efil	e GRA	PHIC	print - DO NOT PROCESS As Filed Data -			DLN	: 93	493062003061	
	00	0	Return of Organization Exempt From	n Inco	ome	Тах	0	OMB No. 1545-0047	
Form S	99	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	de (excep	t priv	ate foundation	s)	2019	
Depart	ment of	the	Do not enter social security numbers on this form as it m		Open to Public				
Treasu Interna		ue Service	Go to <u>www.irs.gov/Form990</u> for instructions and the	latest in	form	ation.		Inspection	
			alendar year, or tax year beginning 07-01-2019 ,and ending 06-3	30-2020					
		plicable:	C Name of organization AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC			D Employer id	lentifi	ication number	
	dress ch me chai	-	POLICY RESEARCH			53-021849	5		
_	tial retu		Doing business as						
	nended i	'terminated return	Number and street (or P.O. box if mail is not delivered to street address) Room/se	uite		E Telephone nu	mber		
🗆 Ар	plicatior	n pending				(202) 862-	5800		
			City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036			G Gross receipt	-c ¢ 5/	1 473 142	
			F Name and address of principal officer:	H(a)	Is this	a group return			
			ROBERT DOAR 1789 MASSACHUSETTS AVENUE NW		subor	dinates?		🗌 Yes 🗹 No	
			WASHINGTON, DC 20036		Are al includ	l subordinates ed?		Yes No	
		pt status:	⊻ 501(c)(3) L 501(c)() ◀ (insert no.) L 4947(a)(1) or L 527			," attach a list.	•	,	
JW	ebsite	e:► WV	VW.AEI.ORG	П(С)	Group	exemption nur	nber	•	
K Forr	n of org	anization	: 🗹 Corporation 🗌 Trust 🔲 Association 🗌 Other 🕨	L Year of	f forma	tion: 1943 M :	State	of legal domicile: DC	
D	art I	Sum	M 2 H/						
Fa			mary scribe the organization's mission or most significant activities:						
			RICAN ENTERPRISE INSTITUTE IS A COMMUNITY OF SCHOLARS AND SUPF NG INDIVIDUAL OPPORTUNITY, AND STRENGTHENING FREE ENTERPRISE						
nce			AND THE HIGHEST STANDARDS OF RESEARCH AND EXPOSITION.						
ma									
Governance					2504	<u>.</u>			
		2 Check this box ► □ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)							
les	4 🛚	lumber	of independent voting members of the governing body (Part VI, line 1b) $\ .$				4	27	
Activities &			nber of individuals employed in calendar year 2019 (Part V, line 2a) 🔒		•	•	5	316	
AC			nber of volunteers (estimate if necessary)	• •	• •	•	6 7a	0 25,289	
			elated business revenue from Part VIII, column (C), line 12		• •		7a 7b	19,634	
						or Year		Current Year	
đ	80	Contribu	tions and grants (Part VIII, line 1h)			46,622,409		42,381,205	
Bəvenue		-	service revenue (Part VIII, line 2g)		1,657,325			779,009	
Ę			ent income (Part VIII, column (A), lines 3, 4, and 7d)..... venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,159,562		4,875,570	
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			51,439,296		48,035,784	
	13 0	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)			661,665		620,000	
			paid to or for members (Part IX, column (A), line 4)......			0		0	
33			other compensation, employee benefits (Part IX, column (A), lines 5–10)			31,610,208		31,336,118	
Exp enses			onal fundraising fees (Part IX, column (A), line 11e)			100,000		60,000	
Ä			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		24,856,297		19,682,724		
	18 T	Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		57,228,170		51,698,842		
	19 F	Revenue	less expenses. Subtract line 18 from line 12			-5,788,874		-3,663,058	
s or nces				Begi	nning	of Current Year		End of Year	
Net Assets or Fund Balances	20 T	Total ass	ets (Part X, line 16)			325,952,959		309,675,769	
et A Ind I	21 Total liabilities (Part X, line 26)							6,632,620	
						316,035,735		303,043,149	
			ature Block erjury, I declare that I have examined this return, including accompanying	g schedule	es and	statements, ar	nd to	the best of my	
	edge a nowled		f, it is true, correct, and complete. Declaration of preparer (other than off	icer) is ba	sed o	n all informatio	ר of v	vhich preparer has	
		-	*		202	1 02 02			
Sign		Signat	* ure of officer	1-03-03 e					
Here			I KO CFO & TREASURER						
		/	r print name and title						
D-:	J	F		Date 2021-03-03			24790)	
Paic Prei		r F	irm's name ► E COHEN AND COMPANY CPAS			employed n's EIN ► 52-1754	4364		
Preparer Use Only			irm's address ► ONE RESEARCH COURT SUITE 400		Pho	ne no. (301) 691-	3600		

May the IRS discuss this return with the preparer shown above? (see instructions)								🗹 Yes 🛛 No
For Paperwork Reduction Act Notice, see the separate instructions.			Cat.	No	. 11	.282	Y	Form 990 (2019)

ROCKVILLE, MD 20850

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Servi	ice Accomplis	nments		
	Check if Sche	dule O contains a resp	oonse or note to a	ny line in this Part III .		🗹
1	Briefly describe the c	organization's mission	:			
INDI		, AND STRENGTHENI	NG FREE ENTERPR		S COMMITTED TO EXPANDING L E IDEALS THROUGH INDEPENDI	
2	Did the organization	undertake any signific	cant program serv	vices during the year whi	ch were not listed on	
	the prior Form 990 o	r 990-EZ?				🗹 Yes 🗌 No
	If "Yes," describe the	ese new services on So	chedule O.			
3	Did the organization	cease conducting, or	make significant o	hanges in how it conduc	ts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Sched	ule O.			
4	Section 501(c)(3) an		ions are required	to report the amount of	rgest program services, as meas grants and allocations to others,	
4a	(Code:) (Expenses \$	9,997,889	including grants of \$) (Revenue \$)
	See Additional Data					
4b	(Code: See Additional Data) (Expenses \$	8,631,032	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	7,752,618	including grants of \$) (Revenue \$)
	See Additional Data					
	(Code:) (Expenses \$	12,587,503	including grants of \$	620,000) (Revenue \$	667,868)
4d	Other program servi	ces (Describe in Sched	dule O.)			
	(Expenses \$	12,587,503 in	cluding grants of :	\$ 620,00	0) (Revenue \$ 6	67,868)
4e	Total program serv	vice expenses 🕨	38,969,04	42		

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😒	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🐒	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🛸	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😒	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 😒	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😕	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😏	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🔂	12a		No
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	4.01	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E			
		13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
U	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts III and IV</i>	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Form	990 (2019)			Page 4				
Pa	t IV Checklist of Required Schedules (continued)							
			Yes	No				
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L</i> , Part I	25b		No				
26	6 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 🕉							
27								
28	8 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes					
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \mathfrak{D}	35b	Yes					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
38								
Pa	rt 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 \ldots \ldots \ldots							
			Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 512							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes					

Page	5

Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and						
	Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 316						
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb	Yes				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No			
b	If "Yes," enter the name of the foreign country:						
Ea	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No			
Ua	solicit any contributions that were not tax deductible as charitable contributions?	Va		NO			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b					
	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	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?	- 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots .	9 b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
Ь	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 b	Gross income from members or shareholders						
D	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
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.						
а	Is the organization licensed to issue qualified health plans in more than one state? 	13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	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	Yes				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No			
			orm 00	0 (2010)			

orm 990 (2019)
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Par	W Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	lo" resp	onse to i	lines V			
Se	ction 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 2	8					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	7					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person?	ⁿ 3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No			
6	Did the organization have members or stockholders?	6		No			
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		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8 a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes				
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code	e.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
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	12a	Yes				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b		No			
	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?	16a		No			
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					
Se	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed DC , NJ , NY , CA , IL						
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
19	Own website Another's website I Upon request Other (explain in Schedule O) Describe in 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.						

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►THE ORGANIZATION 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036 (202) 862-5800

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours	AveragePosition (do not check morehours perthan one box, unless personweek (listis both an officer and aany hoursdirector/trustee)							(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(Ŵ-2/1099- MISC) MISC)	(Ŵ-2/1099- MISC)	organization and related organizations
See Additional Data Table										
				•						Earm 000 (2010)

Page **8**

Pa	t VI Section A. Officers, Direct	tors, Trustees	s, Key I	Emp	loye	ees,	and	Higi	hest Compensate	d Employees (a	onti	nued)	
	(A) Name and title	(B) Average hours per week (list any hours for related	than c is b	one b	ox, u in of tor/t	t ch unle: fice:	randa	son I	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F Estima amount o compen from prganizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		relat organiz	ed:
	Addition of Data Table			÷			n ed						
	Additional Data Table										_		
											_		
1h :	Sub-Total						<u> </u> ▶						
С	Total from continuation sheets to P	art VII, Section	Α.		•		▶		7.005.476	0			780.224
 2	Total (add lines 1b and 1c)					bov	e) who	rec	7,095,476 eived more than \$10	-			789,334
	of reportable compensation from the											1	
3	Did the organization list any former line 1a? If "Yes," complete Schedule .						oyee,	or hi •	ghest compensated	employee on	3	Yes Yes	No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than \$		0? If						the	4	Yes	
5	Did any person listed on line 1a receir services rendered to the organization									vidual for	5		Ne
S	ection B. Independent Contract	ors					-				5		No
1	Complete this table for your five high from the organization. Report compe										pens	ation	
		(A) and business addre								(B) iption of services		(C Comper	
	ISLAND AQUISITION LLC								CONFERENC	E EXPENSES		2	2,052,013
SEA	DX 30861 ISLAND, GA 31561								CATERING		_		457.244
2659	ONAL FOOD ENTERPRISES INC								CATERING				457,244
ARLI NCLU	NGTON, VA 22206 JD									VELOPMENT AND			346,800
WAS	K STREET NW SUITE 300 HINGTION, DC 20005 WESTIN DENVER DOWNTOWN									E EXPENSES			316,506
	LAWRENCE ST /ER, CO 80202												
	. CAPITAL PARTNERS LLC								INVESTMENT MANAGEMEN	ADVISORY AND FUI	ND		243,063
SAN	MARITIME PLAZA FRANCISCO, CA 94111												
2	Total number of independent contractor	s (includina but	not lim	ited 1	to th	ose	listed	abo	ve) who received mo	ore than \$100.000	of		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 o compensation from the organization ► 15

Form 990 (2	019)
Part VIII	Statement of Revenue

Page **9**

		Check if Scheo	dule	O contains a	a respo	nse or note to any	line in this Part VIII	<u></u>	<u></u>	🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1:	a Federated campa	igns	5	1a			revenue		512 - 514
s, Grants Amounts		• • Membership due:			1 b					
iral Iou		c Fundraising even			1c					
S, G Am		d Related organiza								
a la		2			1d					
Contributions, Gifts, and Other Similar A		e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included 1e								
tributio Other		above g Noncash contributio			1f	42,381,205				
Contri and O		lines 1a - 1f:\$			1g	942,458				
<u>ة ت</u>		h Total. Add lines	1a-1	.f	• •	· · · ►	42,381,205			
						Business Code	500.040	500.040		
	2a	EDU SEM/CONFEREN	CE			900099	598,948	598,948		
Program Service Revenue	b	ROYALTIES SALE PUE	3			900099	111,141			111,141
ce Re	с	RESEARCH PUB/MATI	ERIA	LS		541800	68,920	68,920		
Ser vi	d									
ูเกลทา										
P۲۰	е									
		All other program								
		Total. Add lines 2				779,009		1		
		Investment income similar amounts)				nterest, and other	1,669,990	ס		1,669,990
	4	Income from invest	mer	nt of tax-exe	mpt bo	ond proceeds	•			
	5	Royalties	<u> </u>		•	🕨	•			
				(i) Re	al	(ii) Personal	_			
	6 a	Gross rents	6a							
	b	Less: rental					-			
		expenses	6b							
	С		6c							
	c	Rental income or (loss) Net rental income Gross amount from sales of assets other than inventory Less: cost or	e or	(loss)		· · · •	-1			
				(i) Secur	ities	(ii) Other				
	7a		7a	9,	639,938	3,00	0			
	b	Less: cost or other basis and sales expenses	7b	6,	437,358	6	0			
		Gain or (loss)	7c	3	202,580	3,00				
		l Net gain or (loss)					3,205,580	þ	25,289	3,180,291
đu	8 a	Gross income from fu								
Other Revenue		(not including \$ contributions reporte See Part IV , line 18	d on	of line 1c).						
Rev	L	Less: direct expen			8a 8b		_			
ler		Net income or (los				ents 🕨				
	9a	Gross income from	aam	ing activities						
	- 4	See Part IV, line 19			9a					
		• Less: direct expen			9 b					
	¢	: Net income or (los	s) fi	rom gaming	activiti	es 🕨				
	10	aGross sales of inve	ento	ry, less						
		returns and allowa			10a					
		Less: cost of good			10 b					
	C	Net income or (los Miscellaneo			invent	ory ► Business Code				
	11			evenue		Busilless Code	-			
	Ŀ									
	Ľ									
	c									
		All other reverse								
		d All other revenue • Total. Add lines 1				►				
		2 Total revenue. S								
	_				•	••••	48,035,784	4 667,868	25,289	4,961,422 Form 990 (2019)

	n 990 (2019)				Page 10
P	art IX Statement of Functional Expenses		All -+		
	Section 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a response or note to an		-		imn (A).
	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		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	602,000	602,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	18,000	18,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,292,869	1,747,258	1,254,270	291,341
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	22,590,707	18,390,744	2,407,086	1,792,877
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,732,652	1,371,217	230,324	131,111
9	Other employee benefits	1,842,090	1,457,825	244,872	139,393
10	Payroll taxes	1,877,800	1,486,086	249,619	142,095
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal	258,772	258,772		
c	Accounting	443,501	443,501		
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17	60,000			60,000
	Investment management fees	275,438		275,438	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,867,748	937,452	765,603	164,693
	Advertising and promotion				
	Office expenses	1,068,340	849,885	186,791	31,664
	Information technology				
	Royalties	4 24 2 6 2 2	2 252 257	1 600 076	
	Occupancy	4,210,603	2,358,257	1,629,376	222,970
		786,346	577,590	29,890	178,866
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	4,144,014	3,539,384	99,067	505,563
	Payments to affiliates	700.215	270.705	200.240	22.162
	Depreciation, depletion, and amortization	700,215	378,705 79,576	288,348	33,162
	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	207,030	73,370	120,205	
	a SCHOLAR FEES	1,659,607	1,659,607		
	b RENTAL AND MAINTENANCE	1,295,799	852,170	314,981	128,648
	c PUBLICATIONS	913,053	892,657	12,218	8,178
	d BUILDING MAINTENANCE	897,103	646,963	188,627	61,513
	e All other expenses	954,335	421,393	489,442	43,500
	Total functional expenses. Add lines 1 through 24e	51,698,842	38,969,042	8,786,215	3,943,585
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).				

