** Public Disclosure Copy **

_{orm} 990

Return of Organization Exempt From Income Tax

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

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

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or tne	2018 calendar year, or tax year beginning	and	Citaling		
B Ci	neck if oplicable	1		!	D Employer ident	ification number
	Addres change	Americans for Prosperity				1 40050
L	Name change	Doing business as				148958
	Initial return	Number and street (or P.O. box if mail is not delivered	d to street address)	Room/suite	E Telephone numi	
	Final return/	1310 N. Courthouse Rd.		700	703-2	224-3200
	termin- ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	98,591,581.
Γ	Amend return				H(a) Is this a group	retum
	Applica	F Name and address of principal officer: Emily Si	edel		for subordinat	tes? Yes X No
	Ition pendin	same as C above			H(b) Are all subordinate	es included? Yes No
			insert no.) 4947(a)(1)	or 527	1	a list. (see instructions)
. 1	ax-exe	e: www.americansforprosperity.org	11001 1101 1 10 11 (a)(1/2		H(c) Group exemp	•
J V	vepsit	organization: X Corporation Trust Associa	tion Other	ı Vear		M State of legal domicile; DC
		Summary		I L. Tour	or rolling to	
ra	LLI	Briefly describe the organization's mission or most sign	ificent estivities: Educat	e U.S. ci	tizens about th	ne .
ce	1	Briefly describe the organization's mission of most sign impact of sound economic policy on the na	tion's economy			· · · · · · · · · · · · · · · · · · ·
Governance					than 2504 of its not	t seeste
ēru		Check this box if the organization discontinu				3
Š		Number of voting members of the governing body (Par				-
જ		Number of independent voting members of the govern				4
68		Total number of individuals employed in calendar year			······	5004
Ϋ́		Total number of volunteers (estimate if necessary)				6 6284
Activities &		Total unrelated business revenue from Part VIII, colum				7a 0.
	b	Net unrelated business taxable income from Form 990	T, line 38			7b 4,976.
•				_	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		56,996,17		
Revenue	9	Program service revenue (Part VIII, line 2g)		21		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and		33,96	15. 85,900.	
ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c		548,61	386,006.	
		Total revenue - add lines 8 through 11 (must equal Par			57,578,95	96,544,184.
_		Grants and similar amounts paid (Part IX, column (A), I			304,33	125,000.
	i	Benefits paid to or for members (Part IX, column (A), lin		0. 0.		
"	l	Salaries, other compensation, employee benefits (Part	, 	21,224,39	25,048,708.	
Expenses	160	Professional fundraising fees (Part IX, column (A), line				0. 0.
Sen	102	Total fundraising expenses (Part IX, column (D), line 25		1,116.		
ă	47	Other expenses (Part IX, column (A), lines 11a-11d, 11	, <u> </u>	<u> </u>	30,159,78	64,442,120.
		Total expenses. Add lines 13-17 (must equal Part IX, c			51,688,50	
	1	•			5,890,45	
_ 0		Revenue less expenses. Subtract line 18 from line 12	<u></u>		eginning of Current Ye	
ts or		- · · · · · · · · · · · · · · · · · · ·			15,506,34	
Ssets	20			·····	2,693,01	
Net As	21	Total liabilities (Part X, line 26)		·····	12,813,33	
골	22	Net assets or fund balances. Subtract line 21 from line	20		12,013,3	13,741,000.
P	arτ II	Signature Block	P			of my knowledge and helief it in
		alties of perjury, I declare that I have examined this return, incl				of the knowledge and benef, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is	based on all information of	wnich prepare	er nas any knowledge.	
		Signature of officer			Date	
Sig	jn.				Dato	
He	re	Victor E. Bernson, Jr., Secretary, V	<u></u>			
		Type or print name and title			Onto	DTIM
		1	parer's signature		Date Check	—
Pai		red R. Batson, Jr.	Leel R. Bats.	ا (سلام	self-ei	mployed P00721951
Preparer Firm's name ▶ Capin Crouse, LLP Firm						36-3990892
Us	e Only	Firm's address 1330 Avenue of the America:	, Suite 23A	_		
_		New York, NY 10019			Phone no.	212-653-0681
NA.	ny tho	IRS discuss this return with the preparer shown above	2 (eee instructions)			X Yes No

Form (990 (2018) Americans for Prosperity	75-3148958	Page 2
Part	III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
4	Briefly describe the organization's mission:		
1	Educate U.S. citizens about the impact of sound economic policy on the		
	nation's economy and social structure, and mobilize citizens to be		
	involved in fiscal matters.		-
	Involved in listar matters.		
	Did the organization undertake any significant program services during the year which were not listed on	the	
			Yes X No
	prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O.	inac?	Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program sen	/ices :	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total e	xpenses, and
	revenue, if any, for each program service reported.		726 006 5
4a		(Revenue \$	736,006.)
	National office - Educate U.S. citizens about the impact of sound		
	economic policy on the nation's economy and social structure and		<u> </u>
	mobilize citizens to be involved in fiscal and regulatory economic		
	matters at the national level.		
		<u></u>	
4b	(Code:) (Expenses \$ 11,095,782. including grants of \$ 125,000.)	(Revenue \$)
	State chapters - Educate U.S. citizens about the impact of sound		
	economic policy on the nation's economy and social structure, and		
	mobilize citizens to be involved in fiscal and regulatory economic		~~
	matters at the state level.		
			·
			·
		(Revenue \$	
4c	(Code:) (Expenses \$)	(neveride #	 '
			
		<u></u>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 78,113,141.		

Form 990 (2018) Americans for Pros Part IV Checklist of Required Schedules

	r		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	х	
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		х
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
11	-		1	
	as applicable.		***	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	ļ
	Part VI	Ha	•••	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		 ^-
	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			ĺ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
ę	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	ļ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
Ų	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	Ì		1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		Γ	1
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		T	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
4	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	···	\vdash	_
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	— —	1	+ -
18		18		x
	1c and 8a? If "Yes," complete Schedule G, Part II	10	+	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
	complete Schedule G, Part III	19 20a	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	+	+
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	1	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	

Par	t IV Checklist of Required Schedules (continued)			
· · · · · ·			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ļ	
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х_
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	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	i		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):	10		
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	x
b	to the second of	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30	1	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٥.	If "Yes," complete Schedule N, Part I	31]	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	x	
354	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	of "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<u> </u>	
	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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
Ų,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Ì	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note. All Form 990 filers are required to complete Schedule 0 Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
18	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

Form 990 (2018)

Americans for Prosperity

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a		406		i. Liber	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				5.84	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	⊔nt)?		4a		Х
b	If "Yes," enter the name of the foreign country: ►				i ya	. 7	1974 F
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccou	nts (FBAR).		700 A		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	ganization soli	cit			
	any contributions that were not tax deductible as charitable contributions?				6a	Х	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts				ĺ
	were not tax deductible?				6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).					J-147	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the	payor?	7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-				
	to file Form 8282?	1	1		7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_r		7e		
e	• • • • • • • • • • • • • • • • • • • •						
f	, , , , , , , , , , , , , , , , , , , ,						<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F				7g		\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are placed funds. Did a dense achieved funds printed to the contributions are placed funds.			98-0?	7h	40.40	<u> </u>
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					8		
9							
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9a 9b		
10	Section 501(c)(7) organizations. Enter:				11.1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	. [
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	ï		1.43		
11	Section 501(c)(12) organizations. Enter:	•	•		47	* * . *	
а	Gross income from members or shareholders	11a	. 				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				2.5		1000
	amounts due or received from them.)	11b	1				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form				12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>				1
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?				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.						
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the	t					
	organization is licensed to issue qualified health plans	13L	<u> </u>				
C	Enter the amount of reserves on hand	130	:		25 75	Jan 19	
14a	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9				14a	ļ	X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu				14b		├
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun						
	excess parachute payment(s) during the year?				15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N.		ama?		40		,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme If "Yes," complete Form 4720, Schedule O.	TIE INC	orne?		16	11 11	X
	ii res, compete com 4720, ochequie O.				<u></u>		

Form 990 (2018) Americans for Prosperity 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 in Schedule O. See instructions. Х Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other x 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Х in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 х Did the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

Alex Varban - 703-224-3200

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

 \mathbf{x}

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	~_		(0	;)			(D)	(E)	(F)
Name and Title	Average	ído	not cl	Posi recku	tion nore	than :	one	Reportable	Reportable	Estimated
	hours per	box,	unle:	s per	son i	s boti	า ап	compensation	compensation	amount of other
	week		, et un		10010	,,,,,,,	,	from the	from related organizations	compensation
	(list any hours for	Individual trustee or director						organization	(W-2/1099-MISC)	from the
	related	96 Of 1	stee			in sate		(W-2/1099-MISC)	,	organization
	organizations	trust	nal tru		aaƙo	edulo .				and related
	below	vidua	Institutional trustee	Officer	Key employee	Highest compensated employee	Роттег			organizations
	line)	Ē	豎	(JIC)	Key	景圖	호			
(1) Frayda Levin	2.00		ĺ						. 0.	0.
Chairman		х	_		_	<u> </u>	_	0.		
(2) Nancy Pfotenhauer	2,00							0.	0.	0.
Director	2.00	X	<u> </u>			<u> </u>	<u> </u>	U.	<i>U</i> .	
(3) Jim Miller	2.00		ļ					0.	0.	0.
Director		Х	<u> </u>			Ļ	-			
(4) James Stephenson	2,00		1			1	1	0_	0.	0.
Director		х	-	<u> </u>	┞	┞		<u> </u>	0.	-
(5) Mark Holden	4.00				1	1		0.	0.	0.
Director		х	ļ_	┞	ļ	<u> </u>	<u> </u>		- 0.	<u> </u>
(6) James Davis	2.00			1			İ		0.	
Director		X	<u> </u>	<u> </u>	<u> </u>	╄	<u> </u>	0.	<u>u.</u>	0.
(7) Tim Phillips	50.00	4			ļ			.=		41 657
President				Х	<u> </u>	_	┖	453,190.	0.	41,657.
(8) Gary Castellaw	2,00	1							1	
Treasurer, VP of Financial Planning	2.00	丄	┺	X	<u> </u>	┺	-	0.	0.	0.
(9) Robert Heaton	2.00	1				1				,
Treasurer (part year)	2.00	_	ļ	Х	<u> </u>	╄	<u> </u>	0.	. 0.	0.
(10) Josh Fisher	2.00	4								
Treasurer (part year)	2.00	-		X	<u> </u>	1	1	0.	. 0.	0.
(11) Victor Bernson	35.00	4	ŀ							05.000
Secretary, VP & General Counsel	15.00	—		x	Ļ	1	╄	179,449	76,907.	25,093.
(12) Emily Seidel	35.00				1				400.000	25 552
Chief Executive Officer	15.00	-	\perp	X	┷	╄	\perp	464,556	199,096	35,553.
(13) Chase Downham	35.00	→		1					07.467	20.612
Sr. VP State Ops & Grassroots Strat.	15,00	_		X	╄	1	-	226,724	97,167	32,613.
(14) Teresa Oelke	35.00			1	1			105.660	45.003	17.620
Senior VP of State Ops.(part year)	15.00	-	╄-	X	-	-	-	105,662	45,283	17,628.
(15) Brent Gardner	35,00				İ				0.5 5.50	04.216
VP/Government Affairs	15.00		+	+	1_	X	+	225,311	96,562	24,316.
(16) Daniel Garza	35.00	⊣						100 013	95 040	18,899.
Executive Director	15.00	-	+	╀	+	X	+	198,913	85,249	10,033.
(17) Jorge Lima	35.00	-						105 204	84,592	43,362.
Senior VP of Policy	15.00	<u> </u>				X		197,384	•] 04,392	Form 990 (2018)

FORTH 990 (2016)	or rrooperre	<u> </u>										90 -
Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employee	es (continued)			
(A)	(B)		(C)					(D)			(F)	
Name and title	Average	100		Pos			ono	Reportable	Reportable	Esti	imated	ď
	hours per	box	(do not check more than one box, unless person is both an			is bot	h an	compensation	compensation	amount of		ρĘ
	week	offi	cer ar	ıd a d	irecto	or/trus	tee)	from	from related	0	ther	
	(list any	ğ		ļ				the	organizations	comp	ensat	ion.
	hours for	ig.	İ	ł		EG.		organization	(W-2/1099-MISC)	fro	m the	:
	related	ndividual trustee or director	nstitutional trustee	1		ensal		(W-2/1099-MISC)		orga	nizatio	วก
	organizations	Ĕ	를	ļ	Key employae	E C				and	relate	ed .
	below	id us	1	b	Ē	loyee loyee	Ē			orgar	nizatio	กร
	line)	İbdi	list	Officer	ě	Highest compensated employee	Former					
(18) Slade O'Brien	5.00											
VP, Grassroots Leadership	45.00					x		24,805.	223,241.		41,	229.
(19) David Johnson	5.00					İ						
Sr. Director of Training/Cir. Dev.	45,00		<u> </u>	L		X		18,250.	164,250.		27,	911.
		1										
			┞	ļ	<u> </u>	<u> </u>	<u> </u>					
		1										
		┡	┝		┡	┝	_					
		1			1							
			_		<u> </u>	-						
		ŀ										
			<u> </u>		_		_					
<u></u>												
		<u> </u>				<u> </u>	_					
1b Sub-total								2,094,244.	1,072,347.		308,	
c Total from continuation sheets to Part								0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	2,094,244.	1,072,347.		308,	261.
2 Total number of individuals (including but	not limited to the	1056	list	ed a	.bov	e) wl	ho r	eceived more than \$100	,000 of reportable			
compensation from the organization										- 1		5.5
											Yes	No
3 Did the organization list any former office												1811
line 1a? If "Yes," complete Schedule J fo	r such individual		 .							3		X
4 For any individual listed on line 1a, is the												
and related organizations greater than \$"	50,000? If "Yes,	, " CC	omp	lete :	Sch	edul	eJ:	for such individual		4	Х	
5 Did any person listed on line 1a receive of	r accrue compe	nsa	tion	fron	ı an	y uni	relat	ted organization or indiv	idual for services			4.7
rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	uch	per	son				5		х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
IPO, 2300 Wilson Blvd, Ste 500, Arlington,		
VA 22201	Media services	42,941,914.
Arena Communications, LLC, 1780 Sequoia		
Vista Circle, Salt Lake City, UT 84104	Printing	870,933.
The Singularis Group LLC		
PO Box 9265, Shawnee Mission, KS 66201	Printing	517,540.
People Who Think		
4250 Hwy 22, Ste 7, Mandeville, LA 70471	Printing	462,199.
Beacon Hill Staffing Group		
PO Box 846193, Boston, MA 02284-6193	Temporary Staffing	413,727.
2 Total number of independent contractors (including but not limited to	o those listed above) who received more than	
\$100,000 of compensation from the organization	9	

			Check if Schedule O conta	ins a response (or note to any iin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
22	1 a	. [Federated campaigns	lerated campaigns 1a					
들			Membership dues	·······					
ا عِ تِ			Fundraising events						
₽¥			Related organizations						
꺷삁			Government grants (contribution						
8.2	f		All other contributions, gifts, grants		·-	and the			
Contributions, Gifts, Grants and Other Similar Amounts	•		similar amounts not included abov		95,722,278.				
불리			Noncash contributions included in lines		2,047,397.				
등림	_	•	Total. Add lines 1a-1f			95,722,278.			
~ " 	5.	<u>. </u>	Total: Add lines 12 11		Business Code				
	0 -	_ :	Services Fees		900099	350,000.	350,000.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
<u>ğ</u>	2 8	٠.	Bervices reer			<u>.</u> . <u>' .</u>			
ie je	Ŀ	•			-		·		
Program Service Revenue	•								
Re	•	2 .							_
وَ	•							· -	<u> </u>
_			All other program service rever			350,000.	977 1 M 134 4 17	sa sa	1.00
-	_		Total. Add lines 2a-2f			,,,,,,,,			
	3		Investment income (including			95,898.			95,898.
			other similar amounts)			33,030.		-	
	4		Income from investment of tax					 -	
	5		Royalties				the state of the second		
				(i) Real	(ii) Personal				
	6	а	Gross rents					Professional Care	
	l l		Less: rental expenses						
		C	Rental income or (loss)		<u> </u>				
		-	Net rental income or (loss)		·'i				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	2,035,899	1,500.				
		b	Less: cost or other basis		1				
	1		and sales expenses	2,047,397		4			
		С	Gain or (loss)	-11,498	1,500.	- · · · · · · · · · · · · · · · · · · ·			
		d	Net gain or (loss)		<u></u>	-9,998.			-9,998,
6	8	а	Gross income from fundraisin	g events (not					
Ę.	İ		including \$	of	1				
Revenue	1		contributions reported on line	1c). See					
_			Part IV, line 18	г	·				
Other		b	Less: direct expenses						
0			Net income or (loss) from fund						
			Gross income from gaming a						
			Part IV, line 19		1				S. A. Santa
		b			,				
		-	Net income or (loss) from gan		>	Ţ · · · · · · · · · · · · · · · · · · ·			
	10		Gross sales of inventory, less						
	"	_	and allowances		a				
	1	ь	Less: cost of goods sold		,	1			
			Net income or (loss) from sale		L				
		_	Miscellaneous Revenu		Business Cod	e			
	11	а			900099	386,006	. 386,006		
	' '	ь							
		c			-				
	-	ч	All other revenue	••					
		٠ د	Total. Add lines 11a-11d		<u> </u>	386,006			
	12		Total revenue. See instructions		····	96,544,184	. 736,006		85,900

Form 990 (2018) Americans for Prospe Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a respon				
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	125,000	125,000.		
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,				
	trustees, and key employees	1,550,399.	1,235,262.	226,485.	88,652
6	Compensation not included above, to disqualified	,,		220,305.	00,632
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	35,061.	27,934.	5,122.	2,005
7	Other salaries and wages	20,454,550.	16,375,444.	2,962,494.	1,116,612
8	Pension plan accruals and contributions (include			,	
	section 401(k) and 403(b) employer contributions)	705,139.	561,810.	103,009.	40,320,
9	Other employee benefits	569,050.		94,525.	54,835
10	Payroll taxes	1,734,509.	1,381,949.	253 380.	99,180.
11	Fees for services (non-employees):				
а	Management				
b	Legal	419,919.	180,989.	238,872,	58.
c	Accounting	30,650.		30,650.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				-
g	Other. (If line 11g amount exceeds 10% of line 25,				,,
	column (A) amount, list line 11g expenses on Sch O.)	6,925,539.	6,458,475.	168,000.	299,064.
12	Advertising and promotion	40,583,510.	40,347,853.	11,398.	224,259.
13	Office expenses	6,430,323.	3,927,343.	926,571.	1,576,409.
14	Information technology	36,205.	31,683.	3,497.	1,025
15	Royalties				
16	Occupancy	3,864,855.	1,742,179.	2,039,382.	83,294.
17	Travel	4,229,525.	3,989,785.	80,076.	159,664.
18	Payments of travel or entertainment expenses			•	<u>. </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,225,571.	1,221,845.		3,726.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	59,588.	50,728.	6,457.	2,403.
23	Other evenence Itazzira evenence net revered				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule O.)	441 504			
a b	Membership	441,524.	137.	15.	441,372.
C	Taxes, licenses, fees	61,245.	23,169.	37,167.	909.
d		16,718.	10,869.	5,543.	306.
	All other expenses	116,948.	997.	115 000	
25	Total functional expenses. Add lines 1 through 24e	89,615,828.	78,113,141.	115,928.	23.
26	Joint costs. Complete this line only if the organization	-2,010,020.	,0,113,141.	7,308,571.	4,194,116.
	reported in column (B) joint costs from a combined	į			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
02004	12-31-18				Form 990 (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1,263,597. 6,384,653 1 Cash - non-interest-bearing 19,518,106. 6,333,098. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 210,203. 23,900 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary ĥ employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 352,896 474 244. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 848 640. basis. Complete Part VI of Schedule D ______ 10a 96,174. 38.784. b Less: accumulated depreciation 10b 809.856. 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 914 392. 2 315 622 15 15 Other assets. See Part IV, line 11 22,419,326. 15 506 343. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2 390 416. 2,693,013. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 287,224, 25 2,693,013. 2,677,640. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 19,618,015. 12,689,659. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 123,671. 123,671. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 19,741,686. 12,813,330. 33 33 Total net assets or fund balances 22,419,326. 15,506,343. 34 Total liabilities and net assets/fund balances

	1990 (2018) Americans for Prosperity	75-3148958	į.	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				5-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	96	,544	,184.
2	Total expenses (must equal Part IX, column (A), line 25)	2			828.
3	Revenue less expenses. Subtract line 2 from line 1	3			356
4	Net assets or fund balances at beginning of year (must equal Part X, fine 33, column (A))	4			330
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	19	741	686
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	•••••			х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		3. 2.3	74.5	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2 a	and the state of t		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1 97	
	separate basis, consolidated basis, or both:			1.4%	
	Separate basis Consolidated basis Both consolidated and separate basis			10.15	
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	e basis,			
	consolidated basis, or both:				. 4
	Separate basis Consolidated basis X Both consolidated and separate basis			21.2	1. 1.
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	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sit	ngle Audit			·
	Act and OMB Circular A-133?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

	Ame	ricans for Prosperity	75-3148958					
Organiz	ation type (check or	ne):						
Filers of	:	Section:						
Form 99	0 or 990-EZ	x 501(c)(4) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ele. See instructions.					
General	l Rule							
х	_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special	Rules							
	sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou, line 1. Complete Parts I and II.	, or 16b, and that received from					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address II, and III.								
	year, contributions is checked, enter purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious mplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>					
but it m	nust answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F The filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number 7E 21400E0

merican	s for Prosperity		-3148956
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli Noncash (Complete Part il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	· ************************************
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
	·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

75-3148958

75-3148958 Americans for Prosperity Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroil Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Payroli Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		- \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part I! for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroil Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number 75-3148958 Americans for Prosperity

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization		Employer identification number
Americans for Prosperit	Ā	75-3148958

# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ributors (see instructions). Use duplicate copies of Part I i		- (n
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Americans for Prosperity	75-3148958

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payrol! Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroil Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Z!P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Americans for Prosperity

Employer identification number

75-3148958

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
INO.	Name, audiess, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization	Employer identification number
Americans for Prosperity	75-3148958

(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Person Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
	- 	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number 75-3148958 Americans for Prosperity

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Туре of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Totał contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part If for noncash contributions.)

Name of organization	Employer identification number
Americans for Prosperity	75-3148958

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contr	ibutors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	<u> </u>
Name of organization	Employer identification number
Americans for Prosperity	75-3148958

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	(Form 990, 990-EZ, or 990-PF) (2018)		Page	
Name of org	ganization	.1	Employer identification number	
Americans	for Prosperity		75-3148958	
Part I	ontributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

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Name of organization	Employer identification number	
Americans for Prosperity	75-3148958	

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
:		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II I	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 	

ame or org	-			Employer Identification number				
mericans Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	through (e) and t he following line e charitable, etc., contributions of \$1,000 or	ntry For organizations	•				
(a) No.	Use duplicate copies of Part III if additional	·	<u> </u>					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
		(e) Transfer of gi	ft					
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No.				Description of how gift is held				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
:	Transferee's name, address, a	(e) Transfer of gi		transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
		(e) Transfer of g						
	Transferee's name, address, a	Relationship of	transferor to transferee					
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
		(e) Transfer of g	ift					
ŀ	Transferee's name, address, a	nd ZiP + 4	Relationship of	transferor to transferee				

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

2018

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name of organization			Į Em	proyer identification number
Americans f	or Prosperity			75-3148958
Part I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.
 Provide a description of the organizar Political campaign activity expenditar Volunteer hours for political campaign 	ires		>	\$ 26,883,697.
Part I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
1 Enter the amount of any excise tax i	ncurred by the organization un-	der section 4955	<u></u>	\$
2 Enter the amount of any excise tax i				
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				463/6
Part I-C Complete if the org				1(c)(3).
1 Enter the amount directly expended				\$ 26,883,697.
2 Enter the amount of the filing organ	zation's funds contributed to o	ther organizations for s	ection 527	_
exempt function activities				. \$
3 Total exempt function expenditures		•		. 000 000
line 17b				\$ 26,883,697.
4 Did the filing organization file Form				
5 Enter the names, addresses and en made payments. For each organiza contributions received that were pre political action committee (PAC). If:	tion listed, enter the amount pa omptly and directly delivered to	id from the filing organi a separate political org	ization's funds. Also ente ganization, such as a sep	r the amount of political
(a) Name	(b) Address	(c) EiN	(d) Amount paid fror filing organization's funds. If none, enter-	contributions received and

Part II-A Complete if the org section 501(h)).	anization is exer	npt under section	1 501(c)(3) and fil	ed Form 5768 (el	ection under
A Check if the filing organiza expenses, and share	e of excess lobbying	•		group member's name	e, address, EIN,
Limi	ts on Lobbying Exper	nd "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (grass roots lobbying)		•	
b Total lobbying expenditures to influ		=			
c Total lobbying expenditures (add li	nes 1a and 1b)	***************************************	***********		
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Enter	er the amount from the	following table in both	n columns.		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000			
 g Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this 	o or less, enter -0- o or less, enter -0- ro on either line 1h or		ation file Form 4720		Yes No
(Some organizations t	4-Year Ave hat made a section 5	raging Period Under	Section 501(h) have to complete all		elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period	-	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Totai
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				0.1-1.1-0.15	2000 or 200-E71 2015

Schedule C (Form 990 or 990-E**Z**) 2018

Schedule C (Form 990 or 990 EZ) 2018 Americans for Prosperity 75-3148958 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or e	nch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(á	1)	(t)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers?				
C	Media advertisements?				
	Mailings to members, legislators, or the public?			<u> </u>	
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			 	
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				5 (51)
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	tion 501(c)	(5), or s	ection	
	· · · · · · · · · · · · · · · · · · ·		 ,	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				
	t III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	d "No," O	R (b) Pa		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year		2b		
C	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4	<u> </u>	
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	t IV Supplemental Information				
instr	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro actions); and Part II-B, line 1. Also, complete this part for any additional information.	up list); Part	II-A, lines 1	and 2 (see	
Int	ernet and radio advertising, direct mail and personnel activities.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Americans for Prosperity

Employer identification number 75-3148958

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(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		
	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		1 1 1 1
Par			
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			ايسا
c	Number of conservation easements on a certified historic str		- '
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		I I
3	Number of conservation easements modified, transferred, re-		
	year▶	, ,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	-	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	▶\$	•	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	-	Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			·
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 1		
a	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Sched	lule D (Form 990) 2018 Americans f	or Prosperity						75-31489	58	Page 2
	III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Othe	r Simila	ar Asse	ts (continu	ied)
	Using the organization's acquisition, accessi									
	(check all that apply):									
а	Public exhibition	d		oan or exc	hange prograr	ns				
b	Scholarly research	е			· · ·					
c	Preservation for future generations									
	Provide a description of the organization's co	ollections and explain	n how the	ev further t	he organizatio	n's exen	not purpo	se in Parl	t XIII.	
	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par									line 9. or	
	reported an amount on Form 990, Par	-	, , , , , ,	019011-000					•	
12	Is the organization an agent, trustee, custod		liary for o	contribution	s or other ass	ets not i	ncluded			
ıa	on Form 990, Part X?								Yes	☐ No
L	If "Yes," explain the arrangement in Part XIII						- · · · · · · · · · · · · · · · · · · ·			
D	ii res, explain the arrangement in Fart Air	and complete the lo	iiowiiig t	abic.					Amount	
	D. Carlow belones						1c		7 ariount	
	Beginning balance						`			
d	Additions during the year						•			
е	Distributions during the year									
f	Ending balance						_ [f]		12	T 1
	Did the organization include an amount on F						ty?		∐ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	· ` ` ` · · · · · · · · · · · · · · · ·	· ·		1					
		(a) Current year	(b) Pi	rior year	(c) Two years	back (d) Three y	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses				<u> </u>					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		ce (line 1	a column (a)) held as:					
a	Board designated or quasi-endowment	Tone your ond balan	%	g, colairii. (a,, , , o, a a a .					
b	Permanent endowment	 %								
	Temporarily restricted endowment	^%								
C	The percentages on lines 2a, 2b, and 2c sho									
_		•	ماه ماه ده ادم	ملماموا مسما		41		-ation		
3a	Are there endowment funds not in the posse	ession of the organiz	auon uie	at are nero a	and administer	rea lor u	ie oigani	Zauon	Г	Von No
	by:									Yes No
	(i) unrelated organizations								I	
	(ii) related organizations									
þ	If "Yes" on line 3a(ii), are the related organize				ን		• • • • • • • • • • • • • • • • • • • •	- · · - · · · · · · · · · · · · · · · ·	. 3b	
4	Describe in Part XIII the intended uses of the		owment :	funds.						
Pa	rt VI Land, Buildings, and Equipr									
	Complete if the organization answere					, Part X,	line 10.			
	Description of property	(a) Cost or o			t or other		ccumulat		(d) Book	value
		basis (invest	ment)	basis	(other)		preciation			
1a	Land						Argent.			
b	and the second s				***					
С	Leasehold improvements									
	Equipment				404,390.		365	,606.		38,784.
	Other				444,250.		444	,250.		0,
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, colur	nn (B), line	10c.)			. ▶		38,784.

	omplete if the organization answered "Yes"			
	of security or category (including name of security)	(b) Book value	(c) Method of val	luation: Cost or end-of-year market value
	erivatives			
	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	urur.			
(G)				
(H)	and the self-self Control of the self (D) Reput (A)		11111111111111111	
	nust equal Form 990, Part X, col. (B) line 12.) > nvestments - Program Related.	1	The same	
	complete if the organization answered "Yes"			Part X, line 13. luation: Cost or end-of-year market value
	(a) Description of investment	(b) Book value	(c) Metriod of Va	idation. Cost of end-or-year market value
(1)				
(2)		·		
(3)				
(4)				
(5)				
(6)	·······			
(7)				
(8)				
(9)	must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.		I to the true to the	
1	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 F	Part X line 15
		Description		(b) Book value
(1)	(/			
(2)				
(4)				
(5)	·			
(6)				
(7)				
(8)				
(9)				
` 	n (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		-
	Other Liabilities.	, - ,		
	Complete if the organization answered "Yes	on Form 990. Part IV. line	e 11e or 11f. See Form	990. Part X. line 25.
1.	(a) Description of liability	·	(b) Book value	
	al income taxes			
	to subsidiary		287,224.	
(3)				그는 사람이 사랑하는 사람들의 물건.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	A. A. Lapanga			
	n (b) must equal Form 990, Part X, col. (B) lir	ne 25.)	287,224.	
	or uncertain tax positions. In Part XIII, provid			

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

Par	t XI Reconciliation of Revenue per Audited Financial S	tatements With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,				400 004 465
1	Total revenue, gains, and other support per audited financial statements			1	123,334,162.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments	2a			
þ	Donated services and use of facilities	2b	26,789,978.		
C	Recoveries of prior year grants		<u> </u>		
d	Other (Describe in Part XIII.)	2d		N . 4	06 700 070
е	Add lines 2a through 2d			2e	26,789,978.
3	Subtract line 2e from line 1			3	96,544,184.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	-		
b	Other (Describe in Part XIII.)	4b			0
C	Add lines 4a and 4b			4c	0. 544 184
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	h Francisco mor	5	96,544,184.
Pa	rt XII Reconciliation of Expenses per Audited Financial S		ii Experises per	netun	l•
	Complete if the organization answered "Yes" on Form 990, Part IV,		***		116,405,806.
1	Total expenses and losses per audited financial statements			1	110,403,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Lact	26 780 978		
а	Donated services and use of facilities	اما	26,789,978.	1.77	
b	,				
C	******		 		
d				2e	26,789,978.
e				3	89,615,828.
3	Subtract line 2e from line 1			 	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a					
b				4c	0.
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	89,615,828.
	rt XIII Supplemental Information.		-		•
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4: Part IV lines 1h	and 2b; Part V. line	4: Part X	. line 2: Part XI.
	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			•	, ,
	120 and 12) and 1 are 70, in 100 20 and 101, 100 and 101, 100 and 101, 100 and 101, 100 and 101, 100 and 101,	,			
					•
			_		
				<u> </u>	
_					
					

SCHEDULE ((Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service South Dakota Chamber of Commerce No on Proposition 126 Name of the organization Pierre, SD 57501 Commerce - PO Box 2639 - Bismarck, Greater North Dakota Chamber of Phoenix, AZ 85012 3030 N. 3rd St., Ste 650 PO Box 190 ND 58502 Part | Part II ωΝ 1 (a) Name and address of organization Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance? Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed or government Americans for Prosperity 83-1977007 46-0141180 45-0141100 (**b**) EIN Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 501(c)(6) 527 501(c)(6) (c) IRC section (if applicable) Go to www.irs.gov/Form990 for the latest information. (**d)** Amount of cash grant Attach to Form 990. 10,000 90,000. 25,000. (e) Amount of non-cash assistance 0 0 0 (f) Method of valuation (book, FMV, appraisal, (g) Description of noncash assistance Employer identification number Program Support Program Support Program Support Schedule I (Form 990) (2018) (h) Purpose of grant or assistance X Yes 75-3148958 Open to Public Inspection 공

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Schedule I (Form 990) (2018)

Americans for Prosperity

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

Part III can be duplicated if additional space is needed. 75-3148958 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	າ (b); and any other a	dditional information.	
Part I, Line 2:	ifring the re	cipient to			
exclusively for	purposes and	and may require			
the grantee to furnish a report to the organization	describing	the			
charitable activities in connection with the organi	organization's pro	programs			
fulfilled by the use of the grant funds. The organization	zation reviews	ws the			
recipient's Form 990, IRS tax-exemption letter, art	articles of inc	incorporation,			
by-laws, and validates the recipient's tax ID #.					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Name of the organization

Americans for Prosperity

Employer identification number 75-3148958

rt I Questions Regarding Compensation			
		Yes	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
X First-class or charter travel	100		
Travel for companions Payments for business use of personal residence	4.50		
Tax indemnