedule O 4 At any time during the callandary year, dit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country   P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at eny time during the tax year?  5a Was the organization as party to a prohibited for the was or is a party to a prohibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization file Form 8898-17?  5c If "Yes" to line 5a or 5b, did the organization file Form 8898-17?  5c If "Yes" to line 5a or 5b, did the organization file Form 8898-17?  5c If "Yes," to lide organization floating with every solicitation an express statement that such contributions or gifts  6a X  b If "Yes," did the organization floating with every solicitation an express statement that such contributions or gifts  6b X  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided ?  7b If "Yes," did the organization or origin the other or origination origin	-	Did the annuinting to the state of the state			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly in country (such as a bank account, so order financial accountly over, a financial accountly in country (such as a bank account, securities account, or other financial accountly over, a financial variety of the organization occurry (such as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a X  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If "Yes" to line 5a or 5b, did the organization file Form 88667?  5c OBoes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax odicutibles?  5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax odicutibles?  7c Organizations that may receive deductible contributions and early to goods and services provided to the payor?  8d If "Yes," did the organization notify the donor of the value of the goods or sarvices provided?  7c Organization receive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor?  8d If "Yes," indicate the number of Forms 8828 filed during the year  9d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9d Did the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-07  8d Sponsoring organization received an contribution of qualified intellectual property, did the organization file a Form 1098-07  9d Sponsoring organization make any taxable distribution and derection of each of the form 1098-07  9d Did the sponsoring organization mak				_	X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," are first the name of the foreign country ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a pury to a prohibited tax shelter transaction at any time during the tax year?  5a Does the organization appray to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c I "Yes" to line 5e or 5b, did the organization file Form 3956-17;  6d Does the organization shat were not tax doductible as charitable contributions?  5c I "Yes" to line 5e or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that many receive deductible contributions under section 170(c).  8 b If "Yes," did the organization include with every solicitation an expresses statement that such contributions or gifts were not tax deductible?  7 organizations that many receive deductible contributions under section 170(c).  8 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b If the organization received and contribution of qualities direction of tax posts and the service of the form 8202?  8 b If "Yes," did the organization received a contribution of qualities (neither than the property, did the organization fore forms 8202 filed during the year?  9 c If the organization received a contribution of qualities (neither) or promises, did the organization file form 8309 as required?  7 b If the organization received a contribution of cars, boats, airplanes, or other valicles, did the organization file and promises of the section 840 files and 15 files organizatio	, D	If Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	_	
b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinOEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR), See instructions for filing requirements for FinOEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR), See instructions for filing requirements for FinOEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR), See instructions for the report of the see of 5, 6 to 4 to organization that it was or is a party to a prohibited tax shelter transaction?  See If If "Yes" of the line See of 5b, did the organization file Form 898-67?  See The second of the see of 5b, did the organization in Foreign Bank are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  The second of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Toganizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  Toganization state may receive deductible contributions under section 170(c).  If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or sanctises provided?  Toganization seeds as experiment in excess of \$75 made partly as contribution of order to the value of the goods or sanctises provided?  Toganization seeds any funds, directly or indirectly, or pay premiums on a personal benefit contract?  Toganization seeds and contribution of qualified intellectual property, did the organization file form 104-0.  If the organization received any funds, directly or indirectly, or a personal benefit contract?  Toganization seeds and contribution of cars, boats airplanes, or other vehicles, cild the organiz	4a				١
See instructions for filling requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a West the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If "Yes" to line Se or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Difference of the organization include with every solicitation an expresse statement that such contributions or gifts were not tax deductible?  7c Organization stat may receive deductible contributions under section 170(c).  8d Did the organization receives apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8d Did the organization notify the donor of the value of the goods or services provided?  7d Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization received a contribution of qualified intellectual property, did the organization file form 899 as required?  8 Spensoring organization neceived a contribution of qualified intellectual property, did the organization flave form 890 as required?  9 Spensoring organization make any taxable distributions under section 4986?  9 Spensoring organization make any taxable distributions under section 4986?  9 Spensoring organization make any taxable distribution to a donor, donor advisor, or related person?  9 Spensoring organization make any taxable distribution to a donor, donor advisor, or related person?  9 Section 501(c)(2) organization make any taxable d			4a	C SECRETARY	Х
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  b Did expectation have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization included with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  1 Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  7 If If the organization received a contribution of cars, beats, simplense, or other vehicles, did the organization file Form 8899 as required?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make distribution to a donor, donor advised fund maintained by the sponsoring organization make access business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make distribution to a donor, donor advised, fund maintained by the sponsoring organization make a distribution to a donor, donor advised, fund maintained by the sponsoring organization make a distribution t	D				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  50 Organization include with every solicitation are express statement that such contributions or gifts were not tax deductible?  50 Organization include with every solicitation are express statement that such contributions or gifts were not tax deductible?  51 Organization include with every solicitation are express statement that such contributions or gifts were not tax deductible?  52 Organization include with every solicitation are expressed statement that such contributions or gifts were not tax deductible?  53 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  54 Did the organization notify the donor of the value of the goods or services provided?  55 Did the organization notify the donor of the value of the goods or services provided?  56 Did the organization received a payment in excess of \$75 made partly as a contribution of the goods or services provided?  56 Did the organization unumber of Forms 8282 filed during the year  57 Did the organization, during the year, pay premiums on a parsonal benefit contract?  57 Tid of the organization, during the year, pay premiums on a parsonal benefit contract?  58 Sponsoring organization services a contribution of qualified intellectual property, did the organization file Form 1098-0?  59 Sponsoring organization may an excessed funds.  50 Did the organization received a contribution of cars. both services of the goods of the go	_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c if "Yes" to line 5e or 5b, did the organization file Form 8886-T?  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a symptem in excess of \$15 made party as a contribution and party for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 filed during the year  1 Td	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
Sa Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a psyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  b If expression and the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 202?  c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 202?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received any funds, cliractly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization malaritaning donor advised funds.  a Did the sponsoring organization make any taxable distribution under section 4966?  9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distribution under section 4966?  9 Section 501(C)T organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  b Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from			5b		X
