DLN: 93493319116251

OMB No. 1545-0047

2020

Form **990**

Department of the Treasury

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.

Open to Public Inspection

		nue Service	<u> </u>					
			alendar year, or tax year begir C Name of organization	ning 01-01-2020 , and ending 12-3	31-2020	D 5l	:	
		ipplicable: change	AMERICAN MAJORITY ACTION INC			D Employe	er identi	ification number
□ Na		-				26-3594	713	
☐ Ini		-	Doing business as					
		n/terminated				E Telephone	e numbe	
		d return	Number and street (or P.O. box if m PO BOX 309	nail is not delivered to street address) Room/s	uite			
⊔ Ар	piicati	on pending	City or town, state or province, sour	ntry, and ZID or foreign nectal code		(540) 33	38-125	L
			PURCELLVILLE, VA 20134	ntry, and ZIP or foreign postal code				
			F Name and address of principa	-1 - <i>ff</i> :	1 >	G Gross red		<u> </u>
			NED RYUN	а опісег:		s a group ret	urn for	
			PO BOX 309			dinates? Il subordinate	20	□Yes ☑No
			PURCELLVILLE, VA 20134		includ		-3	☐ Yes ☐No
1 Ia.	x-exei	mpt status:	☐ 501(c)(3) ☑ 501(c)(4) ◄	I (insert no.) \square 4947(a)(1) or \square 527			•	e instructions)
J W	ebsit	te:▶ AME	ERICANMAJORITYACTION.ORG		H(c) Group	exemption	numbe	r ▶
						1		
K Forr	n of o	rganization:	Corporation Trust Asso	ociation 🔲 Other 🟲	L Year of form	ation: 2010	M State	e of legal domicile: VA
		C						
Pä	art I	Sumi	mary cribe the organization's mission o	or most significant activities:				
				BETTERMENT THROUGH PROMOTION OF	CONSERVATIV	'E PRINCIPLE	S.	
၁င	-							
nai	-							
Ver	_ '	Cl		scontinued its operations or disposed of	250	6.0		
Governance			s box > if the organization dis of voting members of the governing		more than 25%	or its net as	ssets.	1
	l			f the governing body (Part VI, line 1b)		_	4	
ies	l			alendar year 2020 (Part V, line 2a)		_	5	-
Activities &			nber of volunteers (estimate if ne	, , , , , ,		•	6	+
ACT T	l		•	t VIII, column (C), line 12		•	7a	
	l			m Form 990-T, line 39		•	7b	
	"	Net uniei	ated business taxable income nor	111 FOI 111 990-1, IIII		or Year	1/6	Current Year
		Contribut	ions and grants (Bort VIII line 1h)			438,6	26	
₹	l		ions and grants (Part VIII, line 1h)			430,0	0	1,543,41
Ravenue	l	-)			_	300,88
ç	l			lines 3, 4, and 7d)			63	2,64
	l		renue (Part VIII, column (A), lines			438,8	0	1,846,94
	_			ust equal Part VIII, column (A), line 12)		430,0		
	l		nd similar amounts paid (Part IX, o	, ,,			0	
	l		paid to or for members (Part IX, c	, , ,			0	
83	l	-		enefits (Part IX, column (A), lines 5–10)		178,2		288,95
Expenses	l		nal fundraising fees (Part IX, colu	, ,,			0	-
S X	l		aising expenses (Part IX, column (D),					
ш	l	•	penses (Part IX, column (A), lines	•		207,0	21	932,49
	18	Total exp	enses. Add lines 13–17 (must equ	ual Part IX, column (A), line 25)		385,3		1,221,44
	19	Revenue	less expenses. Subtract line 18 fr	om line 12		53,5	76	625,49
ે ફેંજ					Beginning	of Current Ye	ear	End of Year
Net Assets or Fund Balances	20	Total	ate (Part V. line 16)			201.0	20	052.77
Ass B	l		ets (Part X, line 16)			291,0	_	853,77
E E	l		,			18,0		72,05
			s or fund balances. Subtract line	21 from line 20		272,9	49	781,72
	rt II		ature Block	nined this return, including accompanying	a cchoduloc and	d statements	and to	the best of my
				. Declaration of preparer (other than off				
any k	nowle	edge.						
		*****	•		203	01 11 12		
C:		Signatu	ure of officer		Dat	: <u>1-11-12</u> :e		
Sign Here		\\ \u=n c	DVIIN 650					
	•		RYUN CEO r print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date	ID	TIN	
Paid	1	["			2021-11- 1 2 Che	eck 🗀 if p	0122782	29
		or	irm's name > SPONSEL CPA GROUP	LLC L		-employed n's EIN ► 27-0	0851983	
Pre								
Use	Un	чу ғ	irm's address ▶ 251 N ILLINOIS ST ST	E 450	Pho	one no. (317) 6	08-669)
			INDIANAPOLIS, IN 46	5204				
May t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)			✓	Yes 🗆 No

Form	990 (202	(0)				Page 2
Pa	rt III S	Statement of Program Se	rvice Accomplis	nments		
	c	Check if Schedule O contains a	response or note to a	ny line in this Part III .		🗆
1		escribe the organization's miss				
PROI POLI	MOTING SO	OCIAL WELFARE AND CIVIC BE REFORM OF LAW, ENACTMENT	TTERMENT BY UNDE OF LEGISLATION, A	RTAKING PROGRAMS T IND PROMOTION OF CH	HAT PROMOTE CONSERVATIVE PRI IANGES IN PUBLIC POLICY.	NCIPLES, PRACTICES,
2		organization undertake any sig			nich were not listed on	☐ Yes ☑ No
		Form 990 or 990-EZ?				□ fes 🖭 No
3		describe these new services or organization cease conducting,		hanges in how it condu	icto any program	
3	services	describe these changes on Sch		· · · · ·		☐ Yes ☑ No
4	Section !		zations are required	to report the amount o	largest program services, as measu f grants and allocations to others, t	
	(Code:) (Expenses \$	1,014,513	including grants of \$) (Revenue \$	300,888)
		ional Data	_,,	9 9 ,	, (4	,,
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other pr	rogram services (Describe in So	hedule O.)			
	(Expens	•	including grants of	\$) (Revenue \$)
4e	Total p	rogram service expenses 🕨	1,014,5	13		

