EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service and ending A For the 2021 calendar year, or tax year beginning D Employer identification number C Name of organization Check if AMERICAN MAJORITY INC. 26-1501154 Name Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 540-338-1251 PO BOX 87 Final return/ 348,292. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ ated H(a) Is this a group return PURCELLVILLE, VA 20134 Yes X No for subordinates? F Name and address of principal officer: NED C. RYUN H(b) Are all subordinates included? SAME AS C ABOVE If "No," attach a list. See instructions 4947(a)(1) or I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) H(c) Group exemption number J Website: ► WWW.AMERICANMAJORITY.ORG Year of formation: 2008 M State of legal domicile; VA Association Other > K Form of organization; X Corporation Trust Part I Briefly describe the organization's mission or most significant activities: TO CREATE A NATIONAL POLITICAL TRAINING INSTITUTE DEDICATED TO CULTIVATING POLITICAL LEADERS. Activities & Governance Check this box
if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 2 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 3 6 6 Total number of volunteers (estimate if necessary) 0. 7a 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 **Current Year Prior Year** 3,273,836. 2,307,784 Contributions and grants (Part VIII, line 1h) 15,004. 6,806. Revenue Program service revenue (Part VIII, line 2g) 604. 611. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 58,848. 54.316. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,348,292. 2,369,517. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 200. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 688,370. 556,790. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,456,035. 1,530,044. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)
1,592,234. 415,255. 311.310. 2,559,660. 2,398,344. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 788,632. -28,827. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 200 1,239,576. 309.847. 20 Total assets (Part X, line 16) 352,839. 211.742. 21 Total liabilities (Part X, line 26) 98,105. 886,737. 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 pepper (other than officer) is based on all information of which preparer has any knowledge Date Signature of officer Sign NED C. RYUN, Here Type or print name and title Print/Type preparer's name P01227829 TH M. CPARWIZ! ELIZABETH M. BELCHER, Paid Firm's EIN > 27-0851983 Firm's name SPONSEL CPA GROUP, LLC Preparer Firm's address 251 N. ILLINOIS ST. STE 450 Use Only Phone no. (317) 608-6699 INDIANAPOLIS, IN 46204 No X Yes May the IRS discuss this return with the preparer shown above? See instructions

	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 POL TRAINING INSTITUTE DEDICATED TO RECRUITING, IDENTIFYING, TRAI MENTORING POTENTIAL POLITICAL LEADERS. (CONTINUED ON SCHEDULE)	NING AND
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes X No
28	If "Yes," describe these new services on Schedule O.	□Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	∐Yes L∆ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	7.7
4a	(Code:) (Expenses S	15,004. V 2021.
4b	(Code:) (Expenses \$) (Revenue \$))
4c	(Cade:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 766,647.	Form 990 (2021)

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	х	
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 public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	-	Х
	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 Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		х
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	110		
	Part X, line 167 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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	0.000		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	Ь—
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	2202		x
102	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	Α.
ь	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	х	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		\vdash
	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,"	:53	T :	v
00	complete Schedule G, Part III	19		X
20a	•	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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-	990 (2021) AMERICAN MAJORITY INC. 26-150: t IV Checklist of Required Schedules (continued)	1124	Р	age 4
	Manager Control of Con	1	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		х
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	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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):	27		Δ
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes, " complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes,* complete Schedule L, Part IV	28b	_	X
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	₩	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
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	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	₩	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 197		x	
Pai	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38		
	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	6		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	2		
C.	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

2021) AMERICAN MAJORITY INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b		COLUMN AND DV 100 VC MANY DC NEWSCHOOL SOME AND ADDRESS AND A 1 1	_	Yes	No
bit if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country business and the organization services account, or other financial account()? 4b 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 business. 5b If Yes, and the name of the fereign country business and account, or other financial account()? 5c If Yes 10 and y taxable party notify the organization that If was or is a party to a prohibited tax shelter transaction? 5c If Yes 10 and y taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes, did the organization in party to a prohibited tax shelter transaction and the party of the party of the party of the organization that was or is a party to a prohibited tax shelter transaction solid any contributions that were not tax deductibles of calentable contributions? 5c If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of calentable contributions? 6c If Yes, did the organization include with every solicitation and party for goods and services provided to the payor? 7c organizations shall many receive deductible contributions under section 170(c). 8d If Yes, did the organization section and party as confribution and party for goods and services provided to the payor? 7c If If Yes, did the organization selled and party as a confribution and party for goods and services provided to the payor and the payor and payor and payor and payor a	2a	323030 1990 1 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country guide as a bank account, securities account, or other financial accounts? 4b if "Yes," enter the name of the foreign country business as bank account, securities account, or other financial accounts ("EAR]. 5c was the organizations a party to a prohibited tax shelfer transaction at any time during the tax year? 5c was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5c was the organization and party to a prohibited tax was or is a party to a prohibited tax shelfer transaction at any time during the tax year? 5c Was the organization and party to a prohibited tax was or is a party to a prohibited tax shelfer transaction at any time during the tax year? 5c Was the organization and party to a prohibited tax was or is a party to a prohibited tax shelfer transaction? 5c Was the organization and party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax shelfer transaction? 5c Was the organization and party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party and the organization solicity and the organization file. 6c Was were not tax deductible? 6c Was were not tax deductible? 6c Was the "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c Was the "Yes," did the organization necked a contribution of use a contribution of tax and the goods or services provided? 6c Was the "Yes," did the organization enviry to party that was required to the goods or services provided?		764(F) - 76 71 76 - 76 - 76 - 76 - 777 - 7777 7777 - 777 - 777 - 777 - 777 - 777 - 777 - 777 - 777	-	v	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b) if "Yes", "indicate lifed a form 950 of Tor this year? "I have been streamed and a recountly of the standard of the organization organiza	b		20	Λ	
b if "Yes," has it filled a Form 990.T for this year? If "No" to film 3b, provide an explanation on Schedule O 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account? in a foreign country (such as a bank account, securities account, or other financial account)? 4 b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? 5 b Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5 b IV Types, "other the name of the foreign bank as helder transaction at any time during the tax year? 5 c If "Yes" to line 5a or 5b, did the organization file Form 88861? 6 c If "Yes" to line 5a or 5b, did the organization file Form 88861? 6 d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 d Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 8 b If "Yes," did the organization receive deductible contributions under section 170(c). 9 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 b IV	20	[12] [12] [12] [12] [13] [13] [13] [13] [13] [13] [13] [13	20		x
4a A 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)? b if "Yes," enter the name of the foreign country 1		H. 하일 (P. T. H.) (F. T. H.) (F. T.	_	_	
financial accountly in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So Did any taxoble party notify the organization file Form 888617? 6 If "Yes" to line So of Sb, did the organization file Form 888617? 6 If "Yes" to line So of Sb, did the organization file Form 888617? 6 If "Yes" to line So of Sb, did the organization file Form 888617? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start may receive adeductible contributions under section 170(c). 8 If "Yes," did the organization neceive a payment in excess of Sf3 made party as a confiberation and party for goods and services provided to the payor? 7 If Yes," did the organization neceive apyment in excess of Sf3 made party as a confiberation and party for goods and services provided to the payor? 8 If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If Yes," did the organization received a confribution of care, boats, alphanes, or other vehicles, did the organization file a Form 1086-07 by If the organization received an confribution of party of the payor premiums on a personal benefit contract? 9 If Yes, "and the organization have excess business holdings at any time during the year? 9 If Yes," and yes a payment in the payor permiums of explanation file a Form 1086-07 by Sponsoring organization have excess business holdings for any payment payment payment payment payment payment p			30		
b if "Yes," either the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction? 5b Was the organization for the profit of the profit of the prohibited tax shelter transaction? 5c I "Yes" to line 5a or 5b, did the organization for foreign Bank and Financial Accounts (FBAF). 5a Des the organization have annual gross neceipts that are normally greater than \$100,000, and did the organization solicit any contributions that ween not tax deductibles can charitate contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitatele contributions and party for goods and services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7b If Yes," indicate the number of Forms 8282 fleed during the year 8d If Yes," indicate the number of Forms 8282 fleed during the year 9d Did the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization flee forms 820 are quieted to file Form 8282? 7c X 7d If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 8 Sponsoring organizations maintaining donor advised flunds. Did a dornor advised flund maintained by the sponsoring organizations make and distributions under section 4966? N/A 9 Section 501(x) 120 organization make and distribution sunder section 4966? N/A 9 Section 501(x) 120 organiza	70		4a		х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization approximation party to a prohibited tax shelter transaction? 5 b X 5 c If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 b C X 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a X 9 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the good os revivices provided? 7 b If the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 b If "Yes," did the organization notify the donor of the value of the good os revivices provided? 9 b If the organization and the number of Forms 8282 filed during the year 9 b If the organization receive a payment in excess of \$75 made party as a contribution of underly or an expension property for which it was required to file Form 8282? 10 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 Sponsoring organization have excess business holdings at any time during the year? 10 sponsoring organization maintaining donor advised funds. Did a donor advised funds by the sponsoring organization have excess business holdings at any time during the year? 10 p Section 501(c)(27	b		10	7 3	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5	-				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If Yee's 10 line Sar of Sh, did the organization file Form 8869.7 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 b If Yee, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yee, "did the organization notify the donor of the value of the goods or services provided? 9 b If Yee," did the organization notify the donor of the value of the goods or services provided? 10 bid the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? 10 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 bid the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C? 12 bid the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 13 bid the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution sunder section 4966? 13 bid the sponsoring organization make any taxable distributions under section 4966? 14 bid the sponsoring organization make any taxable distributions under section 4966? 15 bid the sponsoring organization make a distribution to donor, donor advisor, or related person? 16 bid the sponsoring organization make a distribution to donor, donor advisor, or related person? 17 bid organization receive any payment is required to maintain	5a		5a		х
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b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see 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? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 12a 12a 12a 12a 12a 12a 12a 12					
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see 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 X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	b				
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A					
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17					
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17	16		16		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A					
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17	17				
			17		

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X
566	tion A. Governing body and Management	- 3	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		103	140
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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	1		
	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			
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	2222		
	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	assa T		
	on Schedule O how this was done	12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1.5
150	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		
	tion C. Disclosure	CA	ит	TD
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			
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	avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Other (explain on Schedule O)	10	50/6	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the transfer of the state of the	id finar	icial	
200	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			
0000	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2021

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, 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.

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless parson is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated amployee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NATHANIEL RYUN	31.00									
CEO	29.00	X	\perp	X	_	╙	Щ	100,847.	87,171.	30,834
(3) PAUL BONICELLI	2.00			ĺ						
DIRECTOR	1.00	X	L	┡	_	┡	Щ	0.	0.	0
(4) KELLY AMORIN	22.00							50 404	44 640	05 400
CFO	14.00	X	_	X	_	⊢	Щ	53,434.	41,610.	27,132
(5) MATTHEW BATZEL	27.00			١.,				66 505	20 010	00 040
NATIONAL EXECUTIVE DIRECTO	13.00			Х	_	\vdash	_	66,525.	32,018.	28,942
(5) LONNY LEITNER	32.00							07 150	21 000	
CHIEF OF STAFF	8.00		L	X	-	\vdash	<u> </u>	87,150.	21,000.	0
(7) CHRIS BUSKIRK DIRECTOR	1.00	v						0.	0.	0
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			3 3							5

Form 990 (2021)

	rt VII Section A. Officers, Directors,		DIO	/ees			igne	st C			_	4000	
	(A) Name and title	(B) Average hours per week	box	not o	Pos theck iss pe	more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	3152	(F) stimate mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	or ar	npensa from th ganizat nd relat ganizati	e tion ted
				3 7									
16	Subtotal	I	_	_		_	ш	•	307,956.	181,799		36,9	08.
C		rt VII. Section A			******	14.4			0.	0.	_	0 / 5	0.
								•	307,956.	181,799	. 8	36,9	08.
2	Total number of individuals (including b	ut not limited to th		_			e) w	no re	eceived more than \$100	,000 of reportable			-
	compensation from the organization	<u> </u>								- 75	_	Tac	1
	50 m	N 02 12	1.174	82		3		3175	2.8	V		Yes	No
3	Did the organization list any former off line 1a? If "Yes," complete Schedule J					- 33		. 0		loyee on	3		х
4	For any individual listed on line 1a, is the								ner compensation from t	the organization	-		
	and related organizations greater than										4	Х	
5	Did any person listed on line 1a receive												
-	rendered to the organization? If "Yes,"	complete Schedul	e J	for s	uch	per	son				5		X
	tion B. Independent Contractors	2 20.07	VII.		19	-	- 2	-	502 N V N		-		
1	Complete this table for your five highes the organization. Report compensation	300 ASS 300 100	7.1								sation	from	
	(A)	-	oai	or iui	- ry V	vict l	G. W	10.1111	(B)	Gur.	(C)	
	Name and busin								Description of s	ervices		ensatio	in
HS:	P DIRECT, 20130 LAKE	VIEW CENTI	ER	PI	LAZ	ZA	ı.				. 012/2	2000 000	-2002

(A) Name and business address	(B) Description of services	(C) Compensation
HSP DIRECT, 20130 LAKEVIEW CENTER PLAZA, STE 300, ASHBURN, VA 20147	FUNDRAISING	1,455,957.
Total number of independent contractors (including but not limited to those list \$100,000 of componention from the constitution.	L sted above) who received more than	

Form 990 (2021)

_		Check if Schedule O contains a response	or note to any li		/65	1 /8	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
Gra		Membership dues 1b					
A,		Fundraising events 1c					
<u>a</u>	d	Related organizations 1d	100 600				
Sin	e	Government grants (contributions) 1e	108,600.	-			
Contributions, Gifts, Grants and Other Similar Amounts	31	All other contributions, gifts, grants, and similar amounts not included above 11 3,	165,236.				
04	a	Noncash contributions included in lines 1a-11 1g \$	2007200.				
a Co	177	Total, Add lines 1a-1f		3,273,836.			
			Business Code				
90	2 a	TRAINING AND WEBINAR F	611430	15,004.	15,004.		ř.
er er	b	991 Span					
Program Service Revenue	С						
	d						
Pro	е.	All other program service revenue					i.
- TE	q			15,004.			i i
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		604.			604.
	4	Income from investment of tax-exempt bond					8
	5	Royalties					S.
		(i) Real	(ii) Personal				
		Gross rents 6a 11,360.					
		Less: rental expenses 6b 0. Rental income or (loss) 6c 11,360.		-			
				11,360.			11,360.
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	11,500.			11,500.
	/ a	assets other than inventory 7a	(1) \$11.00				
	b	Less: cost or other basis					
eni		and sales expenses 7b					
Revenue	c	Gain or (loss) 7c					
P.	d	Net gain or (loss)	, >				
Othe	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
	h	Part IV, line 18 8a Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities	, >				8
	10 a	Gross sales of inventory, less returns					
	52	and allowances 10a					
		Less: cost of goods sold 10					i.
	C	Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	47,488.			47,488.
ane	b						
eve	c						
Mis	d	All other revenue					
ere o	e	Total, Add lines 11a-11d	<u> </u>	47,488.			FA 155
	12	Total revenue. See instructions	manang panggaran 🕨	3,348,292.	15,004.	0.	59,452.

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).

1	Sh Oh and 10h of Dart VIII	Total expenses	Program service	Management and	Fundraising
1	8b, 9b, and 10b of Part VIII.	Total experience	expenses	general expenses	expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	13			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	77			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	364,529.	278,100.	48,091.	38,338
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	238,630.	161,556.	42,756.	34,318.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	46,887.	34,363.	7,068.	5,456.
10	Payroll taxes	38,324.	25,674.	7,316.	5,334.
11	Fees for services (nonemployees):				
100	Management	1,040.	774	226.	40
b	Legal		774. 17,865.	5,213.	40. 923.
	Accounting	24,001.	17,005.	5,413.	943.
d	Lobbying Professional fundraising services. See Part IV, line 17	1,456,035.			1,456,035.
e		1,430,033.			1,430,033.
f	Other, (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	87,652.	83,003.	3,950.	699.
12	Advertising and promotion	10,300.	1,800.	5,000.	3,500.
13	Office expenses	32,933.	7,572.	13,875.	11,486.
14	Information technology	45,787.	25,631.	20,156.	
15	Royalties				
16	Occupancy	39,040.	18,178.	20,862.	
17	Travel	52,755.	40,082.	12,536.	137.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,800.	1,692.	2,300.	15,808.
20	Interest	9			
21	Payments to affiliates	29			
22	Depreciation, depletion, and amortization				
23	Insurance	8,153.	6,115.	2,038.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	LICENSES AND SUBSCRIPTI	55,863.	33,942.	2,105.	19,816.
b	TRAINING	25,916.	25,916.		
c	BROADCAST STUDIO	5,904.		5,904.	
d	BANK AND CREDIT CARD FE	4,874.	3,918.	956.	211
	All other expenses	1,237.	466.	427.	344.
25	Total functional expenses. Add lines 1 through 24e	2,559,660.	766,647.	200,779.	1,592,234.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any l	ine in this Part X		m.i.m.	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			199,221.	1	1,108,258
	2	Savings and temporary cash investments		3,062.	2	3,063	
	3	Pledges and grants receivable, net	7.1	3			
	4	Accounts receivable, net		342.	4	C	
	5	Loans and other receivables from any current	'i				
		trustee, key employee, creator or founder, sub	stantial cor	ntributor, or 35%			
		controlled entity or family member of any of th	ese person	s		5	
	6	Loans and other receivables from other disqui		The state of the s			
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
9	7	Notes and loans receivable, net			87,378.	7	109,231
20000	8	Inventories for sale or use			7	8	
ř.	9	Prepaid expenses and deferred charges			16,314.	9	16,494
	10a	Land, buildings, and equipment: cost or other		resource and information of the	T T		
		basis. Complete Part VI of Schedule D	10a	21,874.			
	b			21,874.	0.	10c	0
	11	Investments · publicly traded securities	71	11			
	12	Investments - other securities. See Part IV, line	-	12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			-1	14	
	15	Other assets. See Part IV, line 11			3,530.	15	2,530
	16	Total assets. Add lines 1 through 15 (must ed			309,847.	16	1,239,576
	17	Accounts payable and accrued expenses			103,142.	17	352,839
	18	Grants payable		18			
	19	Deferred revenue	-	19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D	*1	21	
2	22	Loans and other payables to any current or fo		DAVE YOU SHEETING SHEET	7		
LIGORITA		trustee, key employee, creator or founder, sub	stantial cor	ntributor, or 35%			
9		controlled entity or family member of any of th	ese person	s		22	
3	23	Secured mortgages and notes payable to unn				23	
	24	Unsecured notes and loans payable to unrelat			108,600.	24	0
	25	Other liabilities (including federal income tax, p	ayables to	related third	-		
		parties, and other liabilities not included on lin	es 17-24). C	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			211,742.	26	352,839
		Organizations that follow FASB ASC 958, cl	neck here	▶ X	,,		
9		and complete lines 27, 28, 32, and 33.					
B	27	Net assets without donor restrictions			-378,545.		100,406
ŏ	28	Net assets with donor restrictions			476,650.	28	786,331
		Organizations that do not follow FASB ASC	958, check	k here			
-		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fund	s			29	
Net Assets of Fund Balances	30	Paid-in or capital surplus, or land, building, or	equipment t	fund	9	30	
Ĭ	31	Retained earnings, endowment, accumulated	income, or	other funds		31	
2	32	Total net assets or fund balances			98,105.		886,737
555	33	Total liabilities and net assets/fund balances			309,847.	33	1,239,576

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
4	Total annual for all and Dad Mills askers (A) line 400	2	3,34	8 2	92
1	Total revenue (must equal Part VIII, column (A), line 12)	2	2,55		
2	Total expenses (must equal Part IX, column (A), line 25)				32.
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	0,1	05.
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	88	6,7	37.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				X
			7	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a	1 7		
	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both;				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.	- 4		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

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.

2021

Open to Public Inspection

Name of the organization

AMERICAN MAJORITY INC.

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

1 2		A church, convention of ch A school described in sect				on 170(b)(1)(A)(i).	
3		A hospital or a cooperative				жыктуаж	ii).	
4		A medical research organiz	White the second					the hospital's name.
-		city, and state:	**************************************				and the Manne and the	COLUMN TO THE CO
5		An organization operated for section 170(b)(1)(A)(iv). (0		ollege or university owne	d or opera	ted by a g	overnmental unit descri	bed in
6		A federal, state, or local go		mental unit described in	caction 1	70/6V4VA	/M	
7	X	1000 mm m	900 00 00 WOA					I mushlin deposits and in
7	43	An organization that norma		antial part of its support	irom a gov	emmenta	unit or from the genera	public described in
2		section 170(b)(1)(A)(vi). (C			227.57			
8	=	A community trust describe				957 00	08 0223 75 00 1	05 - VS
9		An agricultural research org	ganization described	d in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a land-grant	t college
		or university or a non-land- university:	grant college of agri	culture (see instructions)	. Enter the	name, city	y, and state of the colle	ge or
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exer	npt functions, subje	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co		W 35		10		
11		An organization organized	어젯밤 기가는 다음	sively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized						e purposes of one or
		more publicly supported or					49 W. SERWINISHER	
		lines 12a through 12d that						origon are bon on
		Type I. A supporting orga	550 (55)					u alulaa
. 8			2 14 14 14 14 14 14 14 14 14 14 14 14 14				5 M.H	500 B00
		the supported organization		2701 - 1000 - 10	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o	1 1 4 1 W. L					
b		Type II. A supporting org						
		control or management of	of the supporting org	janization vested in the s	same perse	ons that co	ontrol or manage the su	pported
		organization(s). You mus	t complete Part IV	Sections A and C.				
C		Type III functionally inte	grated. A supportin	ng organization operated	in connec	tion with,	and functionally integrat	ted with,
		its supported organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.	
c		Type III non-functionally						ization(s)
		that is not functionally inf		1 11일 시리 - 12 - 12 - 12 - 12 - 12 - 12			- 10 10 10 10 10 10 10 10 10 10 10 10 10	
		requirement (see instruct					(T) %	
		Check this box if the orga						8
	-						rype i, rype ii, rype ii	lei
	Forte	functionally integrated, o		many integrated support	ing organi	zation,		A
1		r the number of supported						
9	Prov	ide the following information Name of supported	(ii) EIN	(iii) Type of organization	I livi is the ord	nization listed	(v) Amount of monetony	(vi) Amount of other
		organization	(a) East	(described on lines 1-10	ID YOUR DOWNER	end productions.	support (see instructions)	support (see instructions)
_		organization.		above (see instructions))	Yes	No	support (see man delicity)	support (see instructions)
					i e			
					2		-	
					2	-	:	

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

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

Se	ction A. Public Support						
_	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,156,992.	560,426.	1,688,930.	2,307,784.	3,273,836.	8,987,968.
2	Tax revenues levied for the organ-		E 1				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			-			
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	1,156,992.	560,426.	1,688,930.	2,307,784.	3,273,836.	8,987,968.
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,						
	and was (f)						3,147,239.
6	Public support, Subtract line 5 from line 4.						5,840,729.
	ction B. Total Support						- CARLON CONTRACT
_	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,156,992.	560,426.	1,688,930.	2,307,784.	3,273,836.	8,987,968.
8		- A C - 60 F - 20 C	3				
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	23,876.	16,279.	11,743.	11,640.	59,452.	122,990.
0	Net income from unrelated business	20,0,0,	10/2/51	22//201	11,010,	33,132.	100/3301
9	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		743.	4,536.	43,287.		48,566.
	assets (Explain in Part VI.) Total support. Add lines 7 through 10		743.	4,550.	43,207.		9,159,524.
11		eta Vasalastuseti	1			12	54,401.
12	Gross receipts from related activities, a	10 miles	COST INTERPORTURE	contract CONTRACT			34,401.
13	First 5 years. If the Form 990 is for the organization, check this box and stop	(0) (5)	rst, second, tnira, t	ourth, or fifth tax y	ear as a section :	001(0)(3)	-
Se	ction C. Computation of Public		rcentage				
_	Public support percentage for 2021 (lir			okumn (fi)	200 S 4040 S 4040 S 2040 S 2040 S	14	63.77 %
15	Public support percentage for 2021 (iii	::::::::::::::::::::::::::::::::::::::	1000.00 1000	Oldital (ij)		15	65.02 %
	33 1/3% support test - 2021. If the or	53 1.0 1000		line 13 and line 1	4 is 33 1/3% or n		2020121212121212121212
100	stop here. The organization qualifies a	(T) 900 (100 (100 (100 (100 (100 (100 (100					► X
,	33 1/3% support test - 2020. If the or	TO 100 TO	1600 NO 1600 NO		ino 15 in 33 1/30/		
	and stop here. The organization qualif	1075000					IIS DUX
47.	- [[[::()] [[::] [[::] [[::] [::] [::] [::] [::]					and line 14 is 100/	av man
1/2	10% -facts-and-circumstances test	11/11/2					100
	and if the organization meets the facts					vi now the organiz	ation
8	meets the facts and circumstances tes			() - [하시는(K)](T) () - (X) - (X			PU
t	10% -facts-and-circumstances test	(C)					1U% Of
	more, and if the organization meets the						
**	organization meets the facts and circu		U 500000 50000000				
18	Private foundation, If the organization	тики пот спеск а	DUX ON line 13, 168	, 100, 178, 0F 17D	Grieck this box a	(1000) (100) (100)	Form 990) 2021

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

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

Se	ction A. Public Support	piccase series					1.
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		12				
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		13			1	
	Amounts included on lines 1, 2, and		ř i				
	3 received from disqualified persons 3 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		100			-	
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		1				
	endar year (or fiscal year beginning in)	1-1-0047	#1 004 B	4-) 0040	1-th 0000	4-1-0004	(D.Tatal
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						-
t	Unrelated business taxable income						6
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b		G- 0				
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	and and a second	limit papanel third	fourth or little tow	Linear on a continu	E01(a)(3) assessing	ion
114	First 5 years. If the Form 990 is for the check this box and stop here	organization s t	irst, second, third,	ourus, or sitth tax	year as a section	our (c)(o) organizat	, L
Sei	ction C. Computation of Public	C Support Pe	ercentage				
15	Public support percentage for 2021 (lir			column (fi)		15	%
16	Public support percentage for 2020 1					16	%
	ction D. Computation of Inves		THE RESIDENCE AND PERSONS ASSESSMENT OF THE PERSON.			1101	70
	Investment income percentage for 202				W. C	17	%
17	Investment income percentage from 20		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			18	%
-100	33 1/3% support tests - 2021. If the c			on line 14 and line			
130	more than 33 1/3%, check this box an						L
t	33 1/3% support tests - 2020. If the c	organization did i	not check a box or	line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	the second second
00	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	uid not check a	box on line 14, 19	a, or 19b, check t	nis dox and see ii	istructions	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination. under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line ?? 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		
	3a		
	3b		
	0.0		
	3с		
	4a		
	10	di>	
	4b		
	4c		
	5a		
	5b	-	_
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
hile	10b	n 990	2021

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Balbas	t IV Supporting Organizations (continued)	- 1	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	2	165	140
	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		
h	A family member of a person described on line 11a above?	11b	\vdash	-
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		_
	and the same of th		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	0	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		- 1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	<i>3</i> → 3	
Sec	tion D. All Type III Supporting Organizations			
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ш	
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	\perp	
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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations, Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
1920	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	12		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
Ь	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		

Schedule A (Form 990) 2021

	dule A (Form 990) 2021 AMERICAN MAJORITY INC.	_		26-1501154 Page 6
100000	Type III Non-Functionally Integrated 509(a)(3) Supporti		The second secon	
1	Check here if the organization satisfied the Integral Part Test as a qualify	1177		Part VI). See instructions.
_	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	1 202 10
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		48
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			48
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		16
6	Multiply line 5 by 0.035.	6		16
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		

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) 2021

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

c Excess from 2019 d Excess from 2020 e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

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.

Inspection

Name of the organization

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts.Complete if the
e e		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad-		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo:	
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	on or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic stru	icture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year >		
4	Number of states where property subject to conservation ease	ement is located >	_
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hi	andling of violations, and enforcing or	onservation easements during the year
	>		W 0
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conser	vation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1	70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno		
	organization's accounting for conservation easements.	3	
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	[12] 시민(17] 전 12] (12] 전 12] TITL TITL TITL TITL TITL TITL TITL TIT	
1a	If the organization elected, as permitted under FASB ASC 958.		nt and balance sheet works
	of art, historical treasures, or other similar assets held for publi	50,10,105 By 19	
	service, provide in Part XIII the text of the footnote to its finance		
h	If the organization elected, as permitted under FASB ASC 958.		
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	Minute in Contraction in the Section in the	articlarice of papies service,
	3 B (1) TO 10 C (1) TO 10 C (1) C (1		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1		10000 1000 1000 1 1 200 - 1200
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	wree or other similar secate for finan	
2	사용하는 마시아프라이 그 그들이 아니는 아이들이 아이들이 아니는 그리고 나왔다면 하다.		ciai gain, provide
	the following amounts required to be reported under FASB AS		. .
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		> \$

132051 10-28-21

Pai	rt III Organizations Maintaining	Collections of A	rt, Historical T	reasures, or O	ther Similar As	sets(contin	nued)	-
3	Using the organization's acquisition, acce	ssion, and other record	ds, check any of the	e following that mai	ke significant use o	fits		-
	collection items (check all that apply):		- 1					
а	Public exhibition		Loan or ex	change program				
b	Scholarly research			8 5 8				
c								
4	Provide a description of the organization's	collections and expla	n how they further	the organization's	exempt purpose in	Part XIII.		
5	During the year, did the organization solic							
	to be sold to raise funds rather than to be					Yes		No
Pai	rt IV Escrow and Custodial Arra						27	- 110
Bethee	reported an amount on Form 990,		oto ii ii io o gariizaa	or anonorous sos	0111 01111 000, 1 011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1a	Is the organization an agent, trustee, cust		diary for contribution	ons or other assets	not included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part X	(III and complete the fr	llowing table:		************************			-,030
	in too, explain the arrangement in that the	an ara complete the it	morning course,			Amount		
С	Beginning balance				1c	115074505505050		
4								
u	Additions during the year							
e	2011 TO 1011 T							
f						Yes		TN-
	Did the organization include an amount or				CONTRACTOR SERVICES	Yes	\vdash	No
-	If "Yes," explain the arrangement in Part X Int V Endowment Funds. Complete		THE RESERVE AND ADDRESS OF THE PARTY OF THE		The state of the s			-
Fai	Endowment Funds. Complet				k (d) Three years b	ank (a) Four	weare	hack
33	127 VIVI 227 TO VI	(a) Current year	(b) Prior year	(C) Two years bac	k (d) Three years o	don (e) roui	years	Dack
1a	Control of the Contro					_		
b						_		
c	No colina de la company de la filia de diferencia de la colonia de la colonia de la colonia de la colonia de l							
d	Grants or scholarships	1				_		
e	Other expenditures for facilities							
	and programs	ş <u>L</u>						
f	Administrative expenses			12	Ď.	<u> </u>		
g	End of year balance			22	Ϋ́	1		
2	Provide the estimated percentage of the o		ce (line 1g, column	(a)) held as:	53	100		
а	Board designated or quasi-endowment		%					
b	[1] (2)		_					
c	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%.						
3a	Are there endowment funds not in the pos		ation that are held	and administered f	or the organization			
-	by:	over the congular	and the same trains	and darminered	of the or garmenton		Yes	No
							3.27	-
h	If "Yes" on line 3a(ii), are the related organ	izatione lieted se requi	red on Schedule R	2				
4	Describe in Part XIII the intended uses of					30	_	_
	rt VI Land, Buildings, and Equip		JWINER LUIGS.					
ı u	Complete if the organization answer		0 Part IV line 11a	See Form 990 Par	t X line 10			
						4-8-Day	Carabba	
	Description of property	(a) Cost or o		500,500,000,000	Accumulated	(d) Book	k value	8
-	7 - 7	basis (investr	nerty basis	s (other)	depreciation			
1000	Land							
b	A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP							
C				1 000	4 665			
d	- 1 · 1 · · · · · · · · · · · · · · · ·	CH (CO) (CO)		1,007.	1,007.			0.
е	Other			20,867.	20,867.			0.

Schedule D (Form 990) 2021

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

Part VII Investments - Other Securities.	JORITY INC.	26-	1501154 Pag
Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
I) Financial derivatives	7404 (2000 CONTES		11.1 9 .100 - 11.11.11.11.11.11.11.11.11.11.11.11.11.
2) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (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-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	1		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tru. See rum 550, Part X, line 15.	(b) Book value
200	Боосприон		(b) Dook raids
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 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.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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) 2021

(8)

3.348.292.

4c

5

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,559,660. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2,559,660 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 2,559,660. 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:

b Other (Describe in Part XIII.) 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, 2021 AND 2020, 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. THERE WAS AN IRS AUDIT IN PROGRESS AT DECEMBER 31, 2021 FOR THE TAX PERIOD ENDED DECEMBER 31,

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

Part I Fundraising Activitie required to complete this pa	 Complete if the organization ans art. 	wered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
Indicate whether the organization rate in a	e Solic f Solic g Spec or oral agreement with any individu Part VII) or entity in connection with	itation of itation of sal fundra ual (include h profess	non-g gover dising ding o ional t	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funds have of or con contribution	trof of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
HSP DIGITAL, LLC - 20130 LAKEVIEW CENTER PLAZA, STE	STRATEGY DEVELOPMENT, DONATION PROCESSING,	Yes	No	1,420,971.	1,455,957.	-34,986.
				25		
		127.		C-		
2						
Total 3 List all states in which the organizat	ion is registered or licensed to solic	cit contrib	ution	1,420,971, s or has been notified		
or licensing. AL, AK, AZ, AR, CA, CO, CT NE, NV, NH, NJ, NM, NY, NC	,DE,FL,GA,HI,ID,IN	N,IA,	KS,	KY,LA,ME,M	D,MA,MI,MN	,MS,MO,MT

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

1		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	COL (C))
191	525 I.W	:			
1	Gross receipts	:	-		
2	Less: Contributions				
3	Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
5					
8	Entertainment	:			
9	Other direct expenses	n O in and around (di)	1		
	17. H. C. (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.				
	III Gaming. Complete if the organization				
2011111	\$15,000 on Form 990-EZ, line 6a.			C200 #C30 13 HOROTO A 10 8 00 WHAT THE 200000 OF	
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
		(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (
					1
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
	Rent/facility costs				
4	TENN TO V				
	Other direct expenses		HI I was		
5		Yes%		Yes%	
5	Volunteer labor	Yes%	No Yes%	Yes% No	
5	Volunteer labor	□ No □	□ No	□ No	
5		□ No □		□ No	
6	Volunteer labor Direct expense summary. Add lines 2 through	No h 5 in column (d)	No No	No No	
6	Volunteer labor	No h 5 in column (d)	No No	No No	
5 6 7 8	Volunteer labor Direct expense summary. Add lines 2 through	No h 5 in column (d) from line 1, column (d)	No No	No No	
5 6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No	No No	
5 6 7 8 Entist	Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conditions.	No from line 1, column (d) ucts gaming activities: ctivities in each of these	No	No No	
5 6 7 8 Entist	Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a	No from line 1, column (d) ucts gaming activities: ctivities in each of these	No	No No	
5 6 7 8 Ent is t	Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No states?	No b	Yes
5 6 7 8 Ent is t	Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No estates?	No b	Yes
5 6 7 8 Ent is t	Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No estates?	No b	Yes
5 6 7 8 Ent is t	Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No estates?	No b	Yes

Sch	nedule G (Form 990) 2021	AMERICAN MAJORIT	Y INC.	26-1501154 Page 3
11	Does the organization conduc		?	
12			nember of a partnership or other entity formed	
				Yes No
	Indicate the percentage of ga			TESSOT CON
14	Enter the name and address	If the person who prepares the organ	ization's gaming/special events books and rec	ords:
	Name ►			
	Address ►			,
15	a Does the organization have a	contract with a third party from whom	the organization receives gaming revenue?	Yes No
	b If "Yes," enter the amount of	aming revenue received by the organ	nization > \$ and the an	nount
		the third party > \$		
119	c If "Yes," enter name and add			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensati	on > \$		

	Description of services provide	ed ▶		
	2	112		
	Director/officer	Employee	Independent contractor	
47	No. of the state o			
17	170	ador etate laurte make abaritable diet	ributions from the gaming proceeds to	
	retain the state gaming licens		noutions from the garriing proceeds to	Yes No
8	지어가 있는 지어야 하는 것이 아니라 하나 있다면 되었다.		tributed to other exempt organizations or sper	
		tivities during the tax year ▶ \$, , ,	
Pa	art IV Supplemental In	formation. Provide the explanation	ns required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b	, as applicable. Also provide any add	itional information. See instructions.	
sc	CHEDULE G, PART	, LINE 2B, LIST OF	TEN HIGHEST PAID FUNDS	AISERS:
()) NAME OF FUNDR	AISER: HSP DIGITAL,	LLC	
/ 7	ADDREGG OF BIL	IDDATCED.		
(1	() ADDRESS OF FU	IDRAISER:		
20	130 LAKEVIEW CE	NTER PLAZA, STE 300	, ASHBURN, VA 20147	
()	II) ACTIVITY: ST	RATEGY DEVELOPMENT,	DONATION PROCESSING, C	OUNSEL ON SOLICI
_				

Schedule G (Form 990) AM	ERICAN MAJORITY INC.	26-1501154 Page 4
Schedule G (Form 990) AM Part IV Supplemental Informat	ion (continued)	
-		
E .		

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.

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

			15	Yes	No
1a	Check the appropriate box(es) if the organization provided	any of the following to or for a person listed on Form 990,	7.0		
	Part VII, Section A, line 1a. Complete Part III to provide any	y 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	If any of the boxes on line 1a are checked, did the organization	ation follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses describe	ed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbur				
	그렇게 하는데 아이에 이렇게 할 때 없었다. 이 아이에 얼마나 안 하는데 아이를 하는데 얼마나 없었다.	or, regarding the items checked on line 1a?	. 2		
2	Maria	16 1888 W			
3	Indicate which, if any, of the following the organization use				
		k any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, bu Compensation committee				
		Written employment contract Compensation survey or study			
	Independent compensation consultant	The state of the s			
	X 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 V	II, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payme	nt?	. 4a		X
b	Participate in or receive payment from a supplemental non	qualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based cor	mpensation arrangement?	. 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the	ne applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organize	ations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a				
	contingent on the revenues of:				
а	The organization?		5a		х
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		Х
b			6b		Х
	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			
	not described on lines 5 and 6? If "Yes," describe in Part I	M	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or				
		53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebut				
	Doculations coation E2 40E9 6/a/2				

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

Schedule J (Form 990) 2021

Page 2

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

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

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 compensation	C and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation other deferred	(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
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CEO	1	87,171.	0	0	3,487.	11,656.	102,314.	0
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Schedule J (Form 990) 2021 A	AMERICAN MAJORITY INC.	26-1501154	Pa
Part III Supplemental Information			ra-rayy.
Provide the information, explanation, or	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 addition	part for any additional information.	1 15

	Schedule J (Form 990) 2021	
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

AMERICAN MAJORITY INC.

Employer identification number 26-1501154

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MORE PARTICULARLY, THE ORGANIZATION IS A NON-PARTISAN POLITICAL TRAINING INSTITUTE WHOSE MISSION IS TO TRAIN AND EQUIP A NATIONAL NETWORK OF LEADERSHIP COMMITTED TO INDIVIDUAL FREEDOM THROUGH LIMITED GOVERNMENT AND THE FREE MARKET. ADVOCATING TRUE FEDERALISM, TOWARD THE ORGANIZATION INTENDS TO BUILD A NATIONAL NETWORK OF THAT END. LEADERS AND GRASSROOTS ADVOCATES WHO ASPIRE TO INCREASE FREEDOM FOR INDIVIDUALS AND FREEDOM IN THE MARKETPLACE.

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

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) 2021

Schedule O (Form 990) 2021 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.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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2021 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 26-1501154

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

AMERICAN MAJORITY INC.

Name of the organization

Department of the Treasury Internal Revenue Service

(g) Section 5 (2(b)(13) Ñ × controlled antity? 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 Direct controlling entity End-of-year assets N/A (e) status (if section Public charity 501(c)(3)) Total income Exempt Code Ē section 501(C)(4) Ē Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) VIRGINIA SUPPORT OF CANDIDATES AND Primary activity Primary activity SET-OUT-THE-VOTE IN 9 KOBILIZING AND - 26-3594713 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity AMERICAN MAJORITY ACTION, INC. 20134 PURCELLVILLE, VA PO BOX 309 Parti PartII

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

Schedule R (Form 990) 2021

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26-1501154

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Schedule R (Form 990) 2021 AMERICAN MAJORITY INC.

Part III

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

General or Percentage managing ownership partner? 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Dispreportionate Yes No allocations? E Share of end-of-year assets (6) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d) (Direct controlling entity (c)
Logal
domicile
(state or
foreign
country) Primary activity e 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)	(p)	(0)	(Đ	(e)	£	(6)	(h)	-	-
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile Direct controlling ((state or foreign country)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	S12) contract	Selection of the select
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PO BOX 1132									
PURCELLVILLE, VA 20134	SOPTWARE DEVELOPMENT	VA	N/A	C CORP	.0	0	0.		×
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Schedule R (Form 990) 2021

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	S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV?	sactions with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (I) interest, (II) annuities, (III) royalties, or (Iv) rent from a controlled entity	dentity			13		×
b Gift, grant, or capital contribution to related organization(s)				4p		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1d	×	
e Loans or loan guarantees by related organization(s)				1e	×	
Dividends from related organization(s)				¥		×
g Sale of assets to related organization(s)				19		×
				ŧ		×
i Exchange of assets with related organization(s)				æ		×
j Lease of facilities, equipment, or other assets to related organization(s)				=	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
 Performance of services or membership or fundraising solicitations for related organization(s) 	ed organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	d organization(s)			ff.	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	anization(s)			£	×	
 Sharing of paid employees with related organization(s) 				10	×	
p Reimbursement paid to related organization(s) for expenses				t dt		×
q Reimbursement paid by related organization(s) for expenses				1q	×	
r Other transfer of cash or property to related organization(s)				÷		×
. 00				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	n on who must complete t	this line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	t involved		
(1) AMERICAN MAJORITY ACTION, INC.	α	104,941.FMV	FMV			
(2) AMERICAN MAJORITY ACTION, INC.	ņ	47,477.FMV	FMV			
(6)						
(4)						
(5)						
(9)						- 1
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Unrelated Organizations Taxable as a Partnership, Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income primars sections 512-514) Yes No	Share of total income	Share of end-of-year assets	Disproper- florate allocators?	Code V-UBI Impount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
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Schedule R (Form 990) 2021