any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization septement excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, clid the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, sixplense, or other vehicles, did the organization file a Form 1098-07  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds.  a Did the sponsoring organization make a distribution to a donor, donor advised funds.  b Did the sponsoring organization make a distribution to a donor, donor advised funds.  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross received from them)  10 Section 501(c)(7) organizations. Enter:  a Gross income from members or shareholders  b Gross receives from them organization funds the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of reserves the organization is required to maintain by the states in wh	C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization receive all, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization, during the year, pay premiums, cirectly or indirectly, on a personal benefit contract?  7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required?  If the organization received a contribution of cars, bosts, airplanes, or other vehicles, did the organization file a Form 1098-C7  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make and distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations make any taxable distributions under section 4966?  Did the sponsoring organizations make any taxable distributions or a donor, donor advisor, or related person?  9 Sponsoring organizations make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations included on Porm 990, Part VIII,	ба				
were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  fif the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968?  Sponsoring organization make any taxable distributions under section 49687  Did the sponsoring organization make any taxable distributions under section 49687  Section 501(c)(7) organizations. Enter:  a initiation fees and cepital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b If "Yes," enter the amount of tax exempt interest received or accrued during the year  11b			6a	X	
7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party sea contribution and party for goods and services provided to the payor?  bif Yes,* did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If Yes,* indicate the number of Forms 8282 filed during the year	D	·			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization sele, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, cid the organization file a Form 1098-07  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Section 601(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part Vill, line 12  10 Gross income from members or shareholders  11a Joa Job	_		6b	X	***************************************
b if "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 b if the organization received any funds, directly or indirectly, on a personal benefit contract?  7 f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Bid the sponsoring organizations make any taxable distributions under section 4966?  9a b Did the sponsoring organizations make any taxable distributions under section 4966?  9b b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  D Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(e)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b I "Yes," enter the amount of tax-exempt interest received or accrued during the year  15b Section 501(c)(2) organizations. Enter the amounts of additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  14a Did the organization is elevely any payments for indoor tanning services during the tax year?  14a X  If "Yes,	95				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7th Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7th Did the organization received a contribution of qualified intellectual property, did the organization file form 8899 as required?  7th If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organizations. Enter.  11 Dia broad or the sponsoring organization selection to the section 4966?  12 Did the organization selection se			7a		
to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7f  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds.  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  10 Section 501(c)(7) organizations. Enter:  11 Initiation fees and capital contributions included on Part VIII, line 12  12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  13 Section 501(c)(12) organizations. Enter:  14 Gross income from members or shareholders  15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  16 If "Yes," enter the amount of tax-exempt interest received or accused during the year  17 In Initiation is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  18 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  19 Enter the amount of reserves on hand  10 Id the organization subject			7b		
d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  Did the organization, during the year, pay premiums, directly, on a personal benefit contract?  77  The provided in the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  The property of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-07  Sponsoring organizations maintaining door advised funds.  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4968?  Did the sponsoring organization make any taxable distributions under section 4968?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organization make any taxable distributions under section 4968?  Did the sponsoring organization make any taxable distributions to a donor, donor advisor, or related person?  Did the sponsoring organization make any taxable distributions or related person?  Did the sponsoring organization sponsoring advisor to the advisor that the analytic file of the analyt	С				
be the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9a  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11b  12c  Section 501(c)/12 organizations. Enter:  a Gross income from members or shareholders  b If "Yes," enter the amount of the sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.  11b  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  11c  If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is played to the section 4960 tax on			7c		000000000000000000000000000000000000000
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  76 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did  9 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11 Did  12 Section 501(c)(12) organization them)  12 Section 501(c)(13) ouglified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13 Did the organization receive any payments for indoor tanning services during the tax year?  14 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization and ducational institution subject					
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  Gross income from members or shareholders  11 Section 501(c)(12) organizations. Enter:  a Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves and hand  13b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b Is the organization and educational institution subject to the section 4968 excise tax on net investment income?  15 Is the	1000			$\vdash$	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9a					
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Bid Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Cross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  Section 501(c)(22) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c  The the the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  14b If "Yes," see instructions and file Form 4720, Schedule N.  If "Yes," see instructions and file Form 4720, Schedule N.  If "Yes," complete Form 4720, Schedule N.			7g		
sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  9 b			7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8				
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Inter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 If "Yes," complete Form 4720, Schedule N.	_		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  C Enter the amount of reserves on hand  13b  13c  13d  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b					
a Initiation fees and capital contributions included on Part VIII, line 12			9b	70.5000000	one of the
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 11b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 11a 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 11a 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 11a 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 11a 15 Section 501(c)(29) qualified health plans in more than one state? 11a 15 Section 501(c)(29) qualified health plans in more than one state? 11a 15 Section 501(c)(29) qualified health plans in more than one state? 11a 15 Section 501(c)(29) qualified health plans in more than one state? 11a 15 Section 501(c)(29) qualified health plans in more than one state? 11a 15 Section 501(c)(29) qualified health plans in more than one state? 11a 15 Section 501(c)(29) qualified health plans in more than one state? 11a 16 Section 501(c)(29) qualified health plans in more than one state? 11a 16 Section 501(c)(29) qualified health plans in more than one state? 11a 16 Section 501(c)(29) qualified health plans in more than one state? 11a 16 Section 501(c)(29) qualified health plans in more than one state? 11a 16 Section 501(c)(29) qualified health plans in more than one state? 11a 16 Section 501(c)(29) qualified health plans in more than one state? 11a 16 Section 501(c)(29) qualified health plans in more than one state? 11a 16 Section 501(c)(29) qualified health plans in more than one state? 11a 16 Section 501(c)(29) qualified health plans in more than one state? 11a 16 Section 501(c)(20) qualified health plans in more than one state? 11a 16 Section 501(c)(20) qualified health plans in more than one state? 11a 16					
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b Isla  2 Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.					
a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 Is the organization and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c Section 501(c)(29) qualified nonprofit health insurance issuers.  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 Is the organization and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	15.000				
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  If "Yes," complete Form 4720, Schedule O.	a	Gross income from members or snareholders			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	D				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  17b  18c  19a  19a  19a  19a  19a  19a  19a  19	40-	amounts due of received from them.)			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.			12a	A Constitution	
a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.					
Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	a	Note: Soo the instructions for additional information the arganization must report as Orbital Co.	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.	L				
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.	ь				
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	_	organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.	14-	Did the organization reaches and no manufacture for independent of the contract of the contrac			77
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.					<u>X</u>
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			14b		
If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	10		.		v
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		
If "Yes," complete Form 4720, Schedule O.	16				v
			16		Δ
		199, Sympoto I Ollii 4720, Ochequie O.	Form	990	2020)

Form 990 (2020) ONE NATION 27-1937961 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 Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? ..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O X Section 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? X 10a 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? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 120 Did the organization have a written whistleblower policy? X 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply, Another's website Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CALEB CROSBY - 202-706-7051 15405 JOHN MARSHALL HWY, HAYMARKET, 20169

#### 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

X

#### 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	orga	niza	tion	соп	npen	sat	ed any current officer, d	irector, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one			than d	nne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is		on is both an		compensation	compensation	amount of	
	week	-	cer an	oad	director/trustee)		tee)	from	from related	other
	(list any hours for	director						the	organizations	compensation
	related	0 or 0	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	Individual trustee or	nstitutional trustee		986	mpen		(44-27 1033-141130)		organization and related
	below	dual	utions	<u>_</u>	Key employee	st co	=			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			0.94
(1) STEVEN LAW	17.00				Г					
PRESIDENT & CEO	3.00			X				568,523.	73,263.	25,008.
(2) MARK MCLAUGHLIN	36.00									
DIRECTOR, RESEARCH	4.00					X		181,340.	25,699.	19,259.
(3) JENNIFER FAY	36.00			- 1	П					
C00	4.00			x				182,934.	25,925.	12,131.
(4) GRACE MITCHELL	36.00									
DIRECTOR, FUNDRAISING	4.00					X		153,569.	21,763.	19,480.
(5) BILLY MCBEATH	36.00									
DIRECTOR, DIGITAL	4.00					X		146,723.	20,793.	13,390.
(6) JACK PANDOL	36.00									
DIRECTOR, COMMUNICATIONS	4.00					X		123,407.	17,489.	6,440.
(7) CALEB CROSBY	10.00									
SECRETARY/TREASURER	10.00			X				77,132.	30,377.	0.
(8) BOBBY BURCHFIELD	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) SALLY VASTOLA	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(10) KENNETH COLE	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
				- 1						
		Ш								
U. 30 oo oo 50 daast 4 gab - 40 daast 5										
		Ш		_						
							end f			
				_						
		$\vdash$	-	-	_	$\vdash$				
		$\vdash$	$\dashv$	-		$\vdash$				
					Ш					-

032007 12-23-20

D-	1 (/III	711	-							21-1331	<b>301</b>	- 1	age C
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	and	Hi	ghe	st C	ompensated Employee	(continued)			
	(A)	(B)	(6)						(D)	(D) (E)			
	Name and title	Average	Ide	Position (do not check more than one			than	one	Reportable	Reportable	E	stimat	ed
		hours per	box	box, unless person is both an			is bot	h an	compensation	compensation	ar	mount	of
		week	-	cer ar	nd a d	lirecto	or/trus	tee)	from	from related		other	•
		(list any	director						the	organizations	con	npensa	ation
		hours for	-5				pat		organization	(W-2/1099-MISC)	f	rom th	ne e
		related	stee	trustee		١.	ensa		(W-2/1099-MISC)		org	ganizat	tion
		organizations below	attro	onal t		loye	com				an	nd relat	ted
		line)	Individual trustee or	Institutional	Officer	сеу е трюуее	Highest compensated employee	Former			org	anizat	ions
		miej	Ĕ	Ĕ	8	\$	1 宝電	윤					
						l							
			_	-	H	H	-						
			-	Н	Н	$\vdash$	$\vdash$	$\vdash$					
	- Annual Residence												
						_							
					П						(a)		
								7					
							_						
1b	Subtotal			ш					1,433,628.	215,309.	9	5,7	08.
c	Total from continuation sheets to Part VII	. Section A	•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •			0.	0.		<i>J</i> , ,	0.
	Total (add lines 1b and 1c)	,							1,433,628.	215,309.	9	5,7	
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	) wh	o re				<u> </u>	
	compensation from the organization												6
												Yes	No
3	Did the organization list any former officer,	director, truste	e. k	ev e	mole	ove	e. or	hial	hest compensated empl	ovee on			
	line 1a? If "Yes," complete Schedule J for su			-	100						3	245277574.075	х
4	For any individual listed on line 1a, is the sur										-		
	and related organizations greater than \$150										4	x	
5	Did any person listed on line 1a receive or a	ccrie compan	eativ	inpie	om s	anv	unre	lata	d organization or individ	ual for condoca	4		
-	rendered to the organization? If "Yes." come	olota Cabadula	1 5		01110	urry		ato	d organization of individ	ual for services	5		x
Sec	tion B. Independent Contractors	viete scriedule	UK	n su	CH E	ers(	JII ,		<del></del>		0		-21
1	Complete this table for your five highest con	npensated ind	eper	nder	nt co	ntra	ctor	s th	at received more than \$	100.000 of compensat	ion fr	om.	
	the organization. Report compensation for the										ion no	2111	
	(A)	outoridai yo	W 0	IMIL	9 111	us U	1111	11111	TO VIGUINZALIUM O LAN YE	Jul.			

the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
(A) Name and business address	(B) Description of services	(C) Compensation							
MAIN STREET MEDIA GROUP									
P.O. BOX 25093, ALEXANDRIA, VA 22313	MEDIA SERVICES	57,346,910.							
MENTZER MEDIA SERVICES, 210 W.		· ·							
PENNSYLVANIA AVENUE, SUITE 250, TOWSON, MD	MEDIA SERVICES	22,312,717.							
ARENA LLC, 1260 EAST STRINGHAM AVENUE,	ONLINE MEDIA & MAIL								
SUITE 350, SALT LAKE CITY, UT 84	SERVICES	6,732,477.							
FP1 DIGITAL, LLC, 3001 WASHINGTON									
BOULEVARD 7TH FLOOR, ARLINGTON, VA 22201	MEDIA SERVICES	4,411,630.							
MAJORITY STRATEGIES LLC, 12854 KENAN									
DRIVE, SUITE 110, JACKSONVILLE, FL 32258	MEDIA SERVICES	4,062,580.							
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than								
\$100,000 of compensation from the organization > 26									

Form **990** (2020)

Form 990 (2020) ONE NATION
Part VIII Statement of Revenue

			Check if Schedule O co	ntains	a respo	nse d	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns	1902/1994-79030	1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
28			Fundraising events								
r A			Related organizations				· · · · · · · · · · · · · · · · · · ·				
SH SH			Government grants (contribu								
E S			All other contributions, gifts, gr		$\overline{}$						
EE		•	similar amounts not included at		1f		171,831,162.				
불편		_	Noncash contributions included in line		1g \$		212,002,202,				
E		-	Total. Add lines 1a-1f	es la-it	1913			171,831,162.			
<u> </u>		11	Total. Add lines 14-11				Business Code	171,031,102.			
	2	•				1	Dusiness Code				
9	_										
Ser											
E											
Bea		d	-			-	-				
Program Service Revenue		£	All other presumes and in a second			-					
-			All other program service rev								
-		g									
	3		Investment income (includin								
			other similar amounts)								
- 1	4		Income from investment of t		mpt bor	na pr	oceeds				
- 1	5		Royalties		(i) Real	<del></del>	63 Damanal			7.77.77.7	
				-	(i) Heai	$\dashv$	(ii) Personal				
			Gross rents 6			-					
			Less: rental expenses 6			-					
				ic							
			Net rental income or (loss)	La	0	Т	/D 011				
	7	а	Gross amount from sales of		Securiti	es	(ii) Other				
			assets other than inventory 7	'a							
		b	Less: cost or other basis								
ᆲ			and sales expenses7	b		-					
§		С	Gain or (loss)7	'c							
œ			Net gain or (loss)								
Other Revenue	8		Gross income from fundraising								
0			including \$		301		1				
			contributions reported on lin		00000000	П	- 1				
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from fur		-	s .					//////////////////////////////////////
	9		Gross income from gaming a								
- 1			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from ga							Na managan kanggan kan	
	10		Gross sales of inventory, less								
			and allowances			10a					
			Less: cost of goods sold			10b					
$\dashv$	-	С	Net income or (loss) from sal	es of in	ventor	/	<b>&gt;</b>				Minutes and a superior and a superio
2						-	Business Code				
Miscellaneous Revenue	11	a	VENDOR REFUNDS			_	900099	304,760.	304,760.		
an		b				_					
<b>E</b> 8		С				_					
¥ T			All other revenue			L			The second of th		
			Total. Add lines 11a-11d				<u>&gt;</u>	304,760.			
	12		Total revenue. See instructions					172,135,922.	304,760.	0.	0.

## Form 990 (2020) ONE NATION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must coi	mplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,490,000.	12,490,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	711,826.	310,964.	245,380.	155 400
6	trustees, and key employees Compensation not included above to disqualified	711,020.	310,304.	243,300.	155,482.
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,050,782.	827,542.	28,147.	195,093.
8	Pension plan accruals and contributions (include		***************************************		
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	121,170.		121,170.	
10	Payroll taxes	97,541.	64,122.	14,806.	18,613.
11	Fees for services (nonemployees):				•
а	Management				
	Legal	375,297.	355,239.	20,058.	
	Accounting	181,940.		181,940.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	1,420,729.			1,420,729.
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	1,422,108.	1,422,108.		0.000
12	Advertising and promotion				
13	Office expenses	10,888.		10,888.	
14	Information technology	20,466.	3,633.	14,583.	2,250.
15	Royalties				
16	Occupancy	221,291.		221,291.	
17	Travel	1,659.		670.	989.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,674.		5,483.	191.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	104 050		104 050	
23	Insurance	184,250.		184,250.	NAME OF THE PROPERTY OF THE PR
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	GRASSROOTS ISSUE ADVOCA	97,799,005.	97,799,005.		
b	POLITICAL INDIRECT	77,465,000.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77,465,000.	
c	SURVEY & POLLING	975,062.	975,062.		
d	LIST RENTAL	969,000.	969,000.		
е	All other expenses	468,863.	448,510.		20,353.
25	Total functional expenses. Add lines 1 through 24e	195,992,551.	115,665,185.	78,513,666.	1,813,700.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2020)

allA	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	35,584,667.	1	11,728,038
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2 7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
-   9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	35,584,667.	16	11,728,03
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	(
	Organizations that follow FASB ASC 958, check here			
27 28 29 30 31 32	and complete lines 27, 28, 32, and 33.			<u> </u>
27	Net assets without donor restrictions	35,584,667.	27	11,728,038
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	25 564 565	31	44 844
	Total net assets or fund balances	35,584,667.	32	11,728,038
33	Total liabilities and net assets/fund balances	35,584,667.	33	11,728,038

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

Form 990 (2020)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

ONE NATION 27-1937961 Organization type (check one): Filers of: Section: X 501(c)( 4 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_ > \$\_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2 Name of organization Employer identification number ONE NATION 27-1937961 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 N/A X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 2 N/A Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3 N/A X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 4 N/A X Person Payroll 150,000. Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$ <u>2,250,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
23452 11-25	-20 1.5	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

2020.05000 ONE NATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	s100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	s1,516,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	- - - \$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	s	Person X Payroll

023452 11-25-20

Name of organization

		Employer identification number
ONE N	ATION	27-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
13	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	s250,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	sss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$\$\$	Person X Payroli  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	<u>\$</u> 4,000,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$25,000.	Person X Payroll

	B (Form 990, 990-EZ, or 990-PF) (2020) organization	En	Page ployer identification number
ONE N	IATION		27-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac		27 2337301
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$100,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	s100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	N/A		Person X

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

50,000.

Payroll

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number ONE NATION 27-1937961 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 25 N/A X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 26 N/A X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 27 N/A X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 28 N/A X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 29 N/A X Person Payroll 400,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution

023452 11-25-20

30

3,000,000.

Person Payroll

Noncash (Complete Part II for noncash contributions.)

N/A

X

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number ONE NATION 27-1937961 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution 31 N/A X Person Payroll 166,667. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 32 N/A X Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (a) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution 33 N/A X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 34 N/A X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 35 N/A X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 36 N/A X Person

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

100,000.

Payroll

Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number ONE NATION 27-1937961 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 37 N/A X Person Payroll 1,000,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 38 N/A X Person Payroll 150,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 39 N/A X Person Payroll 166,667. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution N/A 40 X Person Payroll 1,750,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 41 N/A X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution

023452 11-25-20

350,000.

Person Payroll

Noncash (Complete Part II for noncash contributions.)

N/A

42

X

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	N/A	\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$2,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A	\$5,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$3,250,000.	Person X Payroll

023452 11-25-20

ONE N	ATION		7-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	N/A	s <u>1,000,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	N/A	\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	N/A	s1,350,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	N/A	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	N/A	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page
Name of	organization	(and agents)	Employer identification number
ONE N	ATION		27-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
55	N/A	\$150,00	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
56	N/A	\$30,00	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
57	N/A	s400,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
58	N/A	s10,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	N/A	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

27-1937961

Name of organization Employer identification number ONE NATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	N/A	s1,000,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	N/A	\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$ <u>2,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A	\$ <u>66,500.</u>	Person X Payroll

	B (Form 990, 990-EZ, or 990-PF) (2020) organization		Page Employer identification number
ONE N	IATION		27-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	27 1337301
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
67	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
68	N/A	\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
69	N/A	s1,000,00	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
70	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
71	N/A	\$125,00	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
72	N/A	\$ 166,66	Person X Payroll

023452 11-25-20

(Complete Part II for noncash contributions.)

Name of organization	Page Employer identification number
ONE NATION	27-1937961

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	N/A	\$500,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	N/A	\$25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	N/A	\$6,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	N/A	\$3,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	N/A	\$ <u>750,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	N/A	\$	Person X Payroll

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	Page
Name of organization	Employer identification number
ONE NATION	27-1937961

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	N/A	\$32,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	N/A	\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	N/A	s16,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	N/A	\$\$	Person X Payroll

2020.05000 ONE NATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	\$ <u>250,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
87	N/A	ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	N/A	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	N/A	s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

Name	of	organ	ization	
------	----	-------	---------	--

Employer identification number

ONE N	IATION		27-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	N/A	\$306,400	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	N/A	\$1,300,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	N/A	\$11,775	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	N/A	\$500,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95	N/A	\$125,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	N/A	\$ 125,000.	Person X Payroll

Part I	Contributors (see instructiona) !!		1-193/901
(a)	Contributors (see instructions). Use duplicate copies of Part I if addition		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	N/A	- \$\$52,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	N/A	\$1,150,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	N/A	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100	N/A	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101	N/A	\$ <u>50,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	N/A	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	N/A	s10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
105	N/A	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	N/A	\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	N/A	s100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108	N/A	\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

	e B (Form 990, 990-EZ, or 990-PF) (2020) organization		Page Employer identification number
ONE N	IATION		27-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	21-1557501
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)  Type of contribution
109	<u>N/A</u>	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	N/A	\$\$	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111	N/A	\$700,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	N/A	s250,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	N/A	\$5,000	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114	N/A		Person X

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

50,000.

Payroll

Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number ONE NATION 27-1937961 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 115 N/A X Person Payroll 500,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 116 N/A X Person Payroll 1,000,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 117 N/A X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 118 N/A Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 119 N/A X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 120 N/A Person Payroll 125,000. Noncash

023452 11-25-20

(Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	N/A	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122	N/A	\$ <u>125,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	N/A	\$\$	Person X Payroll
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	N/A	s1,000,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125	N/A	\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126	N/A	\$300,000.	Person X Payroll
023452 11-25	-20	C-L-J-I-D/F-	00 000 E3 000 DEI (0000)

Name of organization

Employer identification number

	1
ONE NATION	27-1937961

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	-
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
127	N/A	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128	N/A	\$500,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	N/A	\$35,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131	N/A	\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132	N/A	\$ <u>17,500.</u>	Person X Payroll

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	Page
Name of organization	Employer identification number
ONE NATION	27-1937961

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	N/A	\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134	N/A	\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135	N/A	s250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136	N/A	\$ <u>10,000,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
137	N/A	\$_33,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138	N/A	\$	Person X Payroll

023452 11-25-20

Name of organization

Employer identification number

ONE NATION

27-1937961

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
139	N/A	\$1,000,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
140	N/A	\$12,500.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
141	N/A	s375,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
142	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution	
143	N/A	\$50,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
144	N/A	\$\$	Person X Payroll	

Name of organization

Employer identification number

ONE NATION

27-1937961

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
145	N/A	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
146	N/A	\$50,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
147	N/A	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
148	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
149	N/A	\$2,650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
150	N/A	s15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2 Name of organization Employer identification number ONE NATION 27-1937961 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 151 N/A X Person Payroll 1,500,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution N/A 152 X Person Payroll 225,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 153 N/A X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution 154 N/A X Person Payroll 580,018. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 155 N/A X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 156 N/AX Person Payroll

023452 11-25-20

Noncash (Complete Part II for noncash contributions.)

15,000.

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)	Page
Name of o	rganization	Employer identification number
ONE N	ATION	27-1937961
Part I	Contributors (see instructions). Use duplicate copies of Pari	I if additional space is needed.
(-)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
157	N/A	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
158	N/A	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
159	N/A	\$ <u>250,000.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
160	N/A	\$100,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
161	N/A	\$500,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
162	N/A	\$500,000.	Person X Payroll	

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

ONE NATION

27-1937961

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
163	N/A	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
164	N/A	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
165	N/A	\$ <u>1,000,000</u> .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
166	N/A	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution	
167	N/A	\$20,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
168	N/A	\$\$	Person X Payroll	

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of the circumstance o

Name of	organization		Employer identification number
ONE N	ATION		27-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
169	N/A	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
170	N/A	\$9,000,00	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
171	N/A	\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
172	N/A	\$10,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
173	N/A	\$750,00	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174	N/A	\$10,00	Person X Payroll  Noncash

023452 11-25-20

(Gomplete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number ONE NATION 27-1937961 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 175 N/A Person Payroll 900,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 176 N/AX Person Payroll 700,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 177 N/A X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 178 N/A X Person Payroll 600,000. Noncash (Complete Part II for noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 179 N/A X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 180 N/A X Person Payroll 500,000. Noncash

Schedule B (Form 990, 900-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number ONE NATION 27-1937961 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 181 N/A X Person Payroll 13,500,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 182 N/A X Person Payroll 10,500,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 183 N/A X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 184 N/A X Person Payroll 16,800. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 185 N/A X Person Payroll 7,000,000. Noncash (Complete Part II for noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 186 N/A

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

125,000.

Person Payroll

Noncash (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2020)  organization	Em	Pag ployer identification number
ONE N	ATION		27-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	N/A	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1452 11-25-2		\$	Person Payroll Occash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## ONE NATION

Part II	Noncash Property (see instructions). Use duplicate copies of Pa		7-1937961
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- :			4100

Name of or	rganization		Employer identification number		
ONE NA			27-1937961		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	<ul> <li>through (e) and the following line e charltable, etc., contributions of \$1,000 o</li> </ul>	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of g	gift		
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	The state of the s				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
Ī	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Philosophia.	(e) Transfer of gir	ift		
}	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	ift		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		

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

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.

2020
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III

	organization			Emplo	oyer identification number 27-1937961
Dest	ONE NAT	ION janization is exempt unde	r section 501(c) or	is a section 527 ord	
2 Polit	ide a description of the organiz	ration's direct and indirect political ures gn activities	I campaign activities in F	Part IV.	
		janization is exempt unde			
2 Ente 3 If the 4a Was	er the amount of any excise tax e organization incurred a sectio a correction made?	incurred by the organization unde incurred by organization manager n 4955 tax, did it file Form 4720 fo	s under section 4955 or this year?		Yes No
Part I-	es," describe in Part IV.	ganization is exempt unde	r section 501(c), ex	xcept section 501(c)	(3).
		by the filing organization for sect			
2 Ente	er the amount of the filing organ npt function activities	nization's funds contributed to other	er organizations for sect	ion 527	
Jine 4 Did 5 Ente	the filing organization file Form or the names, addresses and er le payments. For each organiza tributions received that were pr	. Add lines 1 and 2. Enter here an 1120-POL for this year? mployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, providents.	) of all section 527 politi from the filing organizat separate political organi	cal organizations to which ion's funds. Also enter the ization, such as a separate	the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
SENAT FUND	TE LEADERSHIP	HAYMARKET, VA 20169	47-2994920	77,465,000.	0.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2020

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
4	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?			72	
	Grants to other organizations for lobbying purposes?				
g	minutes and the state of the st				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				and the second s
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Diane Control of San			
	t III-A   Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
8.00	501(c)(6).		••		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec		o :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR (	D) Part I	II-A, IINE	3, IS
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
C	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (See instructions)		5		
1.01000-000	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 ar	nd 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFO	ORMATIO	N:		
SEI	NATE LEADERSHIP FUND				
154	405 JOHN MARSHALL HWY HAYMARKET, VA 20169		-10		
		0.000-0.00			
erri i					
PAI	RT I-A, LINE 1:				
POI	LITICAL CONTRIBUTIONS.				

032043 12-02-20

# SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

ONE NATION

Employer identification number 27-1937961

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		II.) Frederick and all controls
		(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 wr		
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o	474	
Par		piration anguered #Vee# on Form 000 D	
2007/000	SAME DESCRIPTION OF THE PROPERTY OF THE PROPER		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		historically important land area
	Preservation of land for public use (for example, recreation		a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	a conservation contribution in the form of	7/11/17/17/17
	day of the tax year.		Held at the End of the Tax Year
			38348 - <b>6</b> 55-1-1- <b>6</b>
	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aft		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the o	organization during the tax
	year >		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing conse	rvation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	on easements during the year
200	<b>&gt;</b> \$		411706
8	Does each conservation easement reported on line 2(d) above		
12.0	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statemer	its that describes the
Do	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections of A	Art Historical Transuras or Oth	or Similar Accate
Га			lei Sililiai Assets.
	Complete if the organization answered "Yes" on Form 9		d below with a second con-
па	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its financ		
b	If the organization elected, as permitted under FASB ASC 958,	V	
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		<b>N</b> (a)
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas		gain, provide
	the following amounts required to be reported under FASB AS		No.
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Schedule D (Form 990) 2020

Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See	Form 990, Part X, line 25.
1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col	ump (h) must equal Form 900 Part X col. (R) line 25.)	<b>&gt;</b>

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

(3) Other (A) (B) (C) (D) (E) (F) (G) (H)

> (1) (2)(3) (4)(5)(6) (7)(8)(9)

> (1)(2) (3)(4) (5)(6) (7)(8) (9)

Part IX Other Assets.

#### 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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Employer identification number

ONE NAT	ION				27-1937	961
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the followin  e Solicita f Solicita g Special  or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ rofession	non-govern govern ising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	CONT. 100 CO.
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) fundr have co or con contribu	ustody trol of	(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
GROSS CONTRIBUTIONS - 15405		Yes	No			
JOHN MARSHALL HWY, HAYMARKET,			Х	171,831,162.	0.	171,831,162.
INTEGRATED CAMPAIGN SOLUTIONS - 526 DAROCO AVENUE, CORAL			х	0.	1,324,482.	-1,324,482.
SOCKO STRATEGIES, LLC - 1101					Mana Assassa	
30TH ST NW, STE 125,			X	0.	96,247.	-96,247.
Total  3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit of	contrib	<b>▶</b>	171,831,162.	1,420,729.	170,410,433. gistration

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

032081 11-25-20

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

57 2020.05000 ONE NATION

Schedule G (Form 990 or 990-EZ) 2020

b If "Yes," explain: \_\_

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 ONE NATION 2	7-1937961	Page 3
11	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?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	2 225	
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶  Address ▶		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ves	No
152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ıt	
-	of gaming revenue retained by the third party >		
c	If "Yes," enter name and address of the third party:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Name		
	Address >		
16	Gaming manager information:		
	Name >		
	Trulio P		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	10.75.	
~~		EDC.	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	: GAA	
(I	) NAME OF FUNDRAISER: INTEGRATED CAMPAIGN SOLUTIONS		
·			***************************************
(I	) ADDRESS OF FUNDRAISER: 526 DAROCO AVENUE, CORAL GABLES, FL	33146	
0			
(20159)			
<u>(I</u>	) NAME OF FUNDRAISER: SOCKO STRATEGIES, LLC		
, _	) appress of properties. 1101 agest on any one 105 via surriging	NT DO OO	007
<u>(I</u>	) ADDRESS OF FUNDRAISER: 1101 30TH ST NW, STE 125, WASHINGTO	M, DC 20	007
QC.	HEDULE G, PART I, LINE 2B, COLUMN (IV):		
200	HEDOLE OF THAT I'S HELD OF CONCERT (IT).		

032083 11-25-20

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

2020 Open to Public

Inspection

2 Employer identification number 27-1937961 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed General Information on Grants and Assistance criteria used to award the grants or assistance? ONE NATION Part Part

(h) Purpose of grant or assistance LEGAL RESERVE GENERAL BENERAL SENERAL BENERAL (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 ö 0 . 0 (e) Amount of assistance non-cash (d) Amount of cash grant 2,500,000. 1,000,000. 1,500,000. 590,000 000 006 9 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 27-2753378 501(C)(4) 82-1152730 501(C)(4) 83-1264583 501(C)(3) 45-2042274 501(C)(4) 84-3634826 501(C)(4) Enter total number of other organizations listed in the line 1 table (p) EIN 1 (a) Name and address of organization AMERICAN EXCEPTIONALISM INSTITUTE SUITE 132-601 STRATEGIES - 15405 JOHN MARSHALL 550 S. CALDWELL STREET, STE 760 CROSSROADS GRASSROOTS POLICY - HAYMARKET, VA 20169 GOVERNMENT INTEGRITY FUND or government INC. - P.O. BOX 320972 ALEXANDRIA, VA 22320 CLT HOST 2020, INC. CHARLOTTE, NC 28202 2770 ARAPAHOE ROAD, LAFAYETTE, CO 80026 COLUMBUS, OH 43201 UNITE FOR COLORADO P.O. BOX 10181 HWY

FF

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

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020 ONE NATION					27-1937961	Page 2
Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	, Complete if the	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	30, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	90
		ii.				
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l juired in Part I, line	e 2; Part III, column	(b); and any other add	litional information.		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5	1	1			
ORGANIZATIONS PRIOR TO MAKING ANY GRANTS TO ENSURE THAT FUNDS ARE USED FOR	GRANTS TO	ENSURE TH	ACTIVITIES OF KI RE THAT FUNDS AI	RECIPIENT ARE USED FOR		
APPROPRIATE SECTION 501(C)4-RELATED	D PURPOSES.	S. GRANTS	ARE ACCOMPANIED	ANIED BY A		
SIGNED AGREEMENT AND A LETTER OF TH	TRANSMITTAL	L INDICATING	NG THAT THE	FUNDS ARE		
TO BE USED ONLY FOR PURPOSES CONSISTEN	STENT WITH		THE ORGANIZATION'S	TAX-EXEMPT		
PURPOSE.						

Schedule I (Form 990) 2020

### **SCHEDULE J** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**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

ONE NATION

Employer identification number 27-1937961

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	o, .		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal	use		
	Travel for companions Payments for business use of personal residence.	ence		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, c	hef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	10		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation com	mittee		
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:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization?	5a		<u> </u>
b	Any related organization?	5b	3890000000	X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	paymonto paymonto			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	70000000	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n 990)	2020

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

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

Note: The sum of columns (B)(I)/(ii) 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.

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(i)(a)	in column (B) reported as deferred on prior Form 990
(1) STEVEN LAW	Ξ	346,671.	171,602.	50,250.	6,105.	17,487.	592,115.	0.
PRESIDENT & CEO	1	73,263.	0.	0.	1,416.	.0	74,679.	0
(2) MARK MCLAUGHLIN	ε	-	0.	0.	4,832.	13,496.		0.
DIRECTOR, RESEARCH	1	-	0.	0	931.	.0		0
(3) JENNIFER FAY	Ξ	-	78,587.	0.	4,514.	6,747.		0
000	€	5,	0.	0.	870.	.0	26,795.	0
(4) GRACE MITCHELL	€	-	0.	0.	5,046.	13,462.		0.
DIRECTOR, FUNDRAISING	€	21,763.	0.	0.	972.	* 0	•	0.
(5) BILLY MCBEATH	€	146,723.	0.	0.	5,707.	6,583.	159,013.	0.
DIRECTOR, DIGITAL	€	20,793.	0.	0.	1,100.	.0	21,893.	0.
	ε							
	€							
	ε							
	■							
	Ξ							
	8							
	ε							
1	⊞							
	ε							
	■							
	ε							
	8							
	ε							
7	€							
	ε							
1	€							
	ε							
1	8							
	ε							
	8							
	ε							
1	€							

032112 12-07-20

Schedule J (Form 990) 2020

64

#### SCHEDULE L

## **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization									T T T T T T T T T T T T T T T T T T T	identi		on nu	mber
	NATIO		24/-3/0	1		-4: 504/	-1/001			379	61		
Part I Excess Benefit To Complete if the organization													
1	(b) F	Relationship bety			ified					<i>U</i> .	(d)	Corre	cted?
(a) Name of disqualified person	(4)	person and or				c) Descript	tion of tran	sactio	n			es	No
									501.75	75880#50cm			
							200000000000000000000000000000000000000				$\perp$	$\dashv$	
											+	$\rightarrow$	
-			10.55	<i>X</i> 15					7 - 7		+	+	
2 Enter the amount of tax incurre	d by the o	rganization man	aners	or disc	uualified nersons du	ring the ve	arunder						
	-	_	-						<b>\$</b>				
										3040708510			
- Control of the Control													
					, Part V, line 38a or	Form 990,	Part IV, lin	e 26; (	or if th	e orga	nizatio	n	
	Form 990 elationship	T	-		(a) Original	(A) Dala		(-)	l In	(h) Ap	proved	/EV VA	/ritton
	erationsnip organization		fror	m the		(I) Dala	nce due		,	by boa	ard or	1 (7, 7)	
			_	1		Action    S   S							
			1.0	d by the organization \$\bigs\\$ \bigs\\$  Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization or 22.  (d) Loan to or from the organization principal amount   (f) Balance due   (g) In default?   (h) Approved   (i) Written agreement?   (e) Original principal amount   (f) Balance due   (g) In default?   (ii) Approved   (iii) Written agreement?   (iii) Ves   (iii) No   Yes   (iii) No   Yes   (iii) No   Yes   No									
			ted Persons.  "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization  X, line 5, 6, or 22.  Purpose of tem the organization (e) Original principal amount (f) Balance due of tem the organization (h) Approved by board or object of tem the organization (f) Written (ommittee) (ommitte										
					\$ Persons. 0, Part IV, line 27.								
			-	-					-				
										$\vdash$		-	-
Total				<u>.</u>									
Part III Grants or Assista	nce Ber	nefiting Inter	este	d Per	sons.								
Complete if the organiz	ration answ	wered "Yes" on F	orm 9	990, Pa	art IV, line 27.								
(a) Name of interested person													f
				u	assistance		assistari	00		٠	2001010	21100	
									_				
									$\neg$	- 20			
								0.000			50		
									$\perp$				
									+				
	_				2				+				
									+				
LHA For Paperwork Reduction A	ct Notice,	see the Instruct	tions 1	for For	m 990 or 990-EZ.		Sch	edule	L (For	m 990	or 99	0-EZ	2020

(a)	Complete if the organization answ Name of interested person	(b) F	Relationship between i	nterested	(c) Amount of transaction	(d) Description of transaction	organiz	
			porcent and are organiz		E di lodolio II		Yes	No
CROSBY	OTTENHOFF GROUP,	LL 35%	controlled	ENTI	221,173	CROSBY OTTE		Х
	MANAGEM							
Part V	Supplemental Information							
	Provide additional information for		to questions on Scheo	lule L (see ir	nstructions).		***************************************	
SCH L,	PART IV, BUSINESS	TRAN	SACTIONS IN	VOLVIN	G INTEREST	ED PERSONS:		
(A) NAM	ME OF PERSON: CROS	SBY OT	TENHOFF GRO	UP, LL	С			
(B) REI	LATIONSHIP BETWEEN	I INTE	RESTED PERS	ON AND	ORGANIZAT:	ION:		
35% CO1	TROLLED ENTITY OF	CALE	B CROSBY					
	OUNT OF TRANSACTIO							
				TIMETATIO	TE CROUD TO	7 3 25%		
	SCRIPTION OF TRANS			SETTLEMENT RESIDENCE		0.000 00.000 (0.		
CONTROL	LLED ENTITY OF CAI	LEB CRO	OSBY WHO IS	AN OF	FICER OF TH	HE ORGANIZAT	ION	
AND WAS	S PAID FOR COMPLA	NCE SI	ERVICES	Maria de la composição de			***************************************	
(E) SHA	ARING OF ORGANIZAT	ION R	EVENUES? = 1	NO				
						NAME OF THE OWNER OWNER.		
					<del>700   100  </del>			
						Section 1 Control of C		
					2			
<del>runan</del>		-					ill at	

#### SCHEDULE O

(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.

2020
Open to Public Inspection

Name of the organization

ONE NATION

Employer identification number 27-1937961

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCATE POLICY OUTCOMES ON PENDING LEGISLATIVE AND REGULATORY ISSUES

SUCH AS: HEALTH CARE REFORM, TAXES, SPENDING AND DEFICITS,

CONGRESSIONAL REFORM AND ENERGY AND ENVIRONMENT. THE PURPOSE OF THESE

ISSUE ADVOCACY AND GRASSROOTS LOBBYING ACTIVITIES IS TO PROMOTE

POLICIES THAT STRENGTHEN THE NATION'S ECONOMY, REDUCE REGULATION OF

PRIVATE SECTOR ACTIVITY, AND RESTORE GOVERNMENT TO A SOUND FINANCIAL

FOOTING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRIVATE CITIZENS TO DETERMINE THE DIRECTION OF GOVERNMENT POLICYMAKING

RATHER THAN BEING THE DISENFRANCHISED VICTIMS OF IT. THROUGH ISSUE

RESEARCH, PUBLIC COMMUNICATIONS, EVENTS WITH POLICYMAKERS, AND OUTREACH

TO INTERESTED CITIZENS, ONE NATION SEEKS TO ELEVATE UNDERSTANDING OF

CONSEQUENTIAL NATIONAL POLICY ISSUES, AND TO BUILD GRASSROOTS SUPPORT

FOR LEGISLATIVE AND POLICY CHANGES THAT PROMOTE PRIVATE SECTOR ECONOMIC

GROWTH, REDUCE NEEDLESS GOVERNMENT REGULATIONS, IMPOSE STRONGER

FINANCIAL DISCIPLINE AND ACCOUNTABILITY ON GOVERNMENT, AND STRENGTHEN

AMERICA'S NATIONAL SECURITY.

FORM 990, PART VI, SECTION B, LINE 11B:

ALL BOARD MEMBERS RECEIVE A COPY OF THE FORM 990 BEFORE IT IS FILED WITH

THE IRS. DURING THE REVIEW PROCESS, BOARD MEMBERS ARE AFFORDED AN

OPPORTUNITY TO DISCUSS THE FORM 990 WITH ACCOUNTANTS, COUNSEL, AND THE CFO.

Name of the organization ONE NATION	Employer identification number 27-1937961
FORM 990, PART V, LINE 2A	
THE ORGANIZATION LEASES ITS STAFF. IN 2020, THE ORGANIZATI	ON PAID
\$1,050,783 FOR EMPLOYEE SERVICES, \$121,170 FOR EMPLOYEE BE	NEFITS, AND
\$97,541 FOR PAYROLL TAXES.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES AL	L INTERESTED
PERSONS TO DISCLOSE ANY POSSIBLE OR ACTUAL CONFLICTS OF IN	TEREST.
FORM 990, PART VI, SECTION C, LINE 19:	
NOT MADE AVAILABLE TO THE PUBLIC.	
FORM 990, PART VII, SECTION A:	
STEVEN LAW AND CALEB CROSBY WERE COMPENSATED FOR THEIR ROL	ES IN THE
DAY-TO-DAY OPERATIONS OF THE ORGANIZATION AND NOT AS OFFIC	ERS. CALEB
CROSBY WAS PAID THROUGH CFC CONSULTING AND THE AMOUNT OF H	IS
COMPENSATION WAS \$77,132 THROUGH ONE NATION AND \$30,377 TH	ROUGH
CROSSROADS GRASSROOTS POLICY STRATEGIES.	
STEVEN LAW RECEIVED COMPENSATION FROM ARCHIMEDIA LLC THROUGH	GH MARCH 2020
AND THE AMOUNT OF HIS COMPENSATION WAS \$50,250.	
PART XII, LINE 2C:	
THE AUDIT IS REVIEWED BY BOARD, OFFICERS AND COUNSEL.	

Open to Public Inspection Employer identification number 27-1937961 OMB No. 1545-0047 2020 Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ONE NATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULER (Form 990) Partl

) nntrolling ity			pt	Section 512(b)(13) controlled entity?	Yes No	×		Schedule R (Form 990) 2020
(f) Direct controlling entity			related tax-exem	(f) Direct controlling entity				Schedule R (F
(e) End-of-year assets			had one or more	ion	501(c)(3))			
			, because it		201(			
(d) Total income			Part IV, line 34	(d) Exempt Code section		501(C)(4)		
(c) Legal domicile (state or foreign country)			rered "Yes" on Form 990,	(c) Legal domicile (state or foreign country)		VIRGINIA 5		
<b>(b)</b> Primary activity			ions. Complete if the organization answ	(b) Primary activity		SOCIAL WELFARE VIR		for Form 990.
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	(a) Name, address, and EIN of related organization		CROSSROADS GRASSROOTS POLICY STRATEGIES - 27-2753378, 15405 JOHN MARSHALL HWY, HAYMARKET, VA 20169 S		For Paperwork Reduction Act Notice, see the Instructions for Form 990.

ONE NATION

Schedule R (Form 990) 2020

Page 2

27-1937961

General or Percentage managing ownership 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. 3 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. Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) € S Disproportionate allocations? 3 Yes (g) Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling entity Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization PartIII Part IV

Yes No Section 512(b)(13) controlled entity? Percentage ownership Ξ Share of end-of-year assets ŝ Share of total income ε Type of entity (C corp, S corp, or trust) **©** Direct controlling entity Ē Legal domicile (state or foreign country) 9 Primary activity Name, address, and EIN of related organization

332162 10-28-20

Schedule R (Form 990) 2020

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?		W/W/W/W/	
	Α	***************************************		1a	_	×
i		***************************************		유	×	
c Gift, grant, or capital contribution from related organization(s)				2	-	×
d Loans or loan guarantees to or for related organization(s)				무	-	×
e Loans or loan guarantees by related organization(s)				٩	-	×
f Dividends from related organization(s)				¥		×
g Sale of assets to related organization(s)				10	-	×
h Purchase of assets from related organization(s)				=		×
i Exchange of assets with related organization(s)				-		: ×
related organization(s)				-	1	( ×
		A T FA T A T A T A A A A A T A A A A A A	***************************************	1	1	:
k Lease of facilities, equipment, or other assets from related organization(s)						þ
			***************************************	¥	1	4
Perioring to a services of members in or undraising solicitation	nization(s)			=	7	×
Performance of services of members hip of fundraising solicitation	nization(s)			1m	_	×
	on(s)			1n	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				40	×	
				1000		
				9	ы	
q Reimbursement paid by related organization(s) for expenses				-	×	
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				18	-	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered r	elationships and transaction thresholds.			
(a)	(g)	(0)	(6)			1
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	pe,		
(1) CROSSROADS GRASSROOTS POLICY STRATEGIES	0	117,263.	FMV			
(2) CROSSROADS GRASSROOTS POLICY STRATEGIES	д	590,000.CASH	CASH			
(3) CROSSROADS GRASSROOTS POLICY STRATEGIES	Z	27,508. FMV	FMV			
(4)						1
(5)						
(6)						
39.581 10.58-01						I

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

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

Name, address, and EIN of entity
----------------------------------

72

Schedule R (Form 990) 2020 ONE NATION	27-1937961 Page 5
Schedule R (Form 990) 2020 ONE NATION  Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructi	ons.
	The state of the s
7	
	•
	MANAGEMENT AND