Form	990 (2020)			Page 3
Pai	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III \fill .	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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 3	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 "S	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	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 2	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	
	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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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? If "Yes," complete Schedule F, Parts III and IV	16		No

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

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

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

18

19

Nο

Nο

Nο

Nο

No

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17

18

19

20a

20b

21

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	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	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
7	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
8	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	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
	Enter the number reported in Day 2 of Form 1000 Februa 0 (for the number)		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 112			
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	ı I		l

1c

Pai	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a 4a		No
b	If "Yes," enter the name of the foreign country: ►			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
эа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	F		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	Yes	
Va	solicit any contributions that were not tax deductible as charitable contributions?		103	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	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 service provided to the payor?	es 7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	_		
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	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? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

orm 9	90 (2020)			Page
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•	onse to i	ines 🗸
Sec	tion A. Governing Body and Management			
		\vdash	Yes	No
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	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
	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
	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	9.)	
			Yes	No
)a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	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			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	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	
3	Did the organization have a written whistleblower policy?	13	Yes	
1	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	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		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed▶			
	VA 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.			
	Own website Another's website 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.			
	State the name, address, and telephone number of the person who possesses the organization's books and records: •KELLY AMORIN CFO PO BOX 309 PURCELLVILLE, VA 20134 (540) 338-1251		orm 99	- (222

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Part VII Compensation of Officers, Dand Independent Contractor	,	stees	, Key	/ En	npl	oyees	s, H	lighest Comper	sated Employ	ees,	
Check if Schedule O contains a res	ponse or note to	any li	ne in	this	Part	VII .					
Section A. Officers, Directors, Truste	es, Key Emp	loyee	s, aı	nd F	ligl	nest (Con	npensated Emp	loyees		
1a Complete this table for all persons required t year.	o be listed. Rep	ort com	pens	ation	for	the ca	alen	dar year ending wi	th or within the or	ganization's	s tax
 List all of the organization's current officer of compensation. Enter -0- in columns (D), (E), 							or o	rganizations), rega	ordless of amount		
 List all of the organization's current key em 	ployees, if any.	See in	struct	ions	for	definit	tion	of "key employee.'	•		
• List the organization's five current highest who received reportable compensation (Box 5 of organization and any related organizations.											
• List all of the organization's former officers of reportable compensation from the organizatio						sated 6	emp	loyees who receive	ed more than \$100),000	
• List all of the organization's former director organization, more than \$10,000 of reportable contacts.											
See instructions for the order in which to list the	persons above.										
Check this box if neither the organization no	or any related o	rganiza	tion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee.		
(A) Name and title	(B) Average hours per week (list any hours	than d	one b	ox, u n off	t che inles ficer	eck moss pers and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estima amount o compens	ited f other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensatemployee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organizati relate organiza	ed

Name and title	Average hours per week (list any hours	than o	ne bo	ox, u n of tor/t	unle: ficer rust	and a	son	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-	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	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) NATHANIEL RYUN CEO	28.00 	Х		х				86,507	105,627	26,908
(2) PETER SAMUELSON CHAIRMAN, SECRETARY AND TR	1.00 2.00	×		x				0	0	0
(3) PAUL BONICELLI DIRECTOR	1.00 2.00	Х						0	0	0
(4) LONNY LEITNER CHIEF OF STAFF	16.00 24.00			х				43,838	64,313	0
(5) MATTHEW BATZEL NATIONAL EXECUTIVE DIRECTO	24.00 16.00			х				73,950	43,950	26,764
(6) KELLY AMORIN CFO	14.00			х				0	99,108	25,348
										Farma 900 (2022)
										Form 990 (2020)

Part VII Sect	tion A. Officers, Direct	ors, Trustees	, Key	Empl	loye	es,	and	High	nest Co	mpensat	ed Employees	(cont	inued)	
Nan	(A) ne and title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an off	t che unles ficer	eck moss persection and a	son a	Rep comp fro orga	(D) ortable ensation om the nization 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	5	(F) Estima amount of compens from t	ated of other sation the
	organizations below dotted line)						Highest compensated employee	Former		ISC)	(W-2/1099-		organizati relate organiza	ed
												<u> </u>		
												<u> </u>		
	ontinuation sheets to Pa nes 1b and 1c)	art VII, Section	Α				> > > >	<u></u>		204,295	312,99	98		79,020
	er of individuals (including e compensation from the o			e liste	ed al	bove	e) who	, rec€	eived mo	ore than \$1	100,000			
	anization list any former c Yes," complete Schedule J			ee, k	ey eı	mplc	oyee, (or hi	ghest co	mpensated	d employee on	3	Yes	No No
	vidual listed on line 1a, is n and related organizations										m the	4	Yes	
	son listed on line 1a received and to the organization?									ation or inc	lividual for	5		No
Section B. In	dependent Contracto	ors												
	nis table for your five highe ganization. Report compen											npens	sation	
	Name a	(A) and business addre	ess						_	Des	(B) cription of services		(C) Compen	
RUMBLEUP LLC			<u> </u>							P2P TEXTIN				142,659
2021 L ST NW STE 10 WASHINGTON, DC 2	20036									- 1 V DED 64	22 21 42 5 1			
DIRECT RESPONSE LL 3053 WEST CRAIG RO	OAD STE E 101									PAY PER CA	ALL PROVIDER			120,000
NORTH LAS VEGAS, N	IV 89032											\longrightarrow		

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

Form **990** (2020)

orm s Pari		(2020) Statement	of E	Pavanua						Page 9
Pall	VIII				a resp	onse or note to any	/ line in this Part VIII			🗆
					<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
5 A	1 a	Federated campaig	gns		1 a		L	revenue		312 311
Gifts, Grants ilar Amounts	b	Membership dues			1 b					
s, Gr Ama		Fundraising events		. [1c					
Sifts Tar /		Related organization Government grants (o		ibutions)	1d					
im:		All other contributions		Ļ	1e					
itio: er S	ľ	and similar amounts i above	not ir	ncluded	1 f	1,543,415				
Contributions, and Other Sim	g	Noncash contributions lines 1a - 1f:\$	s incl	uded in	1g					
Contributions, Gift and Other Similar	h	Total. Add lines 1a	a-1f			•	4 542 445			
<u> </u>						Business Code	1,543,415	1		T
	2a	TRAINING FEES				611430	300,888	300,888		
E e						_				
Program Service Revenue	b									
ce	c									
Xer vi	١.									
an (d									
rogr	e									
<u>α</u>	f	All other program	serv	rice revenue	e.					
	g	Total. Add lines 2	2a-2	f	. •	300,888				
		Investment income similar amounts)				interest, and other				2,645
	1	Income from invest				•				
	5	Royalties	_				•			
				(i) Re	al	(ii) Personal	_			
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income	6c							
	d	or (loss) Net rental income		(loss)						
		(i) Securities			(ii) Other					
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses								
	С	Gain or (loss)	7c							
		Net gain or (loss)			_					
ne	Ва	Gross income from fu (not including \$		of						
Ve⊓		contributions reported See Part IV, line 18			8a					
Other Revenue	b	Less: direct expen	ses		8b	1				
the	C	: Net income or (los	s) fr	om fundrai	sing e	vents ▶				
0	9a	Gross income from	gami	ing activities	i,					
		See Part IV, line 19			9a					
		Less: direct expen : Net income or (los			9b activi					
	10a	aGross sales of inve returns and allowa	ento: ances	ry, less s	10					
	b	Less: cost of good	s sol	ld	10					
	c	Net income or (los			f inver					
	11	Miscellaneo .a	us R	evenue		Business Code	_			
	b									
	c									
		All other revenue					1			
		Total. Add lines 1			•	•				
	12	Total revenue. S	ee ir	istructions	• •	• • •	1,846,948	300,888		0 2,645

Form 990 (2020)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_		
Check if Schedule O contains a response or note to an	y line in this Part IX			<u>.</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,789	105,085	88,204	34,500
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	44,376	21,139	16,800	6,437
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	1,733	573	801	359
10 Payroll taxes	15,056	8,101	3,621	3,334
11 Fees for services (non-employees):				
a Management				
b Legal	6,295	531	5,692	72
c Accounting	29,600	2,497	26,762	341
d Lobbying	·	,	•	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees			_	
g Other (If line 11g amount exceeds 10% of line 25, column	477,988	475,441	2,547	
(A) amount, list line 11g expenses on Schedule O)	1,7,500	1,3,111	2,517	
12 Advertising and promotion	160,126	160,126		
13 Office expenses	63,619	62,164	422	1,033
14 Information technology	154,066	151,204	2,862	
15 Royalties				
16 Occupancy	5,515		5,515	
17 Travel	24,889	23,471	1,418	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	,	,	· ·	
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,006		3,006	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	3,000		3,000	
a MISCELLANEOUS EXPENSE	3,185	3,185		
b BUSINESS REGISTRATION F	2,345			2,345
c DUES AND SUBSCRIPTIONS	1,641	996	645	
d LICENSES, PERMITS AND F	220		220	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,221,449	1,014,513	158,515	48,421
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 In if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

1 2

26

27

28

31

32

33

Fund Balances

ō 29

Assets 30 0 10c

11

22

23

24

25

26

27

28

29

30

31

32

33

11,290

18.079

-337.338

610,287

272,949

291,028

Page **11**

880,064

1.050

53,658

72.054

-538,774

1,320,497

781,723

853.777

Form 990 (2020)

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

	Beginning of year		End of year
Cash-non-interest-bearing	198,519	1	
Savings and temporary cash investments		2	

3 3,122 4 Accounts receivable, net

3 Pledges and grants receivable, net . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . .

Assets 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 1,619 9 1,620

10a Land, buildings, and equipment: cost or other 10a 121,359 basis. Complete Part VI of Schedule D 10b 121,359 b Less: accumulated depreciation 11 Investments—publicly traded securities .

12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets . 87,768 15 -28,957 15 Other assets. See Part IV, line 11 . . . 291,028 16 853,777 16 Total assets. Add lines 1 through 15 (must equal line 33) . 17 Accounts payable and accrued expenses . 6,789 17 18,396 18 18 Grants payable . 19 19 Deferred revenue . . 20 Tax-exempt bond liabilities . 20 21

21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

3a

3h

No

Form 990 (2020)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

CONVERSATIONS, IN WISCONSIN, AMERICAN MAJORITY ACTION HAD 1,011,958 LIVE TOUCHES AND 245,363 LIVE CONVERSATIONS.

Software Version:

EIN: 26-3594713

Name: AMERICAN MAJORITY ACTION INC

Form 990 (2020)

Form 990, Part III, Line 4a:

IN THIS FISCAL YEAR, AMERICAN MAJORITY ACTION OPERATED OFFICES IN VIRGINIA, MINNESOTA AND WISCONSIN IN ORDER TO PROMOTE CONSERVATIVE PRINCIPLES AT FEDERAL, STATE AND LOCAL LEVELS THROUGH MOBILIZATION OF PUBLIC OPINION; THE PROMOTION OF CONSERVATIVE PRACTICES AND POLICIES; AND THE REFORM OF LAWS, ENACTMENT OF LEGISLATION, AND THE PROMOTION OF CHANGES IN PUBLIC POLICY. IN VIRGINIA, AMERICAN MAJORITY ACTION HAD 1,001,887 TOTAL LIVE TOUCHES, AND 194,039 TOTAL LIVE CONVERSATIONS. IN MINNESOTA, AMERICAN MAJORITY ACTION HAD 1,180,208 TOTAL LIVE TOUCHES, AND 201.405 TOTAL LIVE

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493319116251

Open to Public

Department of the Treasury Internal Revenue Service	▶Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	Inspec
If the organization ans	wered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Ac	tivities), then

EZ)

SCHEDULE C (Form 990 or 990-

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

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

Inspection

f the		on Form 990, Part IV, Line 4, or Form						
		at have filed Form 5768 (election under at have NOT filed Form 5768 (election u						
		on Form 990, Part IV, Line 5 (Proxy Ta						
	bxy Tax) (see separate instruction							
	Section 501(c)(4), (5), or (6) organ me of the organization	izations: Complete Part III.			Emplover i	denti	ification nur	mber
	ERICAN MAJORITY ACTION INC							
Par	rt I-A Complete if the orga	anization is exempt under section	on 501(c) or is		26-3594713 527 or a		ation.	
1	<u> </u>	nization's direct and indirect political ca						
•	"political campaign activities")	·						
2		ditures (see instructions)						
3		paign activities (see instructions)						0
	•	anization is exempt under section						
1		tax incurred by the organization under s				\$ ¢		
2 3		tax incurred by organization managers o ction 4955 tax, did it file Form 4720 for				\$		
	-	•	•				☐ Yes	□ No
4a	Was a correction made?			• • • • • • • • • • • • • • • • • • • •			☐ Yes	☐ No
b	If "Yes," describe in Part IV. rt I-C Complete if the orga	anization is exempt under section	on E01/c) ove	ont costio	n F01(c)	(2)		
	<u> </u>	-						254.066
1 2	, ,	ded by the filing organization for section ganization's funds contributed to other				>		254,066
_		gamzacion's fanas contributed to other				\$		0
3	Total exempt function expenditu	res. Add lines 1 and 2. Enter here and c	on Form 1120-POL	_, line 17b		\$		254,066
4	Did the filing organization file Fo	orm 1120-POL for this year?					☐ Yes	✓ No
5		employer identification number (EIN) o				which		E NO
	organization made payments. Fo	or each organization listed, enter the am	ount paid from th	ne filing orgar	ization's fu	nds. /	Also enter the	
		d that were promptly and directly delive tee (PAC). If additional space is needed				ch as	a separate s	egregated
				1.0.4				6 1111 1
	(a) Name	(b) Address	(c) EIN		unt paid fro ganization's		(e) Amount contribution	
				funds. If	none, ente -0	er	and prom directly deli	
					-0		separate	political
							organizatior enter	
1								
2								
3								
1								
•								
5								
or P	Paperwork Reduction Act Notice, see	 the instructions for Form 990 or 990-EZ.	Ca	at. No. 50084S	Schedule	C (Fo	orm 990 or 99	0-EZ) 2020

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020

ress,	EIN,	

Page 2

١	Check ▶ ☐ if the filing organization belongs expenses, and share of excess lob			in Part IV each a	ffiliated group	member's nam	e, add	ress, EIN,
3	Check ▶ ☐ if the filing organization checked	box A and "li	mited control" p	rovisions apply.				
	Limits on Lobb (The term "expenditures" n	ying Exp	enditures			(a) Filing organization's totals	(b)	Affiliated group totals
.a	Total lobbying expenditures to influence public	opinion (gras	s roots lobbying)			1	
	Total lobbying expenditures to influence a legis						1	
c	Total lobbying expenditures (add lines 1a and 1	Lb)						
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines :	1c and 1d)						
f	Lobbying nontaxable amount. Enter the amoun columns.	t from the fol	lowing table in b	ooth				
	If the amount on line 1e, column (a) or (b) is: The lo	bbying nontaxa	able amount is:				
	Not over \$500,000	20% of	the amount on line	1e.				
	Over \$500,000 but not over \$1,000,000	\$100,00	0 plus 15% of the	excess over \$500,00	0.			
	Over \$1,000,000 but not over \$1,500,000	\$175,00	0 plus 10% of the	excess over \$1,000,0	000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,00	0 plus 5% of the ex	cess over \$1,500,00	00.			
	Over \$17,000,000	\$1,000,0	000.					
j	If there is an amount other than zero on either section 4911 tax for this year?	ar Averagir	ng Period Und	der Section 50	1(h)			∕es □ No
	columns below. S	See the sep	oarate instruc	ctions for lines	2a throug	h 2f.)		
	Lobbying	Expenditu	res During 4-	Year Averagir	ng Period			
	Calendar year (or fiscal year beginning in)		(a) 2017	(b) 2018	(c) 2019	(d) 2020	,	(e) Total
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	: Total lobbying expenditures						\perp	
d	Grassroots nontaxable amount						\perp	
e	Grassroots ceiling amount							

Form 5768 (election under section 501(h)).		a)	1 /	b)	
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		<i>a)</i> ∣ No		ount	 t
During the year, did the filing organization attempt to influence foreign, national, state or local legislation,		<u>. </u>	1		
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c Media advertisements?			1		
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912			1		
c 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?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	r sect	ion		
		_		es	No
1 Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				L(c)	(6)
1 Dues, assessments and similar amounts from members	1				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year	2a				
b Carryover from last year	2b				
c Total	2c				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5 Taxable amount of lobbying and political expenditures (see instructions)	5				
Part IV Supplemental Information		1			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); instructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II	-A, lines	1 and 2	(see	<u> </u>
Return Reference Explanation					

RACES.

DLN: 93493319116251

OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Schedule D (Form 990) 2020

		Part IV, line 6, 7, 8, 9, 1	0 112 116 116	114	116 11f 12a o	· 12h		_		
	rtment of the Treasury	•	Attach to Form	990.					n to Publi	С
	nal Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructi	ons ai	nd the latest info		on. oloyer identif		spection	
	ERICAN MAJORITY AC					-	-	ication	illullibei	
Đ:	art I Organiz	zations Maintaining Donor Advis	sed Funds or O	ther !	Similar Funds (3594713			
		te if the organization answered "Yes								
			(a) Dono	or advis	sed funds		(b) Funds an	d other	accounts	
1		end of year								
2		of contributions to (during year)								
3 4		of grants from (during year) at end of year								
5	33 3	tion inform all donors and donor advisor	:		to hald in dance a	ا الماما	funda ara tha			
5		roperty, subject to the organization's exc					iunus are the		Yes 🗆 I	٧o
6	charitable purpo	tion inform all grantees, donors, and doness and not for the benefit of the donor	or donor advisor, o	or for a	any other purpose			ible	lYes □ r	No
Pa	rt III Conser	vation Easements.								-
		te if the organization answered "Yes								
1		nservation easements held by the organ	•	that ap						
	☐ Preservation	on of land for public use (e.g., recreation	or education)		Preservation of ar	n histor	ically importai	nt land a	area	
	☐ Protection	of natural habitat		Ш	Preservation of a	certifie	d historic stru	cture		
	☐ Preservation	on of open space								
2		a through 2d if the organization held a cell last day of the tax year.	qualified conservat	tion co	ntribution in the fo	rm of a			of the Year	-
а	Total number of	conservation easements				2a				
b	Total acreage res	stricted by conservation easements				2b				
С		ervation easements on a certified historic		•	•	2c				
d		ervation easements included in (c) acquir n the National Register	red after 7/25/06,	and no	ot on a historic	2d				
3	Number of conset tax year ►	ervation easements modified, transferred	d, released, exting	juished	, or terminated by	the on	ganization dur	ing the		
4	Number of state	s where property subject to conservation	n easement is loca	ited >						
5		zation have a written policy regarding the		-	spection, handling	of viola	— ations			
_		t of the conservation easements it holds						Yes	□ No	
6	Staff and volunt	eer hours devoted to monitoring, inspect	ting, handling of vi	iolation	ns, and enforcing c	onserv	ation easemer	nts durir	ng the year	
7	Amount of exper	nses incurred in monitoring, inspecting, l	handling of violatio	ons, ar	d enforcing conser	vation	easements du	iring the	e year	
_	· 		-1			70/51/	4)/D)/:)			
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?	•	•		.70(n)(Yes	□ No	
9	balance sheet, a	cribe how the organization reports conse nd include, if applicable, the text of the	footnote to the org				atement, and		□ N0	
Pa		's accounting for conservation easement zations Maintaining Collections		al Tr	Pasures or Oth	ner Si	milar Accet	<u> </u>		
ГС		te if the organization answered "Yes				ici Ji	illiai Assec	J.		
1a	historical treasu	on elected, as permitted under FASB ASG res, or other similar assets held for publi xt of the footnote to its financial stateme	ic exhibition, educa	ation, d	or research in furth					
b	historical treasu	on elected, as permitted under FASB ASI res, or other similar assets held for publi ts relating to these items:								
	(i) Revenue includ	ed on Form 990, Part VIII, line 1					▶ \$			
(ii)Assets included	in Form 990, Part X					. > \$			
2		on received or held works of art, historic ts required to be reported under FASB A				ancial g	ain, provide th	ne		
а	Revenue include	d on Form 990. Part VIII. line 1					. ▶\$			

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D

Par	t III	Organizations M	aintaining Col	lections o	of Art, H	istori	cal Tr	easur	res, or	Other	Similar As	ssets (con	tinued)	
3		g the organization's acq s (check all that apply):		n, and other	records,	check a	any of	he folk	owing th	hat are a	significant u	use of its co	llection	
а		Public exhibition				d		Loan c	or excha	inge prog	ırams			
b		Scholarly research				е		Other						
С		Preservation for future	e generations											
4	Provi Part	ide a description of the XIII.	organization's col	lections and	l explain h	now the	y furth	er the	organiza	ation's ex	kempt purpo	se in		
5		ng the year, did the org ts to be sold to raise fur										☐ Yes	□ N	o
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Fori	m 990,	, Part	IV, lin	ne 9, or	reporte	ed an amou	ınt on Fori	n 990,	Part
1a		e organization an agent ded on Form 990, Part										☐ Yes	□ N	0
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fol	llowina	table:				A	mount		_
С		nning balance		•		_			ı	1c				_
d	_	tions during the year .								1d				_
е		ibutions during the year							Г	1e				_
f		ng balance							F	1f				_
2a		the organization include							_	ccount lia	ahility?	□ ves		_
		es," explain the arrange												U
	rt V	Endowment Fun		. Check here	e ii tile ex	pianau	OII IIas	Deen b	provided	i III Fait /	<u> </u>			
		Complete if the or		ered "Yes	" on Fori	m 990.	, Part	IV, lin	ne 10.					
			_	(a) Currer			rior yea			ears back	(d) Three ye	ars back (e)	Four yea	rs back
1 a	Beginr	ning of year balance .												
b	Contri	butions												
С	Net in	vestment earnings, gair	ns, and losses											
d	Grants	s or scholarships												
		expenditures for faciliting	es											
f	Admin	istrative expenses .												
g	End of	fyear balance												
2	Provi	ide the estimated perce	ntage of the curre	nt year end	l balance	(line 1g	g, colur	nn (a))) held as	5:				
а	Boar	d designated or quasi-e	ndowment ►											
b	Perm	nanent endowment ►												
С	Term	n endowment 🕨												
	The	percentages on lines 2a		ld equal 100	0%.									
3а		here endowment funds nization by:	not in the posses	sion of the (organizati	on that	are he	eld and	adminis	stered fo	r the		Yes	No
	(i) ∪	Inrelated organizations										3a(i))	
h	. ,	Related organizations es" on 3a(ii), are the re			· ·	n Sche	 dule Ri	• •				3a(ii))	
4		ribe in Part XIII the inte	-					•						
Par	rt VI													
		Complete if the or	ganization answ	ered "Yes	" on Fori	m 990,	, Part	IV, lin	ne 11a.	See For	m 990, Pa	rt X, line 1	LO	
	Descr	ription of property	(a) Cost or oth (investme		(b) Cost	or other	basis (c	ther)	(c) Accı	umulated o	lepreciation	(d) I	Book valu	e
1 a	Land													
b	Buildir	ngs												
c	Leasel	hold improvements												
d	Equipr	ment					2	1,359			21,359			0
							10	0,000			100,000			0
		lines 1a through 1e //	Column (d) must s	aual Form	990 Part	X colu			10(c))					

(G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	Part VIII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book	line 11b.S	Gee Form 990, F (c) Method Cost or end-of-	d of val	luation:
			value				
(G) (C) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G							
C	(B)						
(5) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C)						
(6) (7) (8) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(D)						
Complete The organization answered Yes' on Form 990, Part IV, Ine 11c. See Form 990, Part X, Ine 13.	(E)						
(4) (5) (7) (8) (9) (9) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10	(F)						
Total Actions (2) must coach from 980, fort X, and (8) into 12.) Treestments—Program Related.	(G)						
Tests. (Column (3) most equal Form 990, Part X, cm (3) inst 23.1	(H)						
	(I)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 12.			•				
Cost or end-of-year market value	Part VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, I				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Cibiano (i) must separ form \$90, Part X, cat (ii) line 13.) (a) Description (b) Book value (c) Description (c) Description (d) Book value		(a) Description of investment			(b) Book value	(c) Cost	or end-of-year market
(4) (5) (6) (7) (8) (9) (10) Total. (Column (s) must equal form 990, Pert X, col.(8) line 13.) Part XI	(1)						value
(4) (5) (6) (7) (8) (9) (10) Total, (Column (8) must equal form 990, Part X, soc(8) Ine 13.) (a) Description (b) Book via use (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(2)						
(5) (6) (7) (8) (9) (10) Total (Column (9) most equal form 990, Part X, col.(8) line 15.) Part 1X Other Assets. Complete if the organization answered "Yes" on Form 990, Part XV, line 11d. See Form 990, Part X, line 15. (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (9) must equal Form 990, Part X, col.(8) line 15.) Part X Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (2) (3) (4) (5) (6) (7) (6) (9) (10) Total, (Column (9) must equal Form 990, Part X, col.(8) line 15.) 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (6) (9) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(3)			+			
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Total. Column (b) must equal Form 990, Part X, col.(8) line 13.)	(9)						
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	(10)						
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) 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, Part X, line 25. (1) (a) Description of liability (1) Federal income taxes (2) ReLATED PARTY PAYABLE (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Table (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	Part IX	Complete if the organization answered 'Yes' on Form 990, F	art IV, li	ine 11d. S	ee Form 990, Par	t X, lin	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (1) Federal income taxes (2) RELATED PARTY PAYABLE (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 25.) > S3,658 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 lia	(1)	(a) Description					(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IIV, line 11e or 11f.See Form 990, Part X, line 25. (1) Federal income taxes (2) RELATED PARTY PAYABLE (3) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.) 53,658 69 70 70 70 70 70 70 70 70							
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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 lia		n (b) must equal Form 990, Part X, col.(B) line 25.)			•	53,658	
THE PARTY OF THE P	2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the footnot			n's financial stater	ments t	

Schedule D (Form 990) 2020

	Complete if the organi	zation answered 'Yes' on Form 990, Part	: IV, li	ne 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b		1	
c	Recoveries of prior year grants		2c		1	
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem			Retur	n.
		zation answered 'Yes' on Form 990, Part			Τ.	
1	'	dited financial statements			1	
2	Amounts included on line 1 but no	, ,		1		
а	Donated services and use of facili	ties	2a		4	
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, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18.) .		5	
Pai	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Exp	olanation		
See A	Additional Data Table					

Page 4

Page 5		chedule D (Form 990) 2020		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2020

Additional Data

Software ID:

Software Version: EIN: 26-3594713

Name: AMERICAN MAJORITY ACTION INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMEN T TO EVALUATE TAX POSITIONS TAKEN BY THE COMPANIES AND RECOGNIZE A TAX LIABILITY IF THE COMPANIES HAVE TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COMPANIES, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020 A ND 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATE MENTS. THE COMPANIES ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. NO PENALTIES OR INTEREST WERE IN CURRENT THE YEAR ENDED DECEMBER 31, 2020.

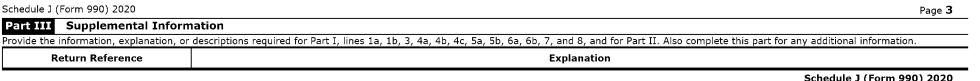
efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	9116	251
Sch	edule J	C	ompensati	ion Information	ОМЕ	3 No. 1	1545-0)047
(For	n 990)		Compensa ganization answ	rustees, Key Employees, and Highest ated Employees rered "Yes" on Form 990, Part IV, line to Form 990.	23.	20	20	<u> </u>
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest information		pen to Inspe		
Nar	ne of the organiz			Emp	oloyer identificati			
AME	ERICAN MAJORITY A	CTION INC		26-3	3594713			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				the following to or for a person listed on y relevant information regarding these ite				
		s or charter travel		Housing allowance or residence for person				
	_	companions	님	Payments for business use of personal re				
		nification and gross-up payment	ts 📙	Health or social club dues or initiation fe				
	□ Discretion	nary spending account		Personal services (e.g., maid, chauffeur,	cner)			
b				follow a written policy regarding payment ve? If "No," complete Part III to explain	or	1b		
2				or allowing expenses incurred by all r, regarding the items checked on Line 1a	,	2		
	unectors, truste	es, officers, including the CEO/	Executive Director	r, regarding the items checked on time ra				
3				d to establish the compensation of the				
				not check any boxes for methods CEO/Executive Director, but explain in Pai	t III.			
				Muithan analas manta antina				
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	▽	Approval by the board or compensation	committee			
		-						
4	related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filing	organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No
b		• • •		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?	[4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part III.				
	Only 501 (a)(2) F01(-)(4) ===4 F01(-)(20	\					
5	, ,,,	ed on Form 990 Part VII Section	, ,	the organization pay or accrue any				
•	compensation c	ontingent on the revenues of:	on A, mie 1a, ala	the organization pay or accrac any				
а	The organization	n?				5a		No
b	-					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," descrit · · · · · · · · · · · · · · · · · · ·				N-
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Regu	lations section	9		No_
For F	<u>``</u>	uction Act Notice, see the Ins			SChedule J (990)	2020

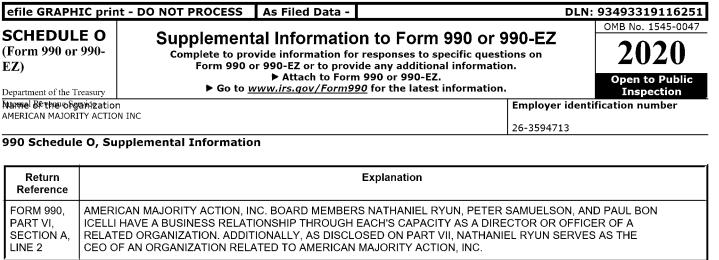
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of colu	nns (B)(i)-(iii) for each listed in	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D) and (E) amounts for tha	t individual.
(A) Name and Title		(B) Breakdowr (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 NATHANIEL RYUN CEO	(i)	86,507	0	0	2,335	8,554	97,396	0
	(ii)	105,627	0	0	3,188	12,831	121,646	0
		I.	1	I.			Schedule	J (Form 990) 2020





Return Explanation
Reference

LINE 11B

FORM 990, PART VI, SECTION B.

Return Explanation
Reference

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

Return

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

Explanation

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

Reference

FORM 990, PART IX, LINE 11G

990 Schedule O, Supplemental Information

Return Explanation

Reference	
	NON-CONTROLLING INTEREST SHARE OF INCOME -21,323. DIFFERENCE IN TAX VS BOOK GAIN IN INVEST MENT IN AM ACTION, LLC -114,912. INTEREST INCOME NOT RECEIVED FROM RELATED PARTY 19,510.
LINE 9:	

Return Explanation
Reference

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

DLN: 93493319116251

Open to Public Inspection

Name of the organization AMERICAN MAJORITY ACTION INC					Employer iden	tification number		
AMERICAN MAJORITY ACTION INC					26-3594713			
Part I Identification of Disregarded Entities. Complete	if the organization ans	swered "Yes" on	Form 99	90, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activit	y Legal domic or foreign	ile (state	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity	g	
(1) AM ACTION LLC PO BOX 309 PURCELLVILLE, VA 20134 80-8066063	HOLDING COMPAN	Y	Λ.	-130,038	-28,749	AMERICAN MAJORITY ACT:	ION INC	_
								_
								_
								_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year		rganization answ	ered "Ye	es" on Form 990	, Part IV, line 34	because it had one o	r more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (: or foreign coun	state Ex	(d) kempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b ontrolle tity?
						Yes	No	
(1)AMERICAN MAJORITY INC PO BOX 87	NON-PROFIT POLITICAL TRAINING INSTITUTE	VA	50	1(C)(3)	LINE 7	N/A		No
PURCELLVILLE, VA 20134 26-1501154						.47.	+	
							+	
			+				+	
For Paperwork Reduction Act Notice, see the Instructions for Forn	990.	Cat. No.	50135Y			Schedule R (Forn	 n 990) 2	 020

because it had one or more related organizations (a) Name, address, and EIN of related organization VOTER GRAVITY INC BOX 1132 CELLVILLE, VA 20134 1971645 COMPLIANT ENGAGEMENT SYSTEMS LTD CITY ROAD (i) (i) (ii) (iii) (iii) (iii) (iii) (iii) (iv) (iv	treated as a corpo	corporation c (c) Legal domicil (state or fo	or trus) al cile	st during the		rganization ar.		(f)		No Form 9	990, Part	t IV,)	4	(i)
(a) Name, address, and EIN of related organization VOTER GRAVITY INC BOX 1132 CELLVILLE, VA 20134 1971645 COMPLIANT ENGAGEMENT SYSTEMS LTD (I) Primary SOFTWARE DI PRIMARY VOTER DATA	treated as a corpo	corporation c (c) Legal domicil (state or fo	or trus) al cile	st during the	e tax yea	ar. (e)		(f)			990, Part	(h))	(
because it had one or more related organizations (a) Name, address, and EIN of related organization VOTER GRAVITY INC BOX 1132 CELLVILLE, VA 20134 1971645 COMPLIANT ENGAGEMENT SYSTEMS LTD CITY ROAD (i) (i) (ii) (iii) (iii) (iii) (iii) (iii) (iv) (iv	treated as a corpo	corporation c (c) Legal domicil (state or fo	or trus) al cile	st during the	e tax yea	ar. (e)		(f)			990, Part	(h))	(
because it had one or more related organizations (a) Name, address, and EIN of related organization (OTER GRAVITY INC SOSTWARE DI SOSTWARE CITY ROAD	treated as a corpo	corporation c (c) Legal domicil (state or fo	or trus) al cile	st during the	e tax yea	ar. (e)		(f)			990, Part	(h))	(i)
because it had one or more related organizations (a) Name, address, and EIN of related organization /OTER GRAVITY INC SOFTWARE DI 30X 1132 CELLVILLE, VA 20134 971645 COMPLIANT ENGAGEMENT SYSTEMS LTD VOTER DATA SOFTWARE CITY ROAD	treated as a corpo	corporation c (c) Legal domicil (state or fo	or trus) al cile	st during the	e tax yea	ar. (e)		(f)			990, Part	(h))	(
because it had one or more related organizations (a) Name, address, and EIN of related organization (OTER GRAVITY INC SOSTWARE DI SOSTWARE CITY ROAD	treated as a corpo	corporation c (c) Legal domicil (state or fo	or trus) al cile	st during the	e tax yea	ar. (e)		(f)			990, Part	(h))	(
because it had one or more related organizations (a) Name, address, and EIN of related organization /OTER GRAVITY INC SOFTWARE DI 30X 1132 CELLVILLE, VA 20134 1971645 COMPLIANT ENGAGEMENT SYSTEMS LTD CITY ROAD (i) VOTER DATA SOFTWARE	treated as a corpo	corporation c (c) Legal domicil (state or fo	or trus) al cile	st during the Direct	e tax yea	ar. (e)		(f)			990, Part	(h))	(i)
because it had one or more related organizations (a) Name, address, and EIN of related organization /OTER GRAVITY INC SOFTWARE DI 30X 1132 CELLVILLE, VA 20134 1971645 COMPLIANT ENGAGEMENT SYSTEMS LTD CITY ROAD (i) VOTER DATA SOFTWARE	treated as a corpo	corporation c (c) Legal domicil (state or fo	or trus) al cile	st during the Direct	e tax yea	ar. (e)		(f)			990, Part	(h))	(i)
because it had one or more related organizations (a) Name, address, and EIN of related organization /OTER GRAVITY INC SOFTWARE DI 30X 1132 CELLVILLE, VA 20134 971645 COMPLIANT ENGAGEMENT SYSTEMS LTD VOTER DATA SOFTWARE CITY ROAD	treated as a corpo	corporation c (c) Legal domicil (state or fo	or trus) al cile	st during the Direct	e tax yea	ar. (e)		(f)			990, Part	(h))	(i)
OOX 1132 CELLVILLE, VA 20134 971645 COMPLIANT ENGAGEMENT SYSTEMS LTD CITY ROAD VOTER DATA SOFTWARE	l (`	entity	(C corp, S co	orp,	hare of total income	Share	of end- year assets		ercenta wnersl		(13) co	า 512
SOX 1132 CELLVILLE, VA 20134 971645 COMPLIANT ENGAGEMENT SYSTEMS LTD VOTER DATA SOFTWARE CITY ROAD		country)		AMEDI	CAN			114.014			595 84 25		<u></u>	Yes	N
CITY ROAD SOFTWARE	VELOPMENT	VA		AMERIO MAJOR ACTION	RITY	C		-114,914	1	79,595 84.350		+.350 °	%	Yes	
	1ANAGEMENT	UK		VOTER INC	R GRAVITY	С					84	4.350 9	%	Yes	
														+	\vdash
														 	\perp

Schedule R (Form 990) 2020										Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 99	90, Part	t IV, line	34, 35l	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 organization engage in any of the following transactions with one or more related organizations li	isted in F	Parts II-IV	?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									1a		No
b Gift, grant, or capital contribution to related organization(s)									1 b		No
${f c}$ 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	Yes	
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)									1i		No
j Lease of facilities, equipment, or other assets to related organization(s)					•				1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)									1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)									11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)									1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									1n	Yes	_
o Sharing of paid employees with related organization(s)					•				10	Yes	
p Reimbursement paid to related organization(s) for expenses									1 p	Yes	
q Reimbursement paid by related organization(s) for expenses							•		1 q	Yes	
r Other transfer of cash or property to related organization(s)									1r		No
$oldsymbol{s}$ 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 complete this line, including cov	vered re	lationships	and tra	nsacti	on th	resh	olds.				
(a) (b) Name of related organization Transactio type (a-s)		(c) Amount in	olved		Meth	od of	deteri	(d) mining an	nount i	nvolved	

	renormance of services of membership of fundraising solicitations by related organization(s):						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
0	Sharing of paid employees with related organization(s)				10	Yes	
р	Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r	Other transfer of cash or property to related organization(s)				1r	$\overline{}$	No
s	Other transfer of cash or property from related organization(s)				1 s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	ne, including covered r	elationships and tra	ansaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount ir	nvolved	
(1)\/0	TER CRAVET/AIC			EATE MADILET MALLIE			
(1)	TER GRAVITY INC	D	344,679	FAIR MARKET VALUE			
(1)	TER GRAVITY INC	D	344,679	FAIR MARKET VALUE			
(1)	TER GRAVITY INC	D	344,679	FAIR MARKET VALUE			
	TER GRAVITY INC	D	344,679	FAIR MARKET VALUE			
	TER GRAVITY INC	D	344,679	FAIR MARKET VALUE			

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	(b) Primary activity		sections 512-		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partnerî	or g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	_												
									•	Schedul	e R (Form	990	0) 2020

Schedule R (Fo	rm 990) 2020	P ₁	age 5				
Part VII	Supplemental Info	ormation					
Provide additional information for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation					