EXTENDED TO NOVEMBER 15, 2023

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

A For the 2022 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change AMERICAN MAJORITY INC. Name change 26-1501154 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 540-338-1251 PO BOX 87 G Gross receipts \$ 2,599,964. City or town, state or province, country, and ZIP or foreign postal code Amended PURCELLVILLE, VA 20134 H(a) Is this a group return Applica-F Name and address of principal officer: NED C. RYUN for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? _Yes L (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.AMERICANMAJORITY.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation Trust Association Other L Year of formation: 2008 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: TO CREATE A NATIONAL POLITICAL Governance TRAINING INSTITUTE DEDICATED TO CULTIVATING POLITICAL LEADERS. ot 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) 2 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 10 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 3 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 3,273,836. 2,558,008. Contributions and grants (Part VIII, line 1h) Revenue 15,004. 6.690. Program service revenue (Part VIII, line 2g) 604. 732. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 58,848. 34,534. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,348,292. 2,599,964. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 688,370. 714,355. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,051,230. 1,456,035. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 457,522. 415,255. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,559,660. 2,223,107. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 788,632. 376,857. Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year** End of Year 1,696,151. 1,239,576. 20 Total assets (Part X. line 16) 352,839. 432,557. 21 Total liabilities (Part X, line 26) ξĔ 886,737. 1,263,594. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign NED C. RYUN Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name CPAELIZABETH M. BELCHER 02/01/24 Paid ELIZABETH M. BELCHER. P01227829 Firm's EIN 27-0851983 SPONSEL CPA GROUP, LLC Preparer Firm's name Firm's address 251 N. ILLINOIS ST. STE 450 Use Only Phone no. (317) 608-6699 INDIANAPOLIS, IN 46204 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Form	1990 (2022) AMERICAN MAJORITY INC.	26-1501154 Page 2
_	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 NATIONAL	AL POLITICAL
	TRAINING INSTITUTE DEDICATED TO RECRUITING, IDENTIFYING,	
	MENTORING POTENTIAL POLITICAL LEADERS. (CONTINUED ON SCH	
		·
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Les 122 NO
_		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes Zi No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 877,515 • including grants of \$) (Revenue)	6,690.
	THE ORGANIZATION CONDUCTED TRAINING FOR 4,537 PARTICIPAN	TS IN 2022.
4b	(Code:) (Expenses \$	
40	(Code:) (Expenses \$) (Revenue) (Revenue)	ie \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 877,515.	
		Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		22
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		.,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	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	10h		х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	та		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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. See instructions	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

232003 12-13-22

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			37
	Schedule K. If "No," go to line 25a	24a		X
	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		
	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	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2 5a		22
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadida I David	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		.,	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051-		
00	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	30		
31	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 on Schedule O for Part VI, lines 11b and 19?	- 57		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	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			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		Г	aan	(0000)

232004 12-13-22

022) AMERICAN MAJORITY INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 return2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	[За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Г	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)?	L	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?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid	cit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
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 services provided to the		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?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				37
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	N/	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require		7g 	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	98-C?	7h	14 /	Α
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	'A	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	··**···	ů		
а	Did the sponsoring organization make any taxable distributions under section 4966?	/A	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:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:	\neg			
а	Gross income from members or shareholders N/A 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L	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? ${ m N}$ /	<u> </u>	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	_			
	Enter the amount of reserves on hand	-			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	····	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	F	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		45		Х
	excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N.		15		21
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
10	If "Yes," complete Form 4720, Schedule O.	·····-	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	/A	17		
	If "Yes," complete Form 6069.	·····			
	, ,				

232005 12-13-22

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		Х
h	more members of the governing body?	7a		21
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		Х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		21
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on 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?	14	Λ	
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? The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15a	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, FI	, GA	,HI	,ID
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KELLY AMORIN, CFO - (540) 338-1251 PO BOX 87, PURCELLVILLE, VA 20134			
22200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)

AME05__1

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	J. g.			C)	٠٠٢٥	Jul	(D)	(E)	(F)
Name and title	Average			Pos	رد itior	1		Reportable	Reportable	Estimated
Name and title	hours per					than		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				D.		organization	(W-2/1099-MISC/	from the
	related	tee or	stee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	omp		1099-NEC)		and related
	below	/id ua	tutior	er	Key employee	est c loyee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forr			
(1) NATHANIEL RYUN	33.00									
CEO	27.00	Х		Х				114,756.	81,968.	32,056.
(2) MATTHEW BATZEL	28.00									
NATIONAL EXECUTIVE DIRECTOR	12.00			Х				87,709.	35,424.	30,434.
(3) KELLY AMORIN	20.00									
CFO	16.00	1		Х				57,930.	55,341.	28,167.
(4) LONNY LEITNER	28.00									
CHIEF OF STAFF	12.00			Х				79,226.	31,969.	0.
(5) PAUL BONICELLI	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(6) CHRIS BUSKIRK	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
		1								
		1								
		1								
		1								
		1								
		1								
		ł								
		1								
-										
		1								
-				\vdash						
		1								
		\vdash	-	\vdash		-	\vdash			
		1								
						1				

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	,	Es	timate	d
	hours per	box	, unle	ss pe	rson	is bot	h an		compensation			nount (of
	week (list any	_) 			17 11 41	100)	from the	from related			other	tion
	hours for	or director				-		organization	organization (W-2/1099-MIS			pensa om the	
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)			anizati	_
	organizations	trust	nal tru		yee	ompe		1099-NEC)	,		and	d relate	∍d
	below	Individual trustee	Institutional trustee	cer	Key employee	hest c	Former				orga	anizatio	วทร
	line)	ib	Inst	Officer	Key	Hig	Fon			\longrightarrow			
	ļ					_				\longrightarrow			
dh Cubtatal								339,621.	204,7	<u>n 2</u>	9	0,6	57
1b Subtotal								0.	204,7	0.		0,0.	0.
d Total (add lines 1b and 1c)								339,621.	204,7	-	9	0,6	-
Total number of individuals (including but n								-					
compensation from the organization						,		•					1
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, o	hiç	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	•							•	•			37	
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or a	-				-			-			_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scrieduii	e	OI SI	ucn	pers	SOII .					5		
Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100.000 of com	npens:	ation f	rom	
the organization. Report compensation for	-	-											
(A)								(B)			(0		
Name and business								Description of s	ervices	C	ompe	nsatior	1
HSP DIRECT, 20130 LAKEVI		ΞR	ΡI	LAZ	ZA	,					٥.	4 0	~ ^
STE 300, ASHBURN, VA 201	4 /							FUNDRAISING			, 05	1,2	30.
							\dashv						
O Tatal mumb as after larger 1	in all calls as to the		14	ىلىد	A1-	- · ·		d ala aval cola a constitution	4la				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	· ·	IOT III	nite	u t0		se II: 1	stec	a abovej wno received n	iore man				

			Check if Schedule O contains a response of	r note to any lir	ne in this Part VIII			
			Check if Schedule O contains a response or	oto to arry III		(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Révenue excluded
						Turiction revenue	business revenue	sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
s, G			Fundraising events 1c					
Sift lar,			Related organizations 1d					
is, (е	Government grants (contributions) 1e					
rior S		f	All other contributions, gifts, grants, and					
ig #			similar amounts not included above \dots 1f 2, 5	558,008.				
d C		g	Noncash contributions included in lines 1a-1f 1g \$					
<u>8 Ö</u>		h	Total. Add lines 1a-1f		2,558,008.			
			1	Business Code				
Se	2	а	TRAINING AND WEBINAR F	611430	6,690.	6,690.		
ē ē		b						
n Si ent		С						
lran 3ev		d						
Program Service Revenue		е						
<u> С</u>		f						
		g	Total. Add lines 2a-2f		6,690.			
	3		Investment income (including dividends, interes	t, and	720			722
			other similar amounts)		732.			732.
	4		Income from investment of tax-exempt bond pro					
	5		Royalties (i) Real	(ii) Personal				
	_ ا			(II) Personal				
	6							
			44 450					
			` '		11,472.			11,472.
	,		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	11,4/2•			11,4/2.
	' '	а	assets other than inventory 7a	(ii) Other				
		h	Less: cost or other basis					
ē		b	and sales expenses 7b					
her Revenue		c	Gain or (loss) 7c					
Зĕ			Net gain or (loss)					
ē	l a		Gross income from fundraising events (not					
₹	Ĭ	-	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
2			<u>L</u>	Business Code	22.060			22.000
jeo ne	11	а	MISCELLANEOUS REVENUE	900099	23,062.			23,062.
llar en		b						
Miscellaneous Revenue		С	<u> </u>					
Ž			All other revenue		23,062.			
			Total Add lines 11a-11d		2,599,964.	6,690.	0.	35,266.
	12		Total revenue. See instructions		<u>µ, , , , , , , , , , , , , , , , , , , </u>	0,030.	<u> </u>	

Part IX | Statement of Functional Expenses

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 respon	(A)	this Part IX	(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				
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,	400 650	224 247	21 025	44 407
	trustees, and key employees	400,659.	324,347.	31,825.	44,487
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	221 660	177 005	17 101	27 262
7	Other salaries and wages	231,668.	177,225.	17,181.	37,262
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	40,284.	30,306.	0 250	1 710
9	Other employee benefits	41,744.		8,259. 3,465.	1,719 6,185
10	Payroll taxes	41,/44.	32,094.	3,403.	0,100
11	Fees for services (nonemployees):				
	Management	4,149.	3,369.	742.	38
b	Legal	26,680.	21,662.	4,772.	246
	Accounting	20,000.	21,002.	4,114.	240
	Lobbying	1,051,230.			1,051,230
	Professional fundraising services. See Part IV, line 17	1,031,230.			1,031,230
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	92,320.	89,906.	2,296.	118
	column (A), amount, list line 11g expenses on Sch O.)	1,532.	1,500.	32.	110
12	Advertising and promotion	29,172.	2,805.	11,075.	15,292
13	Office expenses	44,812.	30,591.	14,221.	13,232
14	Information technology	44,012.	30,391.	14,221.	
15	Royalties	36,724.	17,480.	19,244.	
16	Occupancy	59,561.	43,669.	15,869.	23
17	Travel	39,301.	43,009.	13,009.	4.5
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	26,015.	10,534.	3,322.	12,159
19	Conferences, conventions, and meetings	20,013.	10,334.	3,344.	14,133
20	Interest Payments to effiliates				
21	Payments to affiliates Depreciation, depletion, and amortization				
22	. ' ' ' ' '	9,773.	8,144.	1,629.	
23	Other expenses. Itemize expenses not covered	5,115•	0,144.	1,023.	
24	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.) LICENSES AND SUBSCRIPTI	93,420.	60,324.	2,973.	30,123
a b	TRAINING	22,136.	20,950.	1,186.	50,125
D	BROADCAST STUDIO	6,740.	20,000	6,740.	
d	BANK AND CREDIT CARD FE	3,890.	2,609.	1,245.	36.
	All other expenses	598.	2,000	298.	300
	Total functional expenses. Add lines 1 through 24e	2,223,107.	877,515.	146,374.	1,199,218
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,223,107.	3,7,3±3•	110/0/40	1,100,210
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	2. 10. 12. 00				Eorm 990 (2020

Form 990 (2022)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,108,258.	1	1,448,575.	
	2	Savings and temporary cash investments		3,063.	2	3,063.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net			109,231.	7	224,628
Assets	8	Inventories for sale or use				8	4 - 4 - 4
⋖	9	Prepaid expenses and deferred charges			16,494.	9	17,355
	10a	Land, buildings, and equipment: cost or other		24 254			
		basis. Complete Part VI of Schedule D		21,874.	•		
	b				0.	_	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		2 520	14	2 520	
	15	Other assets. See Part IV, line 11	2,530.	15	2,530		
	16	Total assets. Add lines 1 through 15 (must equ			1,239,576. 352,839.	16	1,696,151
	17	Accounts payable and accrued expenses		334,639.	17	432,557	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subs				22	
Ë	23	controlled entity or family member of any of the				23	
	24	Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on line	•				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			352,839.	26	432,557
		Organizations that follow FASB ASC 958, che	eck he	e X	·		·
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			100,406.	27	221,627.
Ва	28			<u></u>	786,331.	28	1,041,967.
멑		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds	·			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			886,737.	32	1,263,594.
	33				1,239,576.	33	1,696,151.

Pa	rt 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			964.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,107.
3	Revenue less expenses. Subtract line 2 from line 1	3			,857.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	86,	,737.
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	1,2	63,	,594.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Ye	es 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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	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				
b	Were the organization's financial statements audited by an independent accountant?		2	ьΣ	ζ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	ş,		
	consolidated basis, or both:				
	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	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?			c 3	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (0.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3</u>	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

Pa	rt I	Reason for Public	Charity Status.		omplete th	nis part.) S	See instructions.	0 1301131
		ization is not a private found			-			
1	l	A church, convention of ch			•	•		
2	H	A school described in sect	•			11 170(D)(·/(~)(·)·	
	H					V6V4V6V;	:: \	
3	\vdash	A hospital or a cooperative						the beenitel's name
4		A medical research organiz	ation operated in co	njunction with a nospita	described	ı iii secuo	n 170(b)(1)(A)(iii). Enter	the nospital's name,
_		city, and state:						1 %
5		An organization operated for		niege or university owner	or opera	ted by a g	overnmental unit descrit	pea in
_		section 170(b)(1)(A)(iv). (C						
6	37	A federal, state, or local go						
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	•					
8	Н	A community trust describe						
9		An agricultural research org				-	-	*
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10	Ш	An organization that norma						
		activities related to its exen		•	` '		• •	ū
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	• •					
11	H	An organization organized	-	*	-			
12	ш	An organization organized	·	•	•		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or						neck the box on
_		lines 12a through 12d that				•	_	. at ta
а	ı L	☐ Type I. A supporting orga						
		the supported organization			a majority (or the aire	ctors or trustees of the s	supporting
		organization. You must o			4: · · · · · · · · · · · · · · · · ·			
b)	☐ Type II. A supporting org						
		control or management o			ame perso	ons mai co	ontrol or manage the sup	pported
		organization(s). You mus Type III functionally inte			in connoc	tion with	and functionally integrat	ad with
C	,	its supported organizatio	-					ea with,
c		Type III non-functionally		•				zation(s)
٠		that is not functionally int					• • • •	
		requirement (see instruct		• ,	•		•	IVELIESS
e		Check this box if the orga	-	-				
•		functionally integrated, or					a type i, type ii, type iii	
f	Ente	er the number of supported of	• •	many integrated eappoint	ing organi.			
c		vide the following information		ed organization(s).				. [
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(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)
				above (see instructions))				
Tota	al .							
TOU	al						<u> </u>	l

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	560,426.	1,688,930.	2,307,784.	3,273,836.	2,558,008.	10,388,984.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	560,426.	1,688,930.	2,307,784.	3,273,836.	2,558,008.	10,388,984.
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)						3,544,521.
6							6,844,463.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	560,426.	1,688,930.	2,307,784.	3,273,836.	2,558,008.	10,388,984.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	16,279.	11,743.	11,640.	59,452.	35,266.	134,380.
9	Net income from unrelated business	-	-		-	-	<u> </u>
	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.)	743.	4,536.	43,287.			48,566.
11							10,571,930.
12	Gross receipts from related activities,	etc. (see instruction	ons)	'		12	54,516.
13	First 5 years. If the Form 990 is for the				ear as a section t	501(c)(3)	
	organization, check this box and stor	-					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (I	line 6, column (f), d	livided by line 11, o	olumn (f))		14	64.74 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	63.77 %
16a	33 1/3% support test - 2022. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances tes	-		*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization						
			,	. , , ,			Form 990) 2022

Schedule A (Form 990) 2022

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	elow, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
3	Gross receipts from activities that					+	
Ü	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4							
	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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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 from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's f	I first second third	fourth or fifth tax	vear as a section	. 501(c)(3) organizat	ion
•	check this box and stop here	•		ŕ	•		
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (I			column (f))		15	9
	Public support percentage from 2021					16	9
	ction D. Computation of Inves					1.0	
	Investment income percentage for 20					17	Ç
	Investment income percentage from 2					18	Ç
	33 1/3% support tests - 2022. If the						
ıJö	more than 33 1/3%, check this box a						17 13 1101
L							└── and
C	33 1/3% support tests - 2021. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
2 U	Private foundation. If the organization	n ala not check a	1 DOX ON IME 14, 19	a. or 190. check t	nis dox and see i	ristructions	

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
41-		
4b		
4c		
5a		
Eh		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 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		100	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	tion 6. Type it oupporting organizations		Yes	No
4	Ways a majority of the avagaization's divestors by twisters duving the tay year also a majority of the divestors		162	INO
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	_		
Sac	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Hon B. All Type III Supporting Organizations		V	NI.
_			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? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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 is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	structio	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
ч	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	За		
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.	3b		

232025 12-09-22

	ddie A (Form 990) 2022 Infilition Info Ortific Info			10 1301134 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

instructions).

emergency temporary reduction (see instructions).

6

Schedule A (Form 990) 2022

4 Distributions for 2022 from Section D,

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

a Applied to underdistributions of prior yearsb Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

Par			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	(a) z siio: aa iiooa iaiiao	(2)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L	d funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat	· —	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year	, , ,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(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 expense s	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemen	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			_
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	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		\$ <u> </u>
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

Pai	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tr	easures, o	or Other	Similar As	sets(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following tha	at make sigr	nificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	d	l	oan or exc	hange progra	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	on's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical trea	sures, or oth	er similar as	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of the	he orgar	nization's co	ollection?		[Yes	☐ No
Pai	t IV Escrow and Custodial Arran							IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?						[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
		•	· ·					Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Pai									
	·	(a) Current year		rior year			Three years ba	ck (e) Four	years back
1a	Beginning of year balance				,,,		-		
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
·									
f	Administrative expenses								
	End of year balance								
_	Provide the estimated percentage of the curr	ront year and balance	o (lino 1	a column ()) bold as:				
2	Board designated or quasi-endowment		~ (iii le 1 (%	y, coluitii (a	ajj Helu as.				
	Permanent endowment	%							
b		⁷⁰ %							
C	Term endowment The percentages on lines 2a, 2b, and 2c sho	· =							
20	, ,	•	tion the	t ara bald a	and administr	wad far tha			
Sa	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are rielu a	ina auministe	ered for the		Г	Yes No
	organization by:								103 110
	(i) Unrelated organizations								
	(ii) Related organizations								
_	If "Yes" on line 3a(ii), are the related organiza							3b	
Bar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment i	unas.					
Fai			Dort IV	lina 11a G	Soo Form 000) Dort V lin	0.10		
	Complete if the organization answered	1			1				
	Description of property	(a) Cost or ot			or other		umulated	(d) Book	value
		basis (investm	ierit)	pasis	(other)	aepre	ciation		
	Land								
	Buildings								
	Leasehold improvements				1 000		1 000		
	Equipment				1,007.		1,007.		0.
	Other				0,867.	2	0,867.		0.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part 2	X. colun	nn (B). line 1	10c.)				0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 AMERICAN MA	JORITY INC.	26	-1501154 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

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) 2022

(7) (8)

	ddie D (1 01111 990) 2022			<u> </u>	TOOTIOI Tage
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per R	eturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,603,464
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	3,500.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,500
3	Subtract line 2e from line 1			3	2,599,964
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			4c	0 .
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,599,964
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,226,607
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,500.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,500
					2 222 107
3	Subtract line 2e from line 1			3	2,223,107
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	2,223,107
-				3	2,223,107

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

PART X, LINE 2:

c Add lines 4a and 4b

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, 2022 AND 2021, 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. NO PENALTIES OR INTEREST WERE INCURRED DURING THE YEARS ENDED DECEMBER 31, 2022 AND 2021.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	AMERICAN MAJORITY INC.	26-1501154 Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Info	ormation (continued)	
-		
-		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization Employer identification number AMERICAN MAJORITY INC. 26-1501154 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) HSP DIGITAL, LLC - 20130 STRATEGY DEVELOPMENT. Yes No LAKEVIEW CENTER PLAZA, STE DONATION PROCESSING Х 1,106,822 1,051,230 55,592. 1,106,822. 1,051,230, 55 592. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 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) 2022

			N MAJORITY			-1501154 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and ground grou				
		or iditardiang orant contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
en			(event type)	(event type)	(total number)	(,/
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Š	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 throug				
Pa		Net income summary. Subtract line 10 from Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.	answered res on rol	111 330, 1 art 10, 1110 13, 01	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))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				1
	5	Other direct expenses				
	5 6	Other direct expenses Volunteer labor	Yes% No	Yes% No	└── Yes %	
			No No		No No	
	6	Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	No No	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)	No No	No No	
9 a	6 7 8 Entite 1s t	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condition to the organization licensed to conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No	No No	
9 a	6 7 8 Entite 1s t	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No	No No	

Schedule G (Form 990) 2022

b If "Yes," explain:

232082 10-27-22

Sch	nedule G (Form 990) 2022	AMERICAN	MAJORITY INC.	26-1501	154	Page 3
11	Does the organization conduct ga	aming activities with	n nonmembers?		Yes	☐ No
12	Is the organization a grantor, ben	eficiary or trustee o	f a trust, or a member of a partnership or other entity formed			
					Yes	└── No
	Indicate the percentage of gamin			ı		
						%
						%
14	Enter the name and address of the	ne person who prep	ares the organization's gaming/special events books and record	S:		
	Name					
	Address					
15	a Does the organization have a cor	ntract with a third pa	arty from whom the organization receives gaming revenue?		Yes	☐ No
	b If "Yes," enter the amount of gam	ning revenue receive	ed by the organization \$ and the amo	unt		
	of gaming revenue retained by th	-		A110		
	c If "Yes," enter name and address	· · · -				
	Name					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
		-				
	Description of services provided					
	-					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
		r state law to make	charitable distributions from the gaming proceeds to			
	-				Yes	☐ No
ı			te law to be distributed to other exempt organizations or spent in			
_	organization's own exempt activi					
Pa			the explanations required by Part I, line 2b, columns (iii) and (v); a rovide any additional information. See instructions.	and Part III, I	ines 9,	9b, 10b,
	100, 100, 10, and 170, a	s applicable. Also pi	ovide any additional information. Gee instructions.			
SC	CHEDULE G, PART I,	LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRA	[SERS:		
(]) NAME OF FUNDRAI	SER: HSP I	DIGITAL, LLC			
(]) ADDRESS OF FUND	RATSER.				
<u> </u>	., ADDRESS OF FUND	KAIDHK.				
20	130 LAKEVIEW CENT	ER PLAZA,	STE 300, ASHBURN, VA 20147			
(]	I) ACTIVITY: STRA	TEGY DEVEI	OPMENT, DONATION PROCESSING, COL	JNSEL (ON S	OLICI

Schedule G (Form 990)	AMERICAN MAJORITY INC.	26-1501154 Page 4
Part IV Supplen	AMERICAN MAJORITY INC. nental Information (continued)	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

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.

 $\begin{array}{c} \textbf{Employer identification number} \\ 26-1501154 \end{array}$

Pa	art I Questions Regarding Compensation						
			Yes	No			
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	, , , , , , , , , , , , , , , , , , , ,						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
_							
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
7	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		х			
h	Participate in or receive payment of change of control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
c		4c		Х			
Ī							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
b	Any related organization?	6b		X			
	If "Yes" on line 6a 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 payments			v			
_	not described on lines 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	_		v			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9		<u> </u>			

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

Schedule J (Form 990) 2022

26-1501154

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2022

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-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	3 and/or 1099-NEC	၂ဎ	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NATHANIEL RYUN	€ €	114,756.	000	0		14,512.	133,858.	0 0
(2) MATTHEW BATZEL) E	87,	0		2,365.	21,323.	Н	0
NATIONAL EXECUTIVE DIRECTOR	<u> </u>	35,	0	0		5,330.	42,170	0
	Ξ							
	Œ							
	Ξ							
	≘							
	Ξ							
	<u></u>							
	(<u>i</u>)							
	<u> </u>							
	Ξ							
	≘							
	Ξ							
	Œ							
	Ξ							
	<u></u>							
	Ξ							
	Œ)							
	(i)							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	<u> </u>							
	Ξ							
	≘							
	Ξ							
	Ξ							
	Ξ							
	≘							
				C			Schedu	Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 AMERICAN MAJORITY INC.	26-1501154 Page 3	ဗ
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.	olete this part for any additional information.	
	Schedule J (Form 990) 2022	022

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Internal Revenue Service

Name of the organization

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

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

MORE PARTICULARLY, THE ORGANIZATION IS A NON-PARTISAN POLITICAL

TRAINING INSTITUTE WHOSE MISSION IS TO TRAIN AND EQUIP A NATIONAL

NETWORK OF LEADERSHIP COMMITTED TO INDIVIDUAL FREEDOM THROUGH LIMITED

GOVERNMENT AND THE FREE MARKET. ADVOCATING TRUE FEDERALISM, TOWARD

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

LEADERS AND GRASSROOTS ADVOCATES WHO ASPIRE TO INCREASE FREEDOM FOR

INDIVIDUALS AND FREEDOM IN THE MARKETPLACE.

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

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

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

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

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

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

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

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

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

RATE.

COMPENSATION FOR OTHER EMPLOYEES IS SET BY THE EXECUTIVE DIRECTOR USING

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** AMERICAN MAJORITY INC. 26-1501154 THE BOARD OF DIRECTORS REVIEWS AND APPROVES THESE RECOMMENDATIONS WHERE APPROPRIATE. COMPENSATION OF PERSONS WITH FAMILY RELATIONSHIPS TO BOARD MEMBERS ARE SET IN A MANNER SIMILAR TO THE EXECUTIVE DIRECTORS 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.

AME 05__1

SCHEDULE R (Form 990)

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

Attach to Form 990.

Open to Public Inspection 2022

OMB No. 1545-0047

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

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

Part I

AMERICAN MAJORITY INC.

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number $26-150\,1154$

(g) Section 512(b)(13) No × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity 102,335. VOTER GRAVITY Direct controlling entity End-of-year assets N/A status (if section Public charity 501(c)(3)) -8,229. Total income Exempt Code ਉ section 501(C)(4) ত্ত Legal domicile (state or Legal domicile (state or foreign country) foreign country) /IRGINIA VIRGINIA SUPPORT OF CANDIDATES AND Primary activity Primary activity SET-OUT-THE-VOTE IN SINGLE MEMBER LLC 9 MOBILIZING AND AMERICAN MAJORITY ACTION, INC. - 26-3594713 Name, address, and EIN (if applicable) LUMINA INSIGHTS LLC - 85-4294698 Name, address, and EIN of related organization of disregarded entity PURCELLVILLE, VA 20132-3086 PURCELLVILLE, VA 20134 104 N BAILEY LN #200 PO BOX 309 Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

232161 09-14-22 LHA

Schedule R (Form 990) 2022

26-1501154

Page 2

AMERICAN MAJORITY INC.

Schedule R (Form 990) 2022

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. Part III

(j) (k) General or Percentage managing partner? Yes No		
General or managing partner?		
Gene mans part Yes		
Code V-UBI Gamount in box 20 of Schedule F-K-1 (Form 1065)		
) rtionate ons? No		
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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

-	•								
(a)	(q)	(c)	(p)	(e)	(f)	(6)	(h)	ِ آھ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity Corp. S corp, Corp. S corp,	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	13) ed ?
		country)		(155)				Yes	No
VOTER GRAVITY - 46-1971645									
PO BOX 1132	T								
PURCELLVILLE, VA 20134	SOFTWARE DEVELOPMENT	VA	N/A	C CORP	0	.0			×
COMPLIANT ENGAGEMENT SYSTEMS LTD									
160 CITY ROAD	VOTER DATA MANAGEMENT	UNITED	VOTER GRAVITY,						
LONDON, UNITED KINGDOM EC1V 2NX	SOFTWARE	KINGDOM	INC.	C CORP	0.	0			×

Schedule R (Form 990) 2022

41

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	å	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listec	I in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	À.			1a		×	
b Gift, grant, or capital contribution to related organization(s)				1b		×	
c Gift, grant, or capital contribution from related organization(s)				10		×	
				19	×		
				1e	×		
f Dividends from related organization(s)				#		×	
g Sale of assets to related organization(s)				19		×	
h Purchase of assets from related organization(s)				1h		×	
				;=		×	
j Lease of facilities, equipment, or other assets to related organization(s)				ť.	×		
k pasant fanilitias an inmant or other assets from related organization (s)				÷		×	
Ecado of admittor, equipment, or other association or other association of the second or other association or other association of the second or other association				<u> </u>		 	
Performance of services or membership or fundraising solicitations for	related organization(s)			= ,	Þ	4	
m Performance of services or membership or fundraising solicitations by related organized	elated organization(s)			٤	<u>،</u>		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			<u>դ</u>	×		
o Sharing of paid employees with related organization(s)				9	×		
				,		>	
				۹ ,	Þ	4	
q Keimbursement paid by related organization(s) for expenses				ь	4		
${f r}$ Other transfer of cash or property to related organization(s)				÷		×	
				5		×	
1	who must complete th	is line, including covered	relationships and transaction thresholds.	:			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	peylo			
	type (a-s)						
(1) AMERICAN MAJORITY ACTION, INC.	Q	41,693.FMV	FMV				
(2) AMERICAN MAJORITY ACTION, INC.	ņ	23,062. FMV	FMV				
(3)							
(4)							
(5)							
(9)							
232163 09-14-22	42		Schedule R (Form 990) 2022	(Form	066	2022	_

26-1501154

Page 4

Schedule R (Form 990) 2022 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.

(k) srcentage wnership					Schedule R (Form 990) 2022
ral or Pe rging Ov ner? Ov					orm 9
General or partner? Yes No					e R (F
Code V-UBI General or Percentage amount in box 20 partner? ovnership (Form 1065) Yes No					Schedul
(h) Disproportionate allocations? Yes No					
A all Di					
(g) Share of end-of-year assets					
e of al ne					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.? Yes No					
ome ted, under 14)					
Predominant income (related, unrelated, excluded from tax under sections 512-514)					
Predoi (relat exclude sectic					
ign					
(c) egal domic ate or fore country)					
L (st					
tivity					
(b) Primary activity					
Prim					
_					
(a) Name, address, and EIN of entity					
(a) dress, a entity					
e, add of					
Nam				$ \ \ \ \ $	
				$ \ \ \ \ $	
	 	 	 	 · · · · ·	