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	y line in this Part IX .			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			6,512,413	1	10,443,202
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net			8,245,367	3	7,046,846
	4	Accounts receivable, net		[105,079	4	211,878
	5	Loans and other payables to any current or form key employee, creator or founder, substantial co entity or family member of any of these persons	ontribu	tor, or 35% controlled		5	
	6	Loans and other receivables from other disqualit section $4958(f)(1)$, and persons described in section	fied pe	rsons (as defined under		6	
s	7	Notes and loans receivable, net			12,657,212	7	9,415,079
Assets	8	Inventories for sale or use			55,792	8	0
SS	9	Prepaid expenses and deferred charges		F	799,203	9	1,367,125
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,439,884			
	ь	Less: accumulated depreciation	10b	3,001,429	2,937,124	10c	2,438,455
	11	Investments—publicly traded securities .			87,694,114	11	70,101,846
	12	Investments-other securities. See Part IV, line	11 .	[206,276,088	12	208,134,010
	13	Investments—program-related. See Part IV, line	11.	. Г		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			670,567	15	517,328
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	325,952,959	16	309,675,769
	17	Accounts payable and accrued expenses			8,063,361	17	4,613,848
	18	Grants payable	F		18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		· · .		20	
s	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	or 35% controlled entity		22		
Ľ	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l third	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	1,853,863	25	2,018,772
	26	Total liabilities. Add lines 17 through 25 .		F	9,917,224	26	6,632,620
Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	ieck h	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions	•	[252,298,490	27	247,377,888
8	28	Net assets with donor restrictions	• •	[63,737,245	28	55,665,261
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	-	heck here ► 🗌 and			
<u> </u>	29	Capital stock or trust principal, or current funds	• •	· · · L		29	
Net Assets	30	Paid-in or capital surplus, or land, building or eq	luipme	nt fund		30	
lss	31	Retained earnings, endowment, accumulated inc	come, i	or other funds		31	
ă k	32	Total net assets or fund balances	•••	[316,035,735	32	303,043,149
ž	33	Total liabilities and net assets/fund balances .		[325,952,959	33	309,675,769

Form 990 (2	019)
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Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		\checkmark
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48	,035,784
2	Total expenses (must equal Part IX, column (A), line 25)	2		51	,698,842
3	Revenue less expenses. Subtract line 2 from line 1	3		-3	,663,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$.	4		316	,035,735
5	Net unrealized gains (losses) on investments	5		-9	,367,514
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			37,986
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		303	,043,149
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\checkmark
				Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e basis,			
	□ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ingle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	3b		

Additional Data

Software ID: Software Version: EIN: 53-0218495 Name: AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH

Form 990 (2019)

Form 990, Part III, Line 4a:

DOMESTIC POLICY STUDIESAEI'S DOMESTIC POLICY STUDIES SCHOLARS EXPLORE A BROAD RANGE OF TOPICSINCLUDING K-12 AND HIGHER EDUCATION REFORM, CITIZENSHIP, ETHICS,JUDICIARY ISSUES, EXECUTIVE AND LEGISLATIVE POLITICS, POLLS ANDELECTIONS, FEDERALISM, POVERTY, CIVIL RIGHTS, CRIME, AND OTHER PUBLICPOLICY ISSUES. AEI'S SCHOLARS ARE THOUGHT LEADERS IN THEIRFIELDS AND CONVENE CONFERENCES, IN-PERSON AND ONLINE EVENTS, AND PUBLICAND PRIVATE SEMINARS. IN ADDITION TO ITS MANY EVENTS AND SEMINARS, AEIPROMOTES ITS RESEARCH AND IDEAS THROUGH PRINT AND DIGITAL PUBLICATIONS,BLOG POSTS AND SOCIAL MEDIA, CONFERENCES, AND WORKING GROUPS.

Form 990, Part III, Line 4b:

FOREIGN AND DEFENSE POLICY STUDIESAEI'S FOREIGN AND DEFENSE POLICY STUDIES SCHOLARS SEEK TO UNDERSTANDHOW AMERICAN INTERESTS AND POLITICAL AND ECONOMIC FREEDOM CAN BEPROTECTED AND ADVANCED AROUND THE WORLD. THE PROGRAM'S RESEARCH AREASINCLUDE U.S. NATIONAL SECURITY AND DEFENSE, TERRORISM, INTERNATIONALSOVEREIGNTY, AND U.S. POLICY IN THE MIDDLE EAST, ASIA, RUSSIA, ANDNUMEROUS OTHER AREAS, AEI'S SCHOLARS FOCUS ON CURRENT POLICYISSUES AS WELL AS THOSE FURTHER OVER THE HORIZON. IN THE PROCESS, THEYEDUCATE POLICYMAKERS, BUSINESS LEADERS, ACADEMICS, JOURNALISTS, STUDENTS, AND ALL INTERESTED CITIZENS ON OUR NATION'S MOST CRITICALPOLICY ISSUES.

Form 990, Part III, Line 4c:

ECONOMIC POLICY STUDIESAEI'S ECONOMIC POLICY STUDIES TEAM EXAMINES A RANGE OF SPECIFICECONOMIC ISSUES INCLUDING FISCAL POLICY AND TAXES,
MONETARY POLICY, ENERGY AND THE ENVIRONMENT, INTERNATIONAL ECONOMY, FINANCIAL SERVICES, REGULATION, RETIREMENT AND SOCIAL SECURITY, AND HEALTH
POLICY. THEIRRESEARCH EDUCATES THE PUBLIC ABOUT THE FUNCTIONING OF FREE ECONOMIES, HOW TO PRESERVE THEM, HOW TO SOLVE THE PROBLEMS THAT ARISE
IN THEM, ANDHOW TO CAPITALIZE ON THEIR STRENGTHS. AEI'S RESEARCH IS HIGHLYINFLUENTIAL AND WIDELY DISSEMINATED THROUGH CONGRESSIONAL
TESTIMONIES, TELEVISION AND RADIO INTERVIEWS, JOURNAL ARTICLES, AND NUMEROUSARTICLES, WHITE PAPERS, AND OP-EDS IN THE POPULAR PRESS.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an òn on is	e bo botł	t che x, u n an or/tr	minimized Highest compensated	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DANIEL A D'ANIELLO BD OF TRUSTEES - CHAIRMAN	2.00	х		x				0	0	0
CLIFFORD S ASNESS BD OF TRUSTEES	1.00	х						0	0	0
THE HONORABLE RICHARD B CHENEY BD OF TRUSTEES	1.00	х						0	0	0
PETER H COORS BD OF TRUSTEES	1.00	х						0	0	0
HARLAN CROW BD OF TRUSTEES	1.00	x						0	0	0
RAVENEL B CURRY III BD OF TRUSTEES	1.00	x						0	0	0
KIMBERLY O DENNIS BD OF TRUSTEES	1.00	х						0	0	0
DICK DEVOS BD OF TRUSTEES	1.00	х						0	0	0
ROBERT DOAR PRESIDENT	40.00	x		x				465,650	0	82,046
MARTIN C ELTRICH III BD OF TRUSTEES	1.00	х						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an òn on is	e bo botł	t che x, u n an or/tr	nless office ustee)	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JOHN V FARACI BD OF TRUSTEES	1.00	х						0	0	0
TULLY M FRIEDMAN BD OF TRUSTEES	1.00	х						0	0	0
CHRISTOPHER B GALVIN BD OF TRUSTEES	1.00	х						0	0	0
HARVEY GOLUB BD OF TRUSTEES	1.00	х						0	0	0
ROBERT GREENHILL BD OF TRUSTEES	1.00	х						0	0	0
FRANK J HANNA BD OF TRUSTEES	1.00	х						0	0	0
JOHN K HURLEY BD OF TRUSTEES	1.00	х						0	0	0
JOANNA F JONSSON BD OF TRUSTEES	1.00	х						0	0	0
BRUCE KOVNER BD OF TRUSTEES	1.00	х						0	0	0
MARC S LIPSCHULTZ BD OF TRUSTEES	1.00	х						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an òn on is	e bo both	t che x, u n an or/tr	m ss e Highest compensated	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JOHN A LUKE JR BD OF TRUSTEES	1.00	х						0	0	0
PAT NEAL BD OF TRUSTEES	1.00	х						0	0	0
KEVIN B ROLLINS BD OF TRUSTEES	1.00	х						0	0	0
MATTHEW K ROSE BD OF TRUSTEES	1.00	х						0	0	0
EDWARD B RUST JR BD OF TRUSTEES	1.00	х						0	0	0
MEL SEMBLER BD OF TRUSTEES	1.00	х						0	0	0
WILSON H TAYLOR BD OF TRUSTEES	1.00	х						0	0	0
WILLIAM H WALTON BD OF TRUSTEES	1.00	х						0	0	0
JASON W BERTSCH SENIOR VP AND SECRETARY	40.00			x				400,960	0	76,156
KAZUKI KO CHIEF FINANCIAL OFFICER AND TREASURER	40.00			x				173,360	0	31,206

(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo botł	t che ix, u n an	eck me inless office ustee)	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
DANIELLE PLETKA SENIOR VICE PRESIDENT	40.00				x			344,360	0	45,372	
MICHAEL R STRAIN DIRECTOR, ECONOMIC POLICY STUDIES	40.00				x			254,603	0	58,121	
RYAN STREETER DIRECTOR, DOMESTIC POLICY STUDIES	40.00				x			238,550	0	50,112	
YUVAL LEVIN DIRECTOR, SOCIAL, CULTURAL AND CONSTITUTIONAL ST	40.00				x			189,372	0	17,398	
JOHN M CUSEY VP, COMMUNICATIONS AND GOVERNMENT	40.00				x			168,131	0	44,855	
SUZANNE B GERSHOWITZ VP, ADMINISTRATION AND COUNSEL	40.00				x			227,180	0	49,398	
NICHOLAS EBERSTADT RESIDENT SCHOLAR	40.00					x		242,300	0	52,501	
KENNETH M POLLACK RESIDENT SCHOLAR	40.00					x		215,445	0	40,100	
FREDERICK M HESS RESIDENT SCHOLAR	40.00					x		211,775	0	41,439	
JAMES C CAPRETTA RESIDENT FELLOW	40.00					x		210,353	0	51,627	

(A) Name and Title	(B) Average hours per week (list any hours	pers	an òn on is	e bo boti	t ch ox, ι h an	eck m inless office ustee)	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JAMES M PETHOKOUKIS EDITOR-IN-CHIEF	40.00					x		205,400	0	51,801	
ARTHUR C BROOKS FORMER PRESIDENT	40.00						x	2,645,480	0	46,808	
DAVID GERSON FORMER EXECUTIVE VICE PRESIDENT	40.00						x	902,557	0	50,394	

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493062003061				
(For 9901	m 99 E Z)	OULE A 0 or		nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form s.gov/Form990 for in	ion 501(c)(3) o empt charitable 990 or Form 99	organization of trust. 0-EZ.	r a section	OMB No. 1545-0047				
Interna	ıl Reven	ue Service	tion					Employor idontifi	Inspection				
AMER:	ICAN EN	he organiza		JBLIC					Employer identification number				
_	Y RESE rt I		for Public	Charity Stat	us (All organization	s must comple	to this nart) 9	53-0218495					
_					e it is: (For lines 1 thro								
1	(A)(i).												
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)												
3		A hospital o	or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).					
4		A medical r name, city,		inization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	Enter the hospital's				
5			ation operate (iv). (Compl		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	ibed in section 170				
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	(v).					
7	\checkmark			rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	init or from the gener	ral public described in				
8					n 170(b)(1)(A)(vi).	(Complete Part I	I.)						
9					escribed in 170(b)(1) ee instructions. Enter				lege or university or a				
10		from activit investment	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its s					
11		An organiza	ation organiz	ed and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).					
12		more public	ly supported	l organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
а		organizatio	n(s) the pow		ated, supervised, or c appoint or elect a majo								
b		manageme	nt of the sup		ervised or controlled i ation vested in the sar and C.								
С					supporting organizatio ions). You must com				ated with, its				
d		Type III n functionally	on-function integrated.	ally integrate The organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga					
е		Check this	, box if the org	, ganization recei	ved a written determir	nation from the I		vpe I, Type II, Type II	II functionally				
f	Enter	-		,	integrated supporting	-		<u> </u>					
g				ion about the su	pported organization			1					
	(i) №	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	on in your governing document? monetary support other support (lines (see instructions) instructions)							
						Yes	No						
Tota									+				
For F	aperv		tion Act No	tice, see the I	structions for	Cat. No. 11285	5F :	Schedule A (Form 9	990 or 990-EZ) 2019				
Form	1 990 ·	or 990-EZ.											

Page **2**

F	Complete only if you ch	necked the box o	on line 5, 7, or 8	of Part I or if th	ne organization f	ailed to qualify u	
	If the organization failed	d to qualify unde	er the tests listed	d below, please	complete Part II	I.)	
	Section A. Public Support Calendar year						
	(or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	58,561,514	61,241,666	57,160,683	46,622,409	42,381,205	265,967,477
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	58,561,514	61,241,666	57,160,683	46,622,409	42,381,205	265,967,477
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						30,127,762
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						235,839,715
S	Section B. Total Support			I			
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) Amounts from line 4.	58,561,514	61,241,666	57,160,683	46,622,409	42,381,205	265,967,477
8	Gross income from interest,	50,501,511	01,211,000	37,100,003	10,022,103	12,301,203	200,507,177
	dividends, payments received on securities loans, rents, royalties and income from similar sources	815,318	800,129	925,030	2,039,526	1,669,990	6,249,993
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	10						272,217,470
	Gross receipts from related activities,					12	16,172,521
13	First five years. If the Form 990 is f	2		, ,	1	()()	nization,
	check this box and stop here					▶ ∟	
	Section C. Computation of Publi						
	Public support percentage for 2019 (I					14	86.640 %
	Public support percentage for 2018 Se					15	86.110 %
	a 33 1/3% support test—2019. If the and stop here. The organization qua 33 1/3% support test—2018. If th	lifies as a publicly :	supported organiza	ation			. 🕨 🗹
	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	n qualifies as a pub st—2019. If the or on meets the "facts	blicly supported or ganization did not s-and-circumstanc	ganization check a box on lir es" test, check this	ne 13, 16a, or 16b, s box and stop he	and line 14 re. Explain	
Ł	organization	st—2018. If the o zation meets the " on meets the "fact	rganization did no facts-and-circums s-and-circumstand	t check a box on li tances" test, check es" test. The orga	ine 13, 16a, 16b, c < this box and sto nization qualifies a	or 17a, and line o here. as a publicly	
18		ion did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	_
	instructions	<u></u>	<u></u>		Schedul	e A (Form 990 or	► L

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

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

Se	Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .							
2	Gross receipts from admissions,							
-	merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the							
3	organization's tax-exempt purpose Gross receipts from activities that are							
5	not an unrelated trade or business							
	under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
-	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
h	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
~	13 for the year. Add lines 7a and 7b..							
8	Public support. (Subtract line 7c							
Ŭ	from line 6.)							
Se	ection B. Total Support						•	
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
_	(or fiscal year beginning in) ►	(a) 2015	(B) 2010	(0) 2017	(0) 2010	(0) 2015		
9	Amounts from line 6.						_	
L0a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources.							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30,							
	1975.							
с	Add lines 10a and 10b.							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on.							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)						_	
13	Total support. (Add lines 9, 10c, 11, and 12.).							
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,	
	check this box and stop here						► 🗆	
Se	ction C. Computation of Public							
15	Public support percentage for 2019 (lir	e 8, column (f) di	ivided by line 13,	column (f))		15		
16	Public support percentage from 2018 S	chedule A, Part II	II, line 15			16		
Se	ection D. Computation of Invest	ment Income	Percentage			1 1		
17	Investment income percentage for 20:		<u> </u>	line 13, column (f))	17		
18	Investment income percentage from 2	018 Schedule A,	Part III, line 17 .			18		
	331/3% support tests-2019. If the						ine 17 is not	
	more than 33 1/3%, check this box and							
	33 1/3% support tests—2018. If the							
5	not more than 33 1/3%, check this box	-						
20	Private foundation. If the organization	-	-				_	
	Fireate roundation. If the organization	лана пос спеск а	1 box on me 14, 1	.5a, or 190, check			or 990-E7) 2019	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	54		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	30 4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
c	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9a 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a 10b		

Schedule A (Form 990 or 990-EZ) 2019

			No
	Has the organization accepted a gift or contribution from any of the following persons?		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	maintaineu a ciose and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			

Section E. Type III Functionally-Integrated Supporting Organizations

- L Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer (a) and (b) below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Yes

1

2

No

No

Yes

Yes

2a

2b

3a

Зb

No

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	itegrat	ed Type III supporting or	ganization (see			

Page **6**

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organizations (continued	l)
Section D - Distributions		-	Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	d)		
6 Other distributions (describe in Part VI). See instructio	ns		
7 Total annual distributions. Add lines 1 through 6.			
 8 Distributions to attentive supported organizations to wh details in Part VI). See instructions 	ich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015. . <th< td=""><td></td><td></td><td></td></th<>			
d From 2017.			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. 			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version:

EIN: 53-0218495

Name: AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH

Schedule A (Form 990 or 990-EZ) 2019

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Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV,
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1;
Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
instructions).

Facts And Circumstances Test

		rint - DO NOT PROCESS As Fil	ied Data -			DL)62003061 . 1545-0047
	HEDULE D m 990)	Supplemental Financial Statements						
·	tment of the Treasury	Part IV, line 6, 7, 8, 9, 1	10, 11a, 11b, 11c, ▶ Attach to Form	990.	r 12b.		2019 Open to Publi	
	al Revenue Service	► Go to <u>www.irs.gov/Forn</u>	<u>1990</u> for instruction	ons and the latest info				pection
AM	me of the organ ERICAN ENTERPRISE ICY RESEARCH	Ization INSTITUTE FOR PUBLIC			-	ployer ide 0218495	ntification 1	number
Pa		zations Maintaining Donor Advi			or Acc	counts.		
	Comple	te if the organization answered "Ye	· · · ·	1	<u> </u>	(1) 5 1	1 11	
1	Total number at	and of year	(a) Dono	r advised funds		(b) Funds	and other a	ccounts
2		end of year						
2	55 5	of grants from (during year)						
4		at end of year						
5	Did the organiza	ation inform all donors and donor adviso roperty, subject to the organization's ex				funds are t		Yes 🗌 No
6	Did the organiza charitable purpo	ation inform all grantees, donors, and do	onor advisors in wri or donor advisor, o	ting that grant funds can or for any other purpose	n be us		nissible	Yes 🗆 No Yes 🗌 No
Pa	rt II Conser	vation Easements. te if the organization answered "Ye						
1		onservation easements held by the organ						
	Preservatio	on of land for public use (e.g., recreation	n or education)	Preservation of a	n histor	rically impo	rtant land ar	ea
	_	of natural habitat	·····,	Preservation of a				
					certifie		uccure	
2		on of open space 2a through 2d if the organization held a	qualified conservat	ion contribution in the fo	orm of a	a conservat	tion	
-	easement on the	e last day of the tax year.					t the End of	the Year
а	Total number of	conservation easements			2a			
b	-	stricted by conservation easements			2b			
С		ervation easements on a certified histori			2c			
d		ervation easements included in (c) acquing the network of the netw	ired after 7/25/06,	and not on a historic	2d			
3	Number of cons tax year >	ervation easements modified, transferre	ed, released, exting	uished, or terminated by	/ the or	ganization	during the	
4	Number of state	es where property subject to conservation	on easement is loca	ted Þ				
5	Does the organi	zation have a written policy regarding the conservation easements it holds	he periodic monitor	ing, inspection, handling	of viol	— ations,	🗌 Yes	
6	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of vi	olations, and enforcing o	conserv	ation ease		
7	· · · · · · · · · · · · · · · · · · ·	nses incurred in monitoring, inspecting,	handling of violatic	ons, and enforcing conse	rvation	easements	s during the	year
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?			170(h)(4)(B)(i)	🗌 Yes	
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the ofs accounting for conservation easemen	footnote to the org					
Par		zations Maintaining Collections te if the organization answered "Ye			her Si	milar As	sets.	
1a	If the organizati	ion elected, as permitted under SFAS 11 easures, or other similar assets held for	.6 (ASC 958), not to	o report in its revenue si	tatemei further	nt and bala	nce sheet wo	orks of
b	provide, in Part	XIII, the text of the footnote to its finar ion elected, as permitted under SFAS 11	icial statements tha	t describes these items.				of art,
-	historical treasu following amour	res, or other similar assets held for pub hts relating to these items:	lic exhibition, educa	ation, or research in furt	herance	e of public s	service, prov	ide the
		led on Form 990, Part VIII, line 1						
(ii)Assets included	in Form 990, Part X				. 🕨 \$		
2	following amour	ion received or held works of art, histori hts required to be reported under SFAS	116 (ASC 958) rela	ting to these items:				
а		ed on Form 990, Part VIII, line 1						
b		in Form 990, Part X						

 ${\bf e}$ Other .

.

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

Sche	edule D (Form 990) 2019									Page 2
Par	t III Organizations Maintaining Coll	ections of Art, Hist	orical T	reasu	ires, or	Other S	imilar As	sets (cont	inued)	
3	Using the organization's acquisition, accession items (check all that apply):	, and other records, che	ck any of	the fol	llowing tl	nat are a s	ignificant u	se of its col	lection	
а	Public exhibition			Loan	or excha	nge progra	ams			
b	Scholarly research			Other	r					
С	Preservation for future generations									
4	Provide a description of the organization's colle Part XIII.	ections and explain how	they furtl	her the	e organiz	ation's exe	mpt purpos	e in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							🗌 Yes	П и	lo
Pa	rt IV Escrow and Custodial Arranger Complete if the organization answ X, line 21.		90, Part	IV, lir	ne 9, or	reported	an amou	nt on Forn	n 990,	Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?							🗌 Yes	□ N	lo
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ing table:		Γ		Ar	nount		_
С	Beginning balance				ľ	1c				_
d	Additions during the year					1d				_
е	Distributions during the year				. [1e				_
f	Ending balance				. [1f				_
2a	Did the organization include an amount on For	m 990. Part X. line 21. f	or escrov	v or cus	- stodial a	ccount liab	ilitv?			— Io
b	If "Yes," explain the arrangement in Part XIII.								<u> </u>	
	rt V Endowment Funds.	encek here it the explai		been	provided					
	Complete if the organization answ	ered "Yes" on Form 9	90, Part	IV, lir	ne 10.					
) Prior yea				d) Three yea		Four yea	
	Beginning of year balance	109,114,336	113,586			8,658,140		21,523	-	816,965
	Contributions	648,826		3,909		5,857,405		42,750		275,000
	Net investment earnings, gains, and losses	-3,358,750	2,102	2,383		6,158,576	10,0	99,439	-9,	199,854
	Grants or scholarships									
е	Other expenditures for facilities and programs	7,473,705	7,218	3,469		7,087,608	9,4	05,572	9,	470,588
f	Administrative expenses									
	End of year balance	98,930,707	109,114	4,336	11	3,586,513	108,6	58,140	99,	421,523
2	Provide the estimated percentage of the current	. ,					,	,		
-		65.560 %	, ig, cold	iiii (u)	/) neia a.					
b	Permanent endowment ► 21.510 %									
c	Temporarily restricted endowment ► 12.9	30 %								
C	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess	•	hat are h	eld and	d admini	stered for f	he			
	organization by:	-							Yes	No
	(i) unrelated organizations		• •	• •	• •			3a(i)		No
	(ii) related organizations			•	• •			3a(ii)		No
ь 4	If "Yes" on 3a(ii), are the related organizations Describe in Part XIII the intended uses of the o				• •		• • •	3b		
	rt VI Land, Buildings, and Equipmen	-	ni iunus.							
r a	Complete if the organization answ		90, Part	IV, lir	ne 11a.	See Forn	n 990, Par	t X, line 1	0.	
	Description of property (a) Cost or othe (investmer	er basis (b) Cost or ot		<u> </u>		ımulated de			ook valu	e
1 a	Land									
b	Buildings									
	Leasehold improvements		1,8	15,421			790,606		1	1,024,815
d	Equipment		3,6	24,463			2,210,823		í	1,413,640

2,438,455

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Schedule D (Form 990) 2019

Part VII						Page
	Complete if the organization answered "Yes" on Form 9 (a) Description of security or category	90, Part IV, lii (b) Book	ne 11t	See Form 990, I (c) Metho		
(4) =: .	(including name of security)	value		Cost or end-of	-year n	narket value
	al derivatives					
See Additior (A)	nal Data Table					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	208,134,010				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, Part IV, lii	ne 110	. See Form 990,	Part X	(, line 13.
	(a) Description of investment			(b) Book value	(c)) Method of valuation: or end-of-year marke value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 99 (a) Description	90, Part IV, lin	e 11d	. See Form 990, Par	t X, lin	ne 15. (b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ımn (b) must equal Form 990, Part X, col.(B) line 15.)				►	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 99 (a) Description of liability	90, Part IV, lin	e 11e	or 11f.See Form	990, I	Part X, line 25. (b) Book value
(1) Federal	income taxes					
(3)						
(4) (5)						
(5)						
(6)						

 Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)
 2,018,772

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)		
Return Reference	Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 53-0218495

Name: AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category	(b)Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
VALUEACT CAPITAL FUND	15,102,038	F
HCP CHINA CAPITAL APPRECIATION FUND	4,631,534	F
TACONIC OPPORTUNITY OFFSHORE	6,617,865	F
M SQUARE	2,450,475	F
AMANSA	3,425,730	F
LUXOR CAPITAL	339,004	F
HALL AR FUND	11,023,000	F
FARALLON	106,867	F
STEADFAST INTERNATIONAL LTD.	7,134,532	F
VARDE INVESTMENTS PARTNERS	6,676,000	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation: Cost or end-of-year market value
HCP PRIVATE EQUITY FUND	3,127,162	F
TYBOURNE LONG OPPORTUNITIES OFFSHORE	10,491,311	F
INVESTMENT IN AEI 1789 MASSACHUSETTS PROPERTY OWNER, LLC	117,541,938	F
WESTWOOD GLOBAL INVESTMENT	3,517,171	F
EMPYREAN CAPITAL OVERSEAS FUND, LTD.	7,439,146	F
PRIME FINANCE LONG DURATION	883,909	F
HCP PE IX	240,550	F
FINEPOINT	7,125,778	F
HCP REAL ESTATE FUND III	260,000	F

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS PROVIDE LONG-TERM FINANCIAL SUPPORT FOR AEI'S GENERAL OPERATIONS AND F OR PARTICULAR RESEARCH. THE ENDOWMENT FUNDS OFTEN TAKE THE FORM OF NAMED CHAIRS FOR SCHOLA RS WORKING IN PARTICULAR FIELDS.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE INSTITUTE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE (IRS) AS OTHER TH AN A PRIVATE FOUNDATION. THE INSTITUTE, HOWEVER, IS REQUIRED TO REPORT UNRELATED BUSINESS INCOME, TO THE IRS AND THE DISTRICT OF COLUMBIA. THE INSTITUTE INCURRED UNRELATED BUSINESS INCOME TAX OF \$4,123 AND \$41,797 FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, RESPECTIVELY . THE RELATED LIABILITIES AT THE END OF EACH YEAR ARE INCLUDED IN THE CONSOLIDATED STATEME NTS OF FINANCIAL POSITION UNDER ACCOUNT PAYABLE AND ACCRUED EXPENSES. THE INCOME TAX POSITIONS TAKEN BY AEI FOR ANY YEARS OPEN UNDER THE VARIOUS STATUTES OF LIMITATIONS ARE THAT TH E INSTITUTE CONTINUES TO BE EXEMPT FROM INCOME TAXES AND THAT THE INSTITUTE HAS PROPERLY R EPORTED UNRELATED BUSINESS INCOME THAT IS SUBJECT TO INCOME TAXES. ALB BLIEVES THERE ARE NO TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD SIGNIFICANTLY INCREASE UNRECOGNI ZED TAX LIABILITIES WITHIN 12 MONTHS OF THE REPORTING DATE. NONE OF AEI'S FEDERAL OR STATE INCOME TAX RETURNS ARE CURRENTLY UNDER EXAMINATION.

efile GRAPHIC prin	t - DO NOT	PROCESS	As Filed Data	-		DLN:	93493062003061
SCHEDULE F (Form 990)	State	ement of A	Activities	Outside the Un	ited S	states -	OMB No. 1545-0047
(10111000)	► Comp	lete if the organi		Yes" to Form 990, Part IV, to Form 990.	ine 14b, 1	.5, or 16.	2019
Department of the Treasury Internal Revenue Service	•	► Go to <i>www.irs.</i> g	gov/Form990 for i	nstructions and the latest in	nformatio	n.	Open to Public Inspection
Name of the organization AMERICAN ENTERPRISE POLICY RESEARCH		R PUBLIC				Employer iden	tification number
	Information , Part IV, line		s Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" on
other assistance, to award the grain 2 For grantmaken outside the United	the grantees' nts or assistan r s. Describe in d States.	eligibility for th ce? Part V the orga	ne grants or assis	substantiate the amoun stance, and the selectior dures for monitoring the cated if additional space is	criteria	used 	✓ Yes □ No ner assistance
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a service, describe acific type of (s) in the region	(f) Total expenditures for and investments in the region
3a Sub-total . b Total from continua Part I .		C	0 0 0 0				
c Totals (add lines 3	a and 3b)	C	0 0				(

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					nized as charities by t ection 501(c)(3) equiv				
3	Enter total number	er of other org	anizations or entities						
								Schedule	F (Form 990) 2019

Schedule F (Form 990) 2019

				ed States. Complete if	f the organization ar	swered "Yes" on Form S	990, Part IV, line 16.
	duplicated if addition			1	T	1	r
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

Page **3**

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part IV Foreign Forms

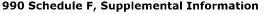
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	No No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	Yes	🖌 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	No No

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference	Explanation
PART I, LINE 2:	OTHER ASSISTANCE PAID TO INDIVIDUALS OUTSIDE THE UNITED STATES IS SUPERVISED BY PROJECT MANAGERS WHO PROVIDE OVERSIGHT, APPROVE PAYMENTS AND PROVIDE AN ACCOUNTING OF FUNDS SPENT.





Additional Data

Software ID:

Software Version:

EIN: 53-0218495

Name: AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE PACIFIC	9	11,700				
TRAVEL STIPENDS	EUROPE	2	2,400				

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	NORTH AMERICA	1	1,500				
TRAVEL STIPENDS	NORTH AFRICA	1	1,200				

Form 990 Schedu	orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
TRAVEL STIPENDS	SOUTH ASIA	1	1,200					

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	HEDULE G	laguZ	ementa	al Info	ormati	on Rega	rdina		OMB No. 1545-0047
(Fo	rm 990 or 990-EZ)	Fund Complete if the organiz	draisin	g or (red "Yes" (Gamin	ig Activit	ies 7, 18, or 1	9, or if the	2019
	rtment of the Treasury nal Revenue Service		► Attac	h to Form	990 or Form				Open to Public Inspection
	ne of the organization RICAN ENTERPRISE INSTITU							Employer ide	ntification number
	ICY RESEARCH							53-0218495	
Pa		t ivities. Complete i rs are not required	-			d "Yes" on Fo	orm 990	, Part IV, line 1	17.
1	Indicate whether the orga	nization raised funds t	hrough any	/ of the fo	ollowing ac	tivities. Check	all that a	pply.	
а	✓ Mail solicitations			e	🖌 Soli	icitation of non	-governm	ent grants	
b	✓ Internet and email soli	citations		f	🗌 Soli	icitation of gove	ernment o	grants	
с	Phone solicitations			g	🗌 Spe	cial fundraising	g events		
d	✓ In-person solicitations								
2a	Did the organization have or key employees listed in								es 🗆 No
b	If "Yes," list the 10 highes to be compensated at leas	t paid individuals or ei t \$5,000 by the organ	ntities (fund lization.	draisers)	pursuant I	o agreements	under wh		
(i)	Name and address of individ or entity (fundraiser)	ual (ii) Activity	fundrai custo cont) Did ser have ody or crol of outions?		oss receipts n activity) (or r fundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	IETSO LLC 2907 BUTTERFIELD ROAD SUITE 150	FUNDRAISING CONSULTANT	Yes	No		0		60,000	0
	OAK BROOK, IL 60523								
Tota	al			. ►				60,000	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

DC,	NY,	NJ,	ΙL

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

Revenue	gross receipts greater than \$5	· · · · · · · · · · · · · · · · · · ·			
verne		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
Ver		(event type)	(event type)	(total number)	
1	1 Gross receipts				
	Less: Contributions Gross income (line 1 minus line 2)				
4	Cash prizes				
5 Se	-				
Direct Expenses					
<u>ה</u> הב	Food and beverages				
ed Led	Bentertainment				
-					
	LO Direct expense summary. Add lines 4 t				
ر Part	I Net income summary. Subtract line 10Gaming. Complete if the organication		••••••••••••••••••••••••••••••••••••••	V, line 19, or reported	 1 more than \$15,000
Revenue	on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Rev					
ν ν	I Gross revenue				
۲ ۲	Cash prizes				
ע ד 3					
	Rent/facility costs				
<u> </u>	Gother direct expenses				
e	Volunteer labor	☐ Yes%_ ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
7	 Direct expense summary. Add lines 2 t 	hrough 5 in column (d)		►	
8	3 Net gaming income summary. Subtrac	t line 7 from line 1, colum	nn (d)	►	
a	Enter the state(s) in which the organizati Is the organization licensed to conduct ga If "No," explain:	aming activities in each o	f these states?		Yes No
	Were any of the organization's gaming lic If "Yes," explain:	censes revoked, suspende	ed or terminated during the		

Sche	dule G (Form 990 or 990-EZ) 2	019					F	Page 3
11	Does the organization conduct	t gaming activities with nonmembers	?			🗌 Yes		
12		beneficiary or trustee of a trust or a le gaming?	member of a partnership or other entit	:у		🗌 Yes		
13	Indicate the percentage of ga	ming activity conducted in:						
а	The organization's facility				13a			%
b	An outside facility			•	13b			%
14	Enter the name and address o	of the person who prepares the orgar	nization's gaming/special events books	and re	cords:			
	Name 🕨							
	Address 🕨							
15a		contract with a third party from who 	m the organization receives gaming			🗌 Yes		
b		gaming revenue received by the orgative tained by the third party \blacktriangleright \$	anization	and th	e			
С	If "Yes," enter name and addr	ess of the third party:						
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	on ▶ \$						
	Description of services provide	ed 🕨						
	Director/officer	Employee	□ Independent contractor					
17	Mandatory distributions:							
а	Is the organization required u retain the state gaming licens		stributions from the gaming proceeds to			□ Yes		
b	Enter the amount of distributi	ons required under state law distribu	ted to other exempt organizations or s	pent				
		npt activities during the tax year 🕨						
Par			ions required by Part I, line 2b, co icable. Also provide any additional					s

Return Reference

Explanation

Schedule G (Form 990 or 990-EZ) 2019

efile G	RAPHIC print	- DO	NOT PROCESS	As Filed Data -					DLM	N: 934930620	03061
		full c	ontent of this d	ocument, please se	elect landscape mode	e (11" x 8.5") whe	en printing.				
Sched (Form	990)			Governments	Other Assistand and Individuals ation answered "Yes," of			MB No. 1545-004 2019 Open to Public			
	venue Service			► Go to <u>ww</u>	Attach to Form <u>w.irs.gov/Form990</u> for		on.			Inspection	
AMERICA	e organization N ENTERPRISE IN ESEARCH	NSTITU	TE FOR PUBLIC					Employ 53-021		ation number	
Part I	General In	nform	ation on Grants	and Assistance							
the	selection criteria	a used t	o award the grants	or assistance?	the grants or assistance, se of grant funds in the Ur			ce, and		🗹 Yes	🗆 No
-	Grants and G	Other A	ssistance to Dom	estic Organizations a	ind Domestic Governme ditional space is needed.		ganization answered "Yes	s" on Form 990, P	art IV, line	21, for any recipi	ent
• •	lame and address organization or government	s of	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass		(h) Purpose of or assistance	grant
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
				-	s listed in the line 1 table			· · · · ·	►		

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

i alt ill call be daplicate	un additio	nur spuce is necucu.	·						
(a) Type of grant or assistance	e	(b) Number of recipients	of (c) Amount cash gran		(d) Amount noncash assis		(e) Method of valuation FMV, appraisal, oth		(f) Description of noncash assistance
(1) STIPENDS FOR VISITING SCHO	LARS	308	392,900						
(2) TRAVEL STIPENDS TO RECIPIE	NTS	152	209,100						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental In	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								
Return Reference	Explanatio)n							
PART I, LINE 2:	AEI REQUIR	ES THAT RECIPIENT	TS OF GRANTS SUBMIT RE	EPORTS	DETAILING THE	OUTCO	MES OF THE GRANT PRC	JECTS A	AND THE USE OF FUNDS.

Schedule I (Form 990) 2019

erii	e GRAPHIC pr	rint - DO NOT PROCESS As Filed			DLN: 9			
	edule J	Comper	isat	ion Information		OMB No.	1545-	0047
(Forr	n 990)			Frustees, Key Employees, and High	est 📃	•		<u> </u>
				ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20)19)
_			Attacl	ו to Form 990.				
	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/rorms</u>	<u>90</u> 101	instructions and the latest inform	ation.	Open f Insp	pectio	
	ne of the organiza	ation INSTITUTE FOR PUBLIC			Employer identific	ation nu	umber	
	ICY RESEARCH	INSTITUTE FOR PUBLIC			53-0218495			
Pa	rt I Questie	ons Regarding Compensation						
					_		Yes	No
1 a		opiate box(es) if the organization provided ection A, line 1a. Complete Part III to prov						
		s or charter travel	H	Housing allowance or residence for p				
	_	companions	H	Payments for business use of person				
	=	nification and gross-up payments hary spending account	H	Health or social club dues or initiatio Personal services (e.g., maid, chauff				
		ary spending account		Personal services (e.g., maid, chaun	eur, cher)			
b		xes on Line 1a are checked, did the organi						
_		or provision of all of the expenses describe		, , ,	in	1b	Yes	
2		ation require substantiation prior to reimbu ees, officers, including the CEO/Executive D			e 1a?	2	Yes	
_		· · · ·						
3		if any, of the following the filing organizati EO/Executive Director. Check all that appl			e			
		ed organization to establish compensation of			n Part III.			
	Compensa	ation committee		Written employment contract				
		ent compensation consultant	\checkmark	Compensation survey or study				
	F orm 990	of other organizations	\checkmark	Approval by the board or compensat	ion committee			
4	During the year, related organiza	; did any person listed on Form 990, Part \ ation:	/II, Se	ection A, line 1a, with respect to the fil	ing organization or a	а		
а	Receive a sever	ance payment or change-of-control payme	ent?.			4a	Yes	
b		r receive payment from, a supplemental no				4b	Yes	
с	•	r receive payment from, an equity-based c		-		4c		No
	If "Yes" to any c	of lines 4a-c, list the persons and provide t	he ap	plicable amounts for each item in Part	III.			
	Only $E01(c)/2$), 501(c)(4), and 501(c)(29) organiza	tions	must complete lines E-9				
5		ed on Form 990, Part VII, Section A, line 1		•				
-		ontingent on the revenues of:	.,					
а	The organization	n?				5a		No
b	· ·	anization?				5b		No
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section A, line 1 ontingent on the net earnings of:	a, did	the organization pay or accrue any				
а		n?				6 a		No
b		anization?				6b		No
_		6a or 6b, describe in Part III.						
7	payments not de	ed on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6? If "Yes," describe	e in Pa	art III		7		No
8	Were any amou	nts reported on Form 990, Part VII, paid o nitial contract exception described in Regul	r accu ations	red pursuant to a contract that was	scribe			
						8		No
9	If "Yes" on line !	8, did the organization also follow the rebu	ittable	presumption procedure described in F	Regulations section	L.		
	53.4958-6(c)?.				- · ·	9		
F F		uction Act Notice, see the Instructions				- /-	-	2010

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

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

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

Note. The sum of columns (B)(1)-(11) for each listed individual must equal the t	ota	I amount of For	In 990, Part VII, Se	cuon A, inte Ia, a) and (E) amoun	ts for that mun	nuual.
(A) Name and Title		(B) Breal	down of W-2 and/c compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table			11		1			
			· · · ·		•	•		

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
	TRAVEL FOR COMPANIONS: BOARD MEMBERS AND STAFF ARE PERMITTED TO BRING SPOUSES TO THE ANNUAL OFF-SITE MEETINGS, WORLD FORUM AND THE BOARD RETREAT.
	DAVID GERSON RECEIVED PAYMENT FROM A DEFERRED COMPENSATION PLAN DURING THE YEAR. JASON BERTSCH, DANIELLE PLETKA AND ROBERT DOAR PARTICIPATED IN A DEFERRED COMPENSATION PLAN DURING THE YEAR ENDED JUNE 30, 2020.
	DAVID GERSON, FORMER EXECUTIVE VICE PRESIDENT, RECEIVED SEVERANCE PAYMENT DURING THE YEAR AMOUNTING TO \$663,877 AS PART OF HIS SEPARATION AGREEMENT.



Additional Data

Software ID:

Software Version:

EIN: 53-0218495

Name: AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC

POLICY RESEARCH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	. . ,		of W-2 and/or 1099-MISC		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1ROBERT DOAR PRESIDENT	(i)	464,150	1,500	0	56,490	25,556	547,696	C
	(ii)	0	0	0	0	0	0	C
1JASON W BERTSCH SENIOR VP AND SECRETARY	(i)	390,960	10,000	0	49,200	26,956	477,116	C
SENIOR OF AND SECRETART	(ii)	0	0	0	0	0	0	
2 KAZUKI KO CHIEF FINANCIAL OFFICER	(i)	170,360	3,000	0	21,420	9,786	204,566	C
AND TREASURE	(ii)	0	0				0	
3DANIELLE PLETKA SENIOR VICE PRESIDENT	(i)	339,360	5,000	0	42,000	3,372	389,732	C
SENIOR VICE PRESIDENT	(ii)	0	0		0	0	0	
4MICHAEL R STRAIN	(i)	236,103	18,500	0	31,620	26,501	312,724	C
DIRECTOR, ECONOMIC POLICY STUDIES	(ii)	0						c
5 RYAN STREETER DIRECTOR, DOMESTIC	(i)	232,550	6,000	0	26,633	23,479	288,662	C
POLICY STUDIES	(ii)	0		 0				
6YUVAL LEVIN	(i)	189,372	0	0	0	17,398	206,770	C
DIRECTOR, SOCIAL, CULTURAL AND CONST	(ii)	0	 0					c
7JOHN M CUSEY VP, COMMUNICATIONS AND	(i)	163,131	5,000	0	20,896	23,959	212,986	C
GOVERNMENT	(ii)	0		 0				
8SUZANNE B GERSHOWITZ	(i)	192,180	35,000	0	27,900	21,498	276,578	C
VP, ADMINISTRATION AND COUNSEL	(ii)	0						c
9NICHOLAS EBERSTADT	(i)	242,300	0	0	29,400	23,101	294,801	C
RESIDENT SCHOLAR	(ii)	0		 0			 0	
10KENNETH M POLLACK	(i)	210,945	4,500	0	13,260	26,840	255,545	C
RESIDENT SCHOLAR	(ii)	0						c
11FREDERICK M HESS	(i)	211,775	0	0	26,287	15,152	253,214	c
RESIDENT SCHOLAR	(ii)	0	 0	 0			 0	
12JAMES C CAPRETTA	(i)	208,353	2,000	0	26,190	25,437	261,980	C
RESIDENT FELLOW	(ii)	0	 	 n			´ n	
13JAMES M PETHOKOUKIS	(i)	202,900	2,500	0	25,380	26,421	257,201	c
EDITOR-IN-CHIEF	(ii)	0		 n		 	· · · · · · · · · · · · · · · · · · ·	
14ARTHUR C BROOKS	(i)	445,480	2,200,000	0	33,600	13,208	2,692,288	c
FORMER PRESIDENT	(ii)	0		 n				
15DAVID GERSON	(i)	238,680	0	663,877	30,000	20,394	952,951	
FORMER EXECUTIVE VICE PRESIDENT	(ii)	0	0					
	<u>г</u> ,		U	0		U	0	

efile GRAPHI					iled Data -							49300 48 No.		
Schedule L (Form 990 or 990	-EZ)	► Complet	Transactions with Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.										19	
Department of the Trea Internal Revenue Serve		►G	io to <u>www.ii</u>		<u>m990</u> for instr			forma	tion.	i		Open t Insp	o Pub ection	
Name of the org AMERICAN ENTERP POLICY RESEARCH	RISE IN		PUBLIC						•	yer ide 8495	entifica	ntion n	ımber	
			•		(c)(3), section 5 Form 990, Part 1		•	, . .	-					
		e of disqualit			Relationship be	,	, <u>, </u>)escript			Correc	ted?
	-				c	organization		_	tr	ansacti	on	Ye	s	No
4958				·	hanagers or disc bursed by the o		-	year ı	under	. 🕨 :	n \$ \$			
Con	nplete i	if the organi	From Inter zation answe n Form 990, I	red "Yes" o	n Form 990-EZ,	Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	; or if	the orga	nizatio	n
(a) Name of interested person					to or from the nization?	(e) Original principal amount	(f) Balance due) In ult?	Appro boar	h) ved by rd or hittee?		Writte eemen	
				То	From	-		Yes	No	Yes	No	Yes	No	,
Total .	· .					⊥ ▶ \$								
					ested Person es" on Form 9		line 27	<u>.</u>						
(a) Name of inter		person (b)	Relationship) erested perso organizat	between n and the	(c) Amount o		(d) Type	of assi	stand	e	(e) Pu	rpose of	assista	ince
For Dapenwork Ped	luction	Act Notice s	ee the Instru	tions for Fo	rm 990 or 990-F	7 0	at No. 500564		6-1	ا مابياد ا	(Farme	000 cm	000 57	201

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sł o organiz rever	f ation's
				Yes	No
(1) LYNNE CHENEY	SPOUSE OF DIRECTOR		EMPLOYEE COMPENSATION AND 403B EMPLOYER CONTRIBUTION		No

Part V Supplemental Information

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

Return Reference

Explanation

		int - DO NOT PF	ROCESS	As Filed Data -		DLN:	9349306	2003	061
			N	Noncash Contri	butions		OMB No. 1	.545-0	047
(⊢or	m 990)		•		battono		20	10	
		-	-	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	17	
		Attach to Form							
	tment of the Treasury	▶Go to <u>www.irs.c</u>	gov/Form9	<u>990</u> for the latest informat	ion.		Open to		
	al Revenue Service						Inspe		
	e of the organizat ICAN ENTERPRISE II	ION NSTITUTE FOR PUBLIC				Employer ident	tification n	umber	
	Y RESEARCH					53-0218495			
Pa	rt I Types o	of Property				-			
			(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on		d of determii ontribution a		-
			applicable	items contributed	Form 990, Part VIII, line	noncash co		mount	5
					1g				
	Art—Works of art								
	Art—Historical tr								
-	Art—Fractional ir					-			
	Books and public								
5	Clothing and hou goods	isenola							
6	Cars and other v								
7	Boats and planes	. 							
8	Intellectual prope	erty							
9	Securities—Public	cly traded .	Х	35	745,670	FAIR VALUE			
	Securities—Close	•							
11	Securities—Partr or trust interest								
12	Securities—Misce								
	Qualified conserv								
	contribution—Hi structures	storic							
14	Qualified conserv								
15	contribution—Of Real estate—Res								
	Real estate—Cor								
	Real estate Oth								
	Collectibles .								
	Food inventory								
20	Drugs and medic	al supplies							
21	Taxidermy .								
22	Historical artifact	ts							
	Scientific specim								
24	Archeological art								
25	COMPL Other ► (<u>EQUIP</u>		X	143	100,13	FAIR VALUE			
	EVENT		X	6	96.65	5 FAIR VALUE			
26	Other ► (EXPEN	SES)							
27	Other ► (
	Other ► (
29				ation during the tax year for 3, Part IV, Donee Acknowled		29			
	for which the org	Janization completed	1 FUITH 020.	5, Part IV, Donee Acknowled	gement			Yes	Na
302	During the year	did the organizatio	n receive h	y contribution any property r	enorted in Part I lines 1 th	rough 28 that it		res	No
30a				e of the initial contribution, a					
							30a		No
ь	If "Vec " describ	e the arrangement	in Part II				30a		NO
		-		11 AL A	.				N.
31	-	-	• •	olicy that requires the reviev			31		No
32a		zation hire or use th		or related organizations to se	olicit, process, or sell nonca	ish	32a	Yes	
L			• • •				524	105	
	If "Yes," describ		amount in a	column (c) for a type of prop	erty for which column (-)	checked			
33	describe in Part			Southin (c) for a type of prop	ercy for which column (d) is	s checked,			
	acochoe in rait								

Schedule M (Form 990) (2019)



Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
····· -,··	AEI HAS AN ACCOUNT WITH A SECURITIES BROKER TO ACCEPT STOCK DONATIONS. DONATIONS ARE SENT DIRECTLY TO THIS ACCOUNT AND ARE SOLD WITHIN A FEW BUSINESS DAYS OF RECEIPT.



efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Data -		DLN:	93493062003061
			on to Form 990 or 990-E		OMB No. 1545-0047
SCHEDULE O (Form 990 or 990- EZ)	:Z	2019			
Department of the Treasury	► Go to <u>w</u>	Attach to Form ww.irs.gov/Form9	n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
Namel Betherofganization			Emplo	oyer ident	ification number
AMERICAN ENTERPRISE INS POLICY RESEARCH	18495				

Return Reference	Explanation
FORM 990, PART III, LINE 2	DURING THE YEAR ENDED JUNE 30, 2020, AEI ADDED SOCIAL, CULTURAL, AND CONSTITUTIONAL STUDIE S TO ITS EXISTING RESEARCH AREAS. AEI'S SOCIAL, CULTURAL, AND CONSTITUTIONAL STUDIES SCHOL ARS ARE TACKLING THE CHALLENGE OF MAINTAINING A CULTURE WHERE VIRTUE FLOURISHES IN TANDEM WITH FREEDOM AND MATERIAL PROGRESS. AEI'S SCHOLARS ARE ADVANCING A CLEAR UNDERSTANDING OF AMERICAN CULTURE AND VALUES AND EXPLORING HOW THAT UNDERSTANDING SHOULD IN TURN INFORM U.S . PUBLIC POLICY.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE FORM 990 PRIOR TO SUBMISSION TO THE IRS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AEI REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE INSTITUTE'S CONFL ICT OF INTEREST POLICY, WHICH IS POSTED ON AEI'S WEBSITE, WWW.AEI.ORG/ABOUT. AEI SCHOLARS, FELLOWS, AND OFFICERS ARE REQUIRED TO PROVIDE ANNUAL REPORTS TO AEI'S PRESIDENT LISTING A LL OF THEIR OUTSIDE ACTIVITIES. THE PRESIDENT THEN PROVIDES A SUMMARY REPORT TO THE NOMINA TING AND GOVERNANCE COMMITTEE OF AEI'S BOARD OF TRUSTEES. THE PRESIDENT MAY BRING PARTICUL AR ISSUES TO THE ATTENTION OF THIS COMMITTEE OR TO AN INTERNAL COMMITTEE OF SENIOR SCHOLAR S AND FELLOWS FOR THEIR REVIEW AND COUNSEL. THE NOMINATING AND GOVERNANCE COMMITTEE ALSO R EVIEWS THE COMMERCIAL, PROFESSIONAL, AND CIVIC ENGAGEMENTS OF INDIVIDUALS BEING CONSIDERED FOR ELECTION TO THE BOARD OF TRUSTEES. AEI SCHOLARS AND FELLOWS ARE ALSO REQUIRED TO DISC LOSE IN THEIR PUBLISHED WORK ANY AFFILIATIONS THEY MAY HAVE WITH ORGANIZATIONS WITH A DIRE CT INTEREST IN THE SUBJECT OF THAT WORK. WHEN MAKING HIRING DECISIONS TO AEI'S STAFF OR WH EN NOMINATING NEW MEMBERS TO AEI'S BOARD, AEI'S EXECUTIVE TEAM AND BOARD OF TRUSTEES STRES S TO CANDIDATES THE IMPORTANCE OF HONESTY AND INTEGRITY IN THEIR WORK. NEW EMPLOYEES ARE G IVEN A COPY OF AEI'S CONFLICT OF INTEREST POLICY.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	AEI FOLLOWS THE FOLLOWING PROCESS FOR DETERMINING COMPENSATION, AS STATED IN AEI'S BYLAWS: THE COMPENSATION OF AEI'S PRESIDENT SHALL BE RECOMMENDED BY THE EXECUTIVE COMMITTEE AND R EVISED AT INTERVALS THE COMMITTEE DEEMS APPROPRIATE. THE LEVEL OF AND ANY ADJUSTMENTS TO T HE PRESIDENT'S COMPENSATION SHALL BE GUIDED BY THE FOLLOWING FACTORS: (A) THE INTRINSIC QU ALITY OF HIS/HER MANAGEMENT, INTELLECTUAL LEADERSHIP, AND PUBLIC REPRESENTATION OF THE INS TITUTE'S (B) THE INTRINSIC QUALITY AND PUBLIC REPUTATION OF THE INSTITUTE'S RESEARCH, PUBLI CATIONS, AND OTHER OUTPUTS AND THE QUANTITY AND EFFECTIVE DISSEMINATION OF THAT OUTPUT; (C)) THE INSTITUTE'S FINANCIAL PERFORMANCE AND STABILITY; (D) THE COMPENSATION OF OTHER CHIEF EXECUTIVES WITH SIMILAR EXPERIENCE; (E) THE COMPENSATION OF CHIEF EXECUTIVES OF OTHER, SI MILAR ORGANIZATIONS; (F) COMPETITIVE CONSIDERATIONS RELEVANT TO THE RETENTION OF THE PRESI DENT AND HIS/HER LONG-TERM COMMITMENT TO THE INSTITUTE; (G) THE PRESIDENT'S SALARY HISTORY ; AND (H) ADDITIONAL SIMILAR FACTORS THE EXECUTIVE COMMITTEE DEEMS APPROPRIATE. THE EXECUT IVE COMMITTEE SHALL MAINTAIN RECORDS OF ITS REVIEWS OF THE PRESIDENT'S COMPENSATION AND TH E REASONS FOR ANY ADJUSTMENTS IT MAY RECOMMEND TO THAT COMPENSATION, AND SHALL INFORM THE BOARD OF TRUSTEES AT LEAST EVERY TWO YEARS OF ITS EVALUATION OF THE PRESIDENT'S PERFORMANC E AND ANY REVISIONS IT HAS MADE TO THE HIS/HER COMPENSATION FOR APPROVAL BY THE FULL BOARD OF TRUSTEES SECTION 2. THE COMPENSATION OF ALE'S OFFICERS AND MANAGERS, SCHOLARS AND FEL LOWS, RESEARCH AND ADMINISTRATIVE STAFF, AND ALL OTHER EMPLOYEES SHALL BE DETERMINED BY TH E PRESIDENT AND REVISED AT INTERVALS THE PRESIDENT DEEMS APPROPRIATE. THE LEV EL OF AND ANY ADJUSTMENTS TO THE COMPENSATION OF THE AEI'S EMPLOYEES SHALL BE GUIDED BY TH E PRESIDENT AND REVISED AT INTERVALS THE PRESIDENT DEEMS APPROPRIATE. THE LEV EL OF AND ANY ADJUSTMENTS TO THE COMPENSATION OF THE AEI'S EMPLOYEES SHALL BE GUIDED BY TH E PRESIDENT AND REVISED AT INTERVALS THE PRESIDENT DEEMS APROPRIATE. THE

Return Reference	Explanation
PART VI, SECTION C,	AEI'S ORGANIZATION AND PURPOSES AND STATEMENTS ON RESEARCH INTEGRITY, PUBLIC ADVOCACY, POL ITICAL CAMPAIGNS AND OTHER PARTISAN ACTIVITIES, OUTSIDE ACTIVITIES, AND CONFLICTS OF INTER ESTS ARE POSTED AND UPDATED REGULARLY ON AEI'S WEBSITE. AEI'S ANNUAL REPORT, AUDITED FINAN CIALS, AND 990 ARE AVAILABLE TO THE PUBLIC.

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PENSION RELATED CHARGES OTHER THAN NET PERIODIC PENSION COSTS 37,986.

Return Reference	Explanation
PART XII, LINE 2C	AEI DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

efile GRAPHIC print - DC	O NOT PROCESS As Filed Data -										DLN: 93493	062003	8061			
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related C ► Complete if the organ ► Go to <u>www</u>	ization ar	swered "Yes Attach to	" on Form Form 990.	990, Part	IV, line 33	, 34, 35b,		37.		OMB No. 1545-0047					
Name of the organization AMERICAN ENTERPRISE INSTITUTE I POLICY RESEARCH	FOR PUBLIC							-	oyer identifi 218495	cation	n number					
Part I Identification	of Disregarded Entities. Complete if	the orga	nization ansv	vered "Yes	s" on Forn	n 990, Part	IV, line 3									
Name, address, and	(a) EIN (if applicable) of disregarded entity		(b) Primary a	ctivity	Legal dom or foreigr	c) icile (state n country)	(d) Total inco	ome	(e) End-of-year as:	sets	(f Direct co ent	ntrolling				
Part II Identification of related tax-exen	of Related Tax-Exempt Organization npt organizations during the tax year.	s. Compl	ete if the org	anization	answered	l "Yes" on F	- orm 990,	Part I	/, line 34 be	cause	e it had one or	more				
Name, address, and	(a) d EIN of related organization	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		Public ch	(e) arity status n 501(c)(3))	Dir	(f) rect controlling entity	Section (13) col enti	512(b) ntrolled			
For Paperwork Reduction Ac	t Notice, see the Instructions for Form 9	90.		Ca	t. No. 5013	1 5Y				Sche	edule R (Form	990) 20	19			

one or more related organizations t (a)	· · · · · · · · · · · · · · · · · · ·	(b)	(c)	(d)	(e)	T	(f)	(g)	(1	1)	(i)	(j)	(k	0		
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomi	inant elated, ed, from der 512-	Share of total income	Share of	Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eral or aging ner?	Percer	ntage		
					514	,			Yes	No		Yes					
		COMMERCIAL REAL ESTATE	DC							No			No				
Part IV Identification of Related Organi because it had one or more related							ation ans	swered "Ye	es" on	Form	990, Part 1	IV, lir	ne 34				
(a) Name, address, and EIN of related organization	(b) Primary activity	Leg domi (state or count	al cile foreign	Direct c		(C corp,	e) f entity S S corp, rust)	(f) hare of total income	Share	(g) of end- year assets	of- Per	(h) centag- nership	age Secti hip (b con		i) on 512 (13) rolled ity?		
(1)AEI 1789 MASSACHUSETTS PROPERTY OWNER LLC 1789 MASSACHUSETTS AVE NW WASHINGTON, DC 20036 35-2565244	REAL ESTATE INVESTMENT	DE		ENTERPR INSITUTI PUBLIC F	AMERICAN C ENTERPRISE INSITUTE FOR PUBLIC POLICY RESEARCH			18,521	3,521 1		116,154		154 100.	000 %	,	Yes Yes	No

Page 3	3
--------	---

Schedule R (Form 990) 2019					Pag	ge 3
Part V Transactions With Related Organizations. Complete if the organization answe	ered "Yes" on Form 990, Pa	nt IV, line 34, 35I	o, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more	e related organizations listed ir	n Parts II-IV?				
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Yes	
b Gift, grant, or capital contribution to related organization(s)				1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1 d	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)			• •	1h		No
i Exchange of assets with related organization(s)				1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
I Performance of services or membership or fundraising solicitations for related organization(s) . $\ .$				11		No
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s) ${f .}$.				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including covered r	relationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount in	nvolved	
(1)AEI 1785 MASSACHUSETTS AVENUE PROPERTY OWNER LLC	A A	153,798	FMV			
(2)AEI 1785 MASSACHUSETTS AVENUE PROPERTY OWNER LLC	D	15,804,764	FMV (LOAN AGREEMENT)			
(3)AEI 1785 MASSACHUSETTS AVENUE PROPERTY OWNER LLC	К	4,005,842	FMV (LEASE AGREEMENT)			

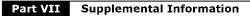
Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

		(e) Are all partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3)		section 501(c)(3)		section 501(c)(3)		section total		Disproprtiona allocations: Yes	(h) Disproprtiona allocations? Yes		20 of Schedule K-1 (Form 1065)	managin partner?		(k) Percentage ownership																						
	tax under sections 512- 514)	Yes	No			Yes	No		Yes	No																																				







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

Return Reference	Explanation

	n	n	n
Form	J	J	U

EXTENDED TO NOVEMBER 15, 2021

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

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



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2020 calendar year, or tax year beginning and	ending			
B c	Check if Ipplicab	e: C Name of organization		D Employer identification number		
	Addre chang	AMERICAN MAJORITY INC.		- /		
	Name Chang			26-15011	26-1501154	
	Initial return Final return	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe 540-338-		
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,369,517.	
	Amen		H(a) Is this a group return			
			for subordinates			
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1)$		list. See instructions		
		te: WWW.AMERICANMAJORITY.ORG	or 52	H(c) Group exemptio		
		f organization: X Corporation Trust Association Other	I Vea		State of legal domicile: VA	
	art I	Summary			otate of legal dofficite. • = =	
	1	Briefly describe the organization's mission or most significant activities: TO C	REATE	Α ΝΑΤΤΟΝΑΙ	POLITTICAL	
ЭСe	1.	TRAINING INSTITUTE DEDICATED TO CULTIVAT	TNG P	OLTTTCAL LEA	DERS.	
Governance	2	Check this box				
ver	3				3	
ß	4	Number of independent voting members of the governing body (rait vi, interia)			2	
ა ა	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			13	
itie	6	Total number of volunteers (estimate if necessary)		5		
Activities &	-	Total unrelated business revenue from Part VIII, column (C), line 12		0.		
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.		
				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		1,688,930.	2,307,784.	
Jue	9			19,440.	6,806.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		508.	611.	
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,771.	54,316.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,724,649.	2,369,517.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	200.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		615,195.	556,790.	
		Professional fundraising fees (Part IX, column (A), line 11e)		755,911.	1,530,044.	
per	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,609,9	24.	/ -	/ / -	
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		354,190.	311,310.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,725,296.	2,398,344.	
				-647.	-28,827.	
Net Assets or Fund Balances			B	eginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)		266,864.	309,847.	
	21	Total liabilities (Part X, line 26)		139,932.	211,742.	
-Unc	22	Net assets or fund balances. Subtract line 21 from line 20		126,932.	98,105.	
Pa	art II	Signature Block		·	<u> </u>	
_		alties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	nents, and to the best of m	y knowledge and belief, it is	
		ct, and complete. Declaration of preparer (other than officer) is based on all information of w			,	

Sign Here	Signature of officer Date NED C. RYUN, CEO Date							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date Check PTI	N						
Paid		227829						
Preparer	Firm's name SPONSEL CPA GROUP, LLC Firm's EIN 27-08	51983						
Use Only	Firm's address 251 N. ILLINOIS ST. STE 450							
	INDIANAPOLIS, IN 46204 Phone no. (317) 6	08-6699						
May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see in	nstructions.		Taxpaye	ridentificatio	on number (TIN)
print	AMERICAN MAJORITY INC.				26-15	01154
File by the due date for		ox. see instruc	tions.		20 13	01134
filing your return. See	PO BOX 87	.,,				
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PURCELLVILLE , VA 20134 Enter the Return Code for the return that this application is for (file a separate application for each return)						
Enter th		or (file a separa	te application for each return)			01
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) KELLY AMORIN	06	Form 8870			12
box ▶ 1 Ir th ▶	s is for a Group Return, enter the organization's four . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the . X calendar year 2020 or . tax year beginning the tax year entered in line 1 is for less than 12 mont Change in accounting period	and atta 	<u>ch a list with the names and TINs o</u> <u>MBER 15, 2021</u> , to file s return for: d ending	f all memb	ers the extension organiza	ension is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4	1720, or 6069,	enter the tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or	6069 enter an	v refundable credits and	34	Ψ	<u>J.</u>
	stimated tax payments made. Include any prior year			Зb	\$	0.
_						
	sing EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
	: If you are going to make an electronic funds withdr	awal (direct de	bit) with this Form 8868, see Form 8			79-EO for payment 8868 (Rev. 1-2020)

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Product: Exempt Extension	Category:	IRS Center: Ogden
Name: AMERICAN MAJORITY INC.		e-Postmark: 5/10/2021 3:22 PM
FEIN: *****1154		Notification:

Fiscal Year Begin Date: 1/1/2020

Fiscal Year End Date: 12/31/2020

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
05/10/2021	20X:AME05:V1	Upload Started				
05/10/2021	20X:AME05:V1	Ready to Release by Customer				l
05/10/2021	20X:AME05:V1	Released for Transmission - Validation in Progress			mbadger	
05/10/2021	20X:AME05:V1	Ready to transmit - Validation Complete				
05/10/2021	20X:AME05:V1	Transmitted to FD	3569272021130037de03			
05/10/2021	20X:AME05:V1	Accepted by FD on 5/10/2021				

	AMERICAN MAJORITY INC.	26-1501154 _{Pag}	e 2
Pa	rt III Statement of Program Service Accomplishments	-	
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: AMERICAN MAJORITY, INC.'S PURPOSE IS TO CREATE A N		
	TRAINING INSTITUTE DEDICATED TO RECRUITING, IDENTI		
	MENTORING POTENTIAL POLITICAL LEADERS. (CONTINUED	ON SCHEDULE O)	
<u> </u>	Did the organization undertake any significant program services during the year which were not liste	d on the	
2	prior Form 990 or 990-EZ?		No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progran If "Yes," describe these changes on Schedule O.	n services?Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program s	services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	ions to others, the total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 544,128 · including grants of \$ 200	.) (Revenue \$ 6,806	•)
Ĩ	THE ORGANIZATION CONDUCTED TRAINING FOR 3,998 PART	TICIPANTS IN 2020.	_ ′
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
40)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_ '
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 544,128.)	
<u>4e</u>	Total program service expenses ► 544,128.	Form 990 (20	1201
03200	2 12-23-20	Form 330 (20	JZU)
	3 112 141842 AME05 2020 05000 AMERICAN MAJOR	T ጥ እር እለ ም በ 5	1

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Form 990 (2020)

Part IV Checklist of Required Schedules

AMERICAN MAJORITY INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U	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	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	л	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		120		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>It "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
~	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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u>.</u> _
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X (2020)
032003	3 12-23-20	Form	330	(2020)

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	Form 990 (2020)	AMERICAN MAJORITY	INC
ĺ	Part IV	Che	ecklist of Required Schedules (continued)	

I UI				
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
~~	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	00	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	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	24	х	
35 2		34 35a	21	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
С	(gambling) winnings to prize winners?	1c		
032004	(ganbing) withings to prize withers?		990	(2020)
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Form	990 (2020) AMERICAN MAJORITY INC. 26-1501	154	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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? ${ m N/A}$	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	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 13b			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Yes," has it filed a Form 720 to report these neumonts? If "No," provide an explanation on Schedule O	1/h		1

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

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AMERICAN MAJORITY INC.

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.

Sec	tion A. Governing Body and Management				-
		1 1	~	Yes	4
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		_
3	Did the organization delegate control over management duties customarily performed by or under the	-			
	of officers, directors, trustees, or key employees to a management company or other person?		3		_
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		_
5	Did the organization become aware during the year of a significant diversion of the organization's as				_
6	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 a	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,				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-,g			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			x	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "				-
·	in Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	x	-
14	Did the organization have a written document retention and destruction policy?			X	-
15	Did the process for determining compensation of the following persons include a review and approv				1
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
~	The organization's CEO, Executive Director, or top management official		15a	x	
				X	-
D	Other officers or key employees of the organization		. 150		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont with a			
108			40-		
b	taxable entity during the year?		. 16a		-
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initiate at the state of a second the second sec				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		10		
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure	יז מר מה הב ב	T CA		ē
7	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, C				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (Section 501(c)	(3)s only	/) ava	I
8					
18	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain	n on Schedule O)			
	Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c Image: Comparison of the organization made its governing documents, c Image: Comparison of the organization made its governing documents, c	,	and fina	ncial	
18 19	Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.	conflict of interest policy,	and fina	ncial	
	Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	conflict of interest policy,	and fina	ncial	_
19	Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be KELLY AMORIN, CFO – (540) 338–1251	conflict of interest policy,	and fina	ncial	-
19	Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	conflict of interest policy,		ncial	-

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensate
	Employees, an	d Independe	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	ia a a I	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	ual tr	ional		yolqr	t con /ee	_			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NATHANIEL RYUN	27.00	_	-		-	1 0				
CEO	28.00	х		x				80,821.	111,313.	26,908.
(2) PETER SAMUELSON	2.00									
CHAIRMAN, TREASURER, SECRE	1.00	Х						0.	0.	0.
(3) PAUL BONICELLI	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(4) KELLY AMORIN	23.00									
CFO	14.00	Х		Х				90,975.	8,133.	25,347.
(5) MATTHEW BATZEL	15.00									
NATIONAL EXECUTIVE DIRECTO	25.00			Х				43,950.	73,950.	26,764.
(6) LONNY LEITNER	24.00									_
CHIEF OF STAFF	16.00			х				64,313.	43,838.	0.
032007 12-23-20	-	-			-	-				Form 990 (2020)

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	990 (2020) AMERICAN	MAJORI	ΓY	II	JC	•				26-1	501	154	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offic	not c , unle	Pos heck ss pe	more rson i	than o is botl pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d	an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MI		fr org and	pensa om th anizat d relat anizati	ie tion ted
1b	Subtotal	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			280,059.	237,2	34.	7	9,0	19.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 280,059.	237,2	0. 34.	7	9,0	0. 19.
2	Total number of individuals (including but n compensation from the organization							no r					-	0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			•	•	•			ghest compensated emp	•		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	l ot	her compensation from	the organization		4	x	
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv	dual for services				v
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaui	ejr	or si	ucn	pers	son .					5		X
1	Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for (A)		ear	enai	ng v	vitn	or w		(B)			(C		
	Name and business DIRECT, 20130 LAKEVIE	EW CENTH	ER	PI	JA2	ZA	,		Description of s	ervices		ompei		
STI	2 300, ASHBURN, VA 2014	47							FUNDRAISING		1	,52	4,4	43.
								_						
								_						
					<u> </u>									
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strength	•	ot li	mite	d to	tho	se lis 1	stec	d above) who received m	ore than				
												Form	990 (2020)

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			2020) AMERICAN MAJ	<u>JORITY I</u> N	Ċ		26-1501	154 Page 9
Pa	rt \	VIII						
			Check if Schedule O contains a response	se or note to any	line in this Part VIII	/=>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded
nts nts	1	а	Federated campaigns 1a					
Gran		b	Membership dues 1b					
S, C								
Gift		d	Related organizations 11					
imi		е	Government grants (contributions) 1e					
itio er S		f	All other contributions, gifts, grants, and					
Cibr				2,307,784	<u>•</u>			
Contributions, Gifts, Grants and Other Similar Amounts		g				-		
aC		h	Total. Add lines 1a-1f					
•	~		TRAINING AND WEBINAR F	Business Cod 611430		6,806.		
vice	2	a b			0,000.	0,000.		
Ser		b c		-				
evel Svel		d						
Program Service Revenue		e		-				
Pre		f	All other program service revenue	-				
		g	Total. Add lines 2a-2f		6,806.			
	3		Investment income (including dividends, int					
			other similar amounts)	►	611.			611.
	4		Income from investment of tax-exempt bond	d proceeds 🛛 🕨	•			
	5		Royalties		•			
			(i) Real	(ii) Personal	_			
	6		Gross rents	/ •) •	_			
					_			
			· · · · · · · · · · · · · · · · · · ·		. 11,029.			11,029.
	7		Net rental income or (loss) Gross amount from sales of (i) Securities		11,029.			11,029.
	'	d	assets other than inventory 7a		-			
		h	Less: cost or other basis		-			
ne		~	and sales expenses					
evenue		с	Gain or (loss) 7c		-			
Rev			Net gain or (loss)	>	•			
Other R	8		Gross income from fundraising events (not					
đ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	Ва				
			Less: direct expenses	3b				
			Net income or (loss) from fundraising events	<u>s</u>	•			
	9	а	Gross income from gaming activities. See					
				9a	_			
				9b				
	10		Net income or (loss) from gaming activities Gross sales of inventory, less returns		•			
	10	a	and allowances	09				
		b		<u>оц</u> Ор	-			
			Net income or (loss) from sales of inventory					
s		-		Business Cod				
e	11	а	MISCELLANEOUS REVENUE	900099	43,287.			43,287.
ane		b						
Miscellaneous Revenue		с						
Mis			All other revenue					
		е	Total. Add lines 11a-11d		43,287.			E 4 00E
	12		Total revenue. See instructions	►	2,369,517.	6,806.	0.	54,927.
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AMERICAN MAJORITY INC.

Part IX Statement of Functional Expenses

AMERICAN MAJORITY INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	200.	200.		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	327,850.	218,981.	85,602.	23,267
6	Compensation not included above to disqualified		-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	152,996.	88,149.	50,353.	14,494
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	42,803.	27,198.	13,072.	2,533
10	Payroll taxes	33,141.	19,083.	10,927.	3,131
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,746.	2,186.	540.	20
с	Accounting	19,001.	15,125.	3,736.	140
	Lobbying				
	Professional fundraising services. See Part IV, line 17	1,530,044.			1,530,044
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	65,949.	63,751.	2,119.	79
12	Advertising and promotion	549.	549.		
13	Office expenses	28,421.	1,825.	9,403.	17,193
14	Information technology	41,040.	15,132.	25,908.	
15	Royalties				
16	Occupancy	46,648.	26,494.	20,154.	
17	Travel	15,451.	12,408.	2,200.	843
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,007.	3,175.	4,273.	8,559
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	200.	6 006	200.	
23	Insurance	8,395.	6,296.	2,099.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	LICENSES AND SUBSCRIPTI	45,380.	31,188.	4,571.	9,621
b	TRAINING	9,208.	9,208.		-
с	BANK AND CREDIT CARD FE	4,901.	2,996.	1,905.	
d	MISCELLANEOUS	3,567.		3,567.	
е	All other expenses	3,847.	184.	3,663.	
25	Total functional expenses. Add lines 1 through 24e	2,398,344.	544,128.	244,292.	1,609,924
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	······································				

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1 0		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			228,638.	1	199,221.
	2	Savings and temporary cash investments \dots	3,062.	2	3,062.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	342.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu	ualified per	ons (as defined			
		under section 4958(f)(1)), and persons descri	ibed in sec	ion 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net			14,642.	7	87,378.
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			16,792.	9	16,314.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		21,874.			
	b	Less: accumulated depreciation		21,874.	200.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		······ -	3,530.	15	3,530.
	16	Total assets. Add lines 1 through 15 (must e			266,864.	16	309,847.
	17	Accounts payable and accrued expenses \dots			139,932.	17	103,142.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or f					
jļt		trustee, key employee, creator or founder, su					
Lial		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	108,600.
	24	Unsecured notes and loans payable to unrela				24	100,000.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li				05	
	26	of Schedule D			139,932.	25 26	211,742.
	20	Organizations that follow FASB ASC 958, o			155,552.	20	211,7420
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			-394,831.	27	-378,545.
Bal	28	Net assets with donor restrictions			521,763.	28	476,650.
pu	20	Organizations that do not follow FASB AS				20	_/ • / • • • •
Ъ		and complete lines 29 through 33.	0 000, che				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	lds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Vet	32	Total net assets or fund balances			126,932.	32	98,105.
~	33	Total liabilities and net assets/fund balances			266,864.	33	309,847.

Form **990** (2020)

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	990 (2020) AMERICAN MAJORITY INC.	26-15	01154	Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,36		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,39		
3	Revenue less expenses. Subtract line 2 from line 1	3			27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	6,9	32.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	9	8,1	05.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-		37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	000	

Form **990** (2020)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)	
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-FZ

· · · · · · · · · · · · · · · · · · ·			
Go to www.irs.q	ov/Form990 for	instructions and	the latest information

	2020
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organ	nization
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		AMERICAN MAJORITY INC.	26-1501154
Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instruction	S.
The	organ	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)	
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)	(iii). Enter the hospital's name,
		city, and state:	
5		An organization operated for the benefit of a college or university owned or operated by a governmental u	init described in
		section 170(b)(1)(A)(iv). (Complete Part II.)	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the	he general public described in
		section 170(b)(1)(A)(vi). (Complete Part II.)	
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant college
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college or
		university:	
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membersh	nip fees, and gross receipts from
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of it	ts support from gross investment
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the or	ganization after June 30, 1975.
		See section 509(a)(2). (Complete Part III.)	
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to ca	arry out the purposes of one or
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 5	609(a)(3). Check the box in
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and \neg	d 12g.
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), t	ypically by giving
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or truste	es of the supporting
		organization. You must complete Part IV, Sections A and B.	
b		Type II. A supporting organization supervised or controlled in connection with its supported organizatio	n(s), by having
		control or management of the supporting organization vested in the same persons that control or mana	ge the supported

organization(s). You must complete Part IV, Sections A and C.

с	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations f

g Provide the following information about the supported organization(s).								
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of monetary	(vi) Amount of other		
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

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

26-1501154 Page 2

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,021,043.	1,156,992.	560,426.	1,688,930.	2,307,784.	6,735,175.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1,021,043.	1,156,992.	560,426.	1,688,930.	2,307,784.	6,735,175.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,267,725.
6	Public support. Subtract line 5 from line 4.						4,467,450.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,021,043.	1,156,992.	560,426.	1,688,930.	2,307,784.	6,735,175.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	23,969.	23,876.	16,279.	11,743.	11,640.	87,507.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			743.	4,536.	43,287.	
11	Total support. Add lines 7 through 10						6,871,248.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	108,457.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publ		-				
	Public support percentage for 2020 (I					14	65.02 %
	Public support percentage from 2019					15	55.28 %
16 a	33 1/3% support test - 2020. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop her	e. Explain in Part	VI how the organization	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circl		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2020

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

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here					<u></u>	>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2020 (line 8, column (f), (divided by line 13,	, column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1 1	
	Investment income percentage for 20		-			17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the			on line 14 and lin			
199		-					
	more than 33 1/3%, check this box a						P
b	33 1/3% support tests - 2019. If the	•			•		·
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
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		- -		16			
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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1

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	-		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint of elect at least a majority of the organization's oncers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Dest VII have a weight a such har a fit as wind a set the assumed as a fither assume set of a weight (a) that a second of

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

section of Type in Supporting organizations									

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sec	tion D. All Type III Supporting Organizations		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization have a supported organization have a supported organization.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral P	Part Test during the veafsee instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

20

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No

Yes

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

 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjuste	ed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-tern	n capital gain	1		
2 Recoveries of	prior-year distributions	2		
3 Other gross ir	ncome (see instructions)	3		
4 Add lines 1 th	rough 3.	4		
5 Depreciation	and depletion	5		
6 Portion of ope	erating expenses paid or incurred for production or			
collection of g	ross income or for management, conservation, or			
maintenance	of property held for production of income (see instructions)	6		
7 Other expens	es (see instructions)	7		
8 Adjusted Net	Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimu			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fai	r market value of all non-exempt-use assets (see			
instructions for	or short tax year or assets held for part of year):			
a Average mont	thly value of securities	1a		
b Average mon	thly cash balances	1b		
c Fair market va	alue of other non-exempt-use assets	1c		
d Total (add line	es 1a, 1b, and 1c)	1d		
e Discount clai	med for blockage or other factors			
(explain in det	ail in Part VI):			
2 Acquisition in	debtedness applicable to non-exempt-use assets	2		
3 Subtract line	2 from line 1d.	3		
4 Cash deemed	I held for exempt use. Enter 0.015 of line 3 (for greater amount	.,		
see instructio	ns).	4		
5 Net value of n	on-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5	by 0.035.	6		
	prior-year distributions	7		
8 Minimum As	set Amount (add line 7 to line 6)	8		
Section C - Distrib	utable Amount			Current Year
1 Adjusted net	income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of	line 1.	2		
3 Minimum ass	et amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater	of line 2 or line 3.	4		
5 Income tax im	posed in prior year	5		
6 Distributable	Amount. Subtract line 5 from line 4, unless subject to			
emergency te	mporary reduction (see instructions).	6		
	here if the current year is the organization's first as a non-funct	ionally integrat	ed Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

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

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continued})
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpose	is 3	3	
4	Amounts paid to acquire exempt-use assets	4	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	5	5	
6	Other distributions (describe in Part VI). See instructions.		6	; ;
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2020 from Section C, line 6		g)
10	Line 8 amount divided by line 9 amount		10)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			_
e	From 2019			_
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

12331112 141842 AME05

Schedule A (Form 990 or 990-EZ) 2020 AMER	ICAN MAJORITY	INC.		26-1501154 Pag
Part VI Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa (See instructions.)	Provide the explanations 4b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, line	required by Part II, 11a, 11b, and 11c; s 1c, 2a, 2b, 3a, and	Part IV, Section B, lines 1 d 3b; Part V, line 1; Part V,	and 2; Part IV, Section C, Section B, line 1e; Part V,
032028 01-25-21		01	Schedule	A (Form 990 or 990-EZ)
31112 141842 AME05		21	MAJORITY INC	. AME05_

SCHEDULE C	Po	olitical Campaign a	and Lobbyin	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527				2020	
		if the organization is described			
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for i			Open to Public Inspection
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, li	ne 46 (Political Campai	gn Activities), then
	-	nplete Parts I-A and B. Do not con	•		
		01(c)(3)) organizations: Complete	Parts I-A and C below	I. Do not complete Part I	-В.
Section 527 organiz		,		ine 47 (Labbring Astro	tian) than
		1 Form 990, Part IV, line 4, or Fo have filed Form 5768 (election un			
		have NOT filed Form 5768 (election dif			
		n Form 990, Part IV, line 5 (Proxy			
Tax) (See separate inst				,	
), or (6) organiza	tions: Complete Part III.			
Name of organization				Er	nployer identification number
		N MAJORITY INC.		an is a section FO	26-1501154
Part I-A Compl	ete if the org	ganization is exempt unde	er section 501(c)	or is a section 52	organization.
 Drovido o doporinti 	an of the organi-	ration's direct and indirect politics	Leomesian estivities	in Dort IV	
		zation's direct and indirect politica			► \$
		gn activities			Ψ
	Pennen ennipa	g det			
Part I-B Compl	ete if the org	panization is exempt unde	er section 501(c)	(3).	
		incurred by the organization unde			►\$
		incurred by organization manager			
		n 4955 tax, did it file Form 4720 f			
4a Was a correction m b If "Yes," describe in					Yes No
		anization is exempt unde	er section 501(c)	. except section 50)1(c)(3).
-		d by the filing organization for sec			► \$
		ization's funds contributed to oth			·
exempt function ac	tivities		-		►\$
3 Total exempt funct	ion expenditures	a. Add lines 1 and 2. Enter here an	id on Form 1120-POL	-,	
					▶\$
		1120-POL for this year?			
		nployer identification number (EIN			
		tion listed, enter the amount paid omptly and directly delivered to a			
		additional space is needed, provid			alate eeglegatea lana ei a
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from	n (e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -	0 promptly and directly delivered to a separate
					political organization.
					If none, enter -0
			1	1	

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

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 20	2020 AMERICAN	MAJORITY	INC.
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A Check 🕨 🛄 if the filing organization belo	ngs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of exc	ess lobbying expenditures).		
B Check 🕨 🔲 if the filing organization chec	cked box A and "limited control" provisions apply.		
	bbying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pu	Iblic opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a l	egislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a a	nd 1b)	0.	
d Other exempt purpose expenditures		544,128.	
e Total exempt purpose expenditures (add lir	nes 1c and 1d)	544,128.	
f Lobbying nontaxable amount. Enter the am	106,619.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25%	of line 1f)	26,655.	
h Subtract line 1g from line 1a. If zero or less	Let a let	0.	
i Subtract line 1f from line 1c. If zero or less,	enter -0-	0.	
	ner line 1h or line 1i, did the organization file Form 4720		
j If there is an amount other than zero on eith reporting section 4911 tax for this year?		1	Yes No

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Vear Averaging Period

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total				
2a Lobbying nontaxable amount	102,338.	68,044.	112,347.	106,619.	389,348.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					584,022.				
c Total lobbying expenditures				0.					
d Grassroots nontaxable amount	25,585.	17,011.	28,087.	26,655.	97,338.				
e Grassroots ceiling amount (150% of line 2d, column (e))					146,007.				
f Grassroots lobbying expenditures				0.					

Schedule C (Form 990 or 990-EZ) 2020

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

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

For e	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description)	(1	(b)	
of the	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 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 politic	cal				
_	expenses for which the section 527(f) tax was paid).		00			
	Current year					
	Carryover from last year					
-	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		20			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		3			
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
			4			
5	expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)					
	t IV Supplemental Information	<u></u>	5			
	ide the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part I-A (affiliated group	list): Part II-	A, lines 1 :	and 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

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Department of the Treasury Internal Revenue Service

(Form 9	9 90)
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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.



Nam	e of the organization AMERICAN MAJORITY	INC.	Employer identification number 26-1501154
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	Is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
4	Aggregate value of grants from (during year)		
5	Did the organization inform all donors and donor advisors in		isod funde
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor		-
Pa		nanization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		a certified historic structure
0		if a depart of the contribution in the form	a of a concernation accompant on the last
2	Complete lines 2a through 2d if the organization held a quali		Held at the End of the Tax Year
~	day of the tax year.		
a h	Total number of conservation easements		
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic sta		
с С	Number of conservation easements included in (c) acquired		
u	listed in the National Register	-	
3	Number of conservation easements modified, transferred, re		
5	year	heased, extinguished, or terminated by th	le organization during the tax
4	Number of states where property subject to conservation ea	esement is located	
5	Does the organization have a written policy regarding the pe		F
-	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	►	, , , ,	5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	►\$		0, 1
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in t	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• *
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	ial gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• *
b	Assets included in Form 990, Part X		> \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
032051	12-01-20

2020.05000 AMERICAN MAJORITY INC.

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Sche		N MAJORITY					150115		ge 2
Pa	rt III Organizations Maintaining C							nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any	of the following tha	it make si	ignificant use o	fits		
	collection items (check all that apply):								
а	Public exhibition	d		or exchange progra					
b	Scholarly research	е							
c	Preservation for future generations								
4	Provide a description of the organization's c						Part XIII.		
5	During the year, did the organization solicit o			,					
Do	to be sold to raise funds rather than to be m								No
Га	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the orgar	nization answered	"Yes" on	Form 990, Part	IV, line 9, o	r	
10			dian (for contri	autiona ar athar as	aata nat	included			
Ia	Is the organization an agent, trustee, custod						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII								INO
D		and complete the lo	nowing table.				Amoun	+	
~	Beginning balance					1c	Amour		
	Beginning balance Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII								
	rt V Endowment Funds. Complete								
		(a) Current year	(b) Prior ye	ear (c) Two year	rs back 🛛 🕻	d) Three years ba	ack (e) Fou	r years l	back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, colu	umn (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	·	<u>%</u>							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are I	neld and administe	ered for th	ne organization			
	by:						a <i>m</i>	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Pa	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn		owment tunds.						
Iu	Complete if the organization answere		D Part IV line	112 See Form 990) Dart X	line 10			
	Description of property	(a) Cost or o		Cost or other		cumulated	(d) Boo	k voluc	
	Description of property	basis (investr		basis (other)		preciation	(u) BOO	k value	;
1a	Land								
	Buildings								
с									
				1 007		1,007.			0.
d	Equipment			1,007.					
	Equipment Other			20,867.		20,867.			0.

Schedule D (Form 990) 2020

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Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, P	art X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(0)	

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 AMERICAN MAJORITY INC.		26-3	1501154 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Rev		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,369,517.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,369,517.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,369,517.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		penses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		ii	0 200 244
1	Total expenses and losses per audited financial statements		1	2,398,344.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			2,398,344.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			2,398,344.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND
RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN
POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION
BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED
THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF
DECEMBER 31, 2020 AND 2019, THERE WERE NO UNCERTAIN POSITIONS TAKEN OR
EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR
DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS
SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE
CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. NO PENALTIES OR
032054 12-01-20 Schedule D (Form 990) 2020 32
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Schedule D	(Form 990)) 2020

AMERICAN MAJORITY INC.

Part XIII	Sup	pleme	ntal Inform	ation (d	ontinu	ed)						
						DECEMBER	31,	2020	AND	2019.		
032055 10.01 2	20										Schedul	e D (Form 990) 2020
032055 12-01-2	20						33					

SCHEDULE G	Suppleme	ntal Info	rmation Regarding	Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the	e organizat organizatior	or if the	2020						
Department of the Treasury			Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public	
Internal Revenue Service		to www.irs	s.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection	
Name of the organization									entification number	
AMERICAN MAJORITY INC. 26-15 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990										
	complete this par	-	if the organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
a X Mail solicitat b X Internet and c Phone solici d In-person so 2 a Did the organization	 b X Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 							s 🗌 No		
b If "Yes," list the 10 compensated at le	•		ntities (fundraisers) pursu n.	uant to	agree	ements under which	the fu	Indraiser is to I	be	
.,	(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts to (iv)				tò (c	Amount paid or retained by) fundraiser ted in col. (i)	by) to (or retained by)			
HSP DIGITAL, LLC -	20130	STRATEGY	DEVELOPMENT,	Yes	No					
LAKEVIEW CENTER PL	AZA, STE	DONATION	PROCESSING,	х		1,764,804.		1,528,031.	236,773.	
						1,764,804.		1,528,031.	236,773.	
 List all states in wh or licensing. 	ich the organizatic	on is register	red or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from r	egistration	

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, VA, WI, WY, WV, IL

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

Schedule G (Form 990 or 990 EZ) 2020 AMERICAN MAJORITY INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

er			(a) Event #1	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8 9	Entertainment Other direct expenses				
	-	Direct expense summary. Add lines 4 through			►	1
	11	Net income summary. Subtract line 10 from li				
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, o	or reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				-
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	6	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or to	erminated during the ta	ax year?	Yes No
03204	20 1.	1.25.20			Schedule C /Ec	orm 990 or 990-EZ) 2020
JJ208) Z	1-25-20				1111 330 OF 330-ELJ 2020

Sch	edule G (Form 990 or 990-EZ) 2020 AMERICAN MAJORITY INC. 26-2	1501	154	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	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:			
	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \triangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L _ '	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year s s			01 401
Fa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, IIr	ies 9,	90, 100,
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
(I) NAME OF FUNDRAISER: HSP DIGITAL, LLC			
(1) ADDRESS OF FUNDRAISER:			
<u> </u>				
	130 LAKEVIEW CENTER PLAZA, STE 300, ASHBURN, VA 20147			
(1	I) ACTIVITY: STRATEGY DEVELOPMENT, DONATION PROCESSING, COUNS	<u>EL O</u>	N S	OLICI

032083 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

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032084 04-01-20	37 2020.05000 AMERICAN MAJORITY	
		Schedule G (Form 990 or 990-EZ

SC	HEDULE J	I	OMB No. 1545-004						
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	,			
Dena	tment of the Treasury	Attach to Form 990.		Open to					
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nan	e of the organizatio			identificati		mber			
		AMERICAN MAJORITY INC.	26-1	150115	4				
Ра	rt I Question	s Regarding Compensation				·			
					Yes	No			
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or o	, jaka setter set							
	Travel for com								
		cation and gross-up payments							
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)						
b		on line 1a are checked, did the organization follow a written policy regarding payment or							
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
2	Indicate which if a	by of the following the examination used to establish the compensation of the examination?	^						
3	3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's								
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.								
	· ·								
	Compensation								
	X Form 990 of o		ommittoo						
			ommittee						
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 re								
а	0	ce payment or change-of-control payment?		4a		х			
b		ceive payment from a supplemental nonqualified retirement plan?				X			
c		ceive payment from an equity-based compensation arrangement?				X			
		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r								
а	The organization?			5a		X			
b	Any related organiz	ration?				X			
		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 compensati	on						
	contingent on the r	net earnings of:							
а	The organization?			6а		X			
b	Any related organiz	ation?		6b		X			
		or 6b, describe in Part III.							
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S						
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	:he						
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
		n 53.4958-6(c)?		9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forr	n 990)) 2020			

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Schedule J (Form 990) 2020

26-1501154

Page 2

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

OMB No 1545-0047

Open to Public

Inspection

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

MORE PARTICULARLY, THE ORGANIZATION IS A NON-PARTISAN POLITICAL

TRAINING INSTITUTE WHOSE MISSION IS TO TRAIN AND EQUIP A NATIONAL

NETWORK OF LEADERSHIP COMMITTED TO INDIVIDUAL FREEDOM THROUGH LIMITED

GOVERNMENT AND THE FREE MARKET. ADVOCATING TRUE FEDERALISM, TOWARD

THAT END, THE ORGANIZATION INTENDS TO BUILD A NATIONAL NETWORK OF

LEADERS AND GRASSROOTS ADVOCATES WHO ASPIRE TO INCREASE FREEDOM FOR

INDIVIDUALS AND FREEDOM IN THE MARKETPLACE.

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

A DRAFT OF FORM 990 IS PROVIDED TO THE FULL BOARD FOR REVIEW AND APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD ANNUALLY REVIEWS POSSIBLE CONFLICTS AND THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE BOARD USING COMPARABLE

DATA FOR NON-PROFIT ORGANIZATIONS DRAWN FROM PUBLIC INTERNET SOURCES. THE

EXECUTIVE DIRECTOR MAY REQUEST INCREASES IN PAY RATE BUT IS NOT A

PARTICIPANT OR PRESENT DURING PORTIONS OF THE MEETING USED TO SET HIS PAY

COMPENSATION FOR OTHER EMPLOYEES IS SET BY THE EXECUTIVE DIRECTOR USING

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

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 032211 11-20-20

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2020.05000 AMERICAN MAJORITY INC.

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization AMERICAN MAJORITY INC.	Employer identification number $26-1501154$
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THESE RECOMME	NDATIONS WHERE
APPROPRIATE. COMPENSATION OF PERSONS WITH FAMILY RELATION	NSHIPS TO BOARD
MEMBERS ARE SET IN A MANNER SIMILAR TO THE EXECUTIVE DIRE	CTORS
COMPENSATION.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME,	MD, MA, MI, MN, MS, MO
MT, NE, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WV,	WI, WY, NV, ND, VA, WA
FORM 990, PART VI, SECTION C, LINE 19:	

DOCUMENTS ARE AVAILABLE UPON REQUEST AT OR THROUGH THE ORGANIZATION'S MAIN OFFICE.

FORM 990, PART XII, LINE 2C THE AUDIT OVERSIGHT IS DELEGATED TO THE CHIEF FINANCIAL OFFICER. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE APPROVAL OF THE INDEPENDENT ACCOUNTING FIRM SELECTED TO PERFORM THE AUDIT. THE BOARD OF DIRECTORS WILL REVIEW THE FINAL AUDITED FINANCIAL STATEMENTS AND RELATED MANAGEMENT LETTER.

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SCH	EDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Open to Public Inspection

Employer identification number

26-1501154

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

AMERICAN MAJORITY INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
AMERICAN MAJORITY ACTION, INC 26-3594713	MOBILIZING AND						
PO BOX 309	GET-OUT-THE-VOTE IN						
PURCELLVILLE, VA 20134	SUPPORT OF CANDIDATES AND	VIRGINIA	501(C)(4)		N/A		X
	-						
	-						

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

Schedule R (Form 990) 2020 AMERICAN MAJORITY INC.

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

(a)	(b)	(c)	(d)		e)	(f)	()	g)	(h) (i)		(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under		of total ome	end-c	re of of-year sets	/ear		amount in box		managing partner?		Percentage ownership
		country)		sections	512-514)					Yes No		K-1 (Fo	rm 1065)	5) Yes No		
	4															
	4															
	4															
		_														
	4															
	4															
	4															
															+	
	1															
	-															
	-															
	1															
	1															
	1															
Part IV Identification of Related Or organizations treated as a co	ganizations Taxable	as a Corpo	pration or Trust. C year.	omplete if t	ne organizat	ion answ	ered "Yes	s" on For	m 990, P	art IV,	line 34	4, becau	se it had	one	or mo	ore related
(a)	ľ		(b)	(c)	(d)		(e)		(f))		(g)		(h)		(i)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(b contr	i) b)(13) rolled
				or trust)		assets			No
VOTER GRAVITY - 46-1971645									
PO BOX 1132									
PURCELLVILLE, VA 20134	SOFTWARE DEVELOPMENT	VA	N/A	C CORP	0.	0.			Х
COMPLIANT ENGAGEMENT SYSTEMS LTD									
160 CITY ROAD	VOTER DATA MANAGEMENT	UNITED	VOTER GRAVITY,						
LONDON, UNITED KINGDOM EC1V 2NX	SOFTWARE	KINGDOM	INC.	C CORP	٥.	٥.			X
	-								
									<u> </u>
	-								
	-								

Schedule R (Form 990) 2020 AMERICAN MAJORITY INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	X	
е	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
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.		<u> </u>	
	, , , , , , , , , , , , , , , , , , , ,			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN MAJORITY ACTION, INC.	Q	159,231.	FMV
(2)			
(3)			
(4)			
(5)			
(6)	15		0. h . t . h . D (F

Schedule R (Form 990) 2020 AMERICAN MAJORITY INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes) ill (3) ? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- iate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes) ral or F ging ner? NO	(k) Percentage ownership

Schedule R (Form 990) 2020

AMERICAN MAJORITY INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

AMERICAN MAJORITY ACTION, INC.

PRIMARY ACTIVITY: MOBILIZING AND GET-OUT-THE-VOTE IN SUPPORT OF CANDIDATES

AND ISSUES

032165 10-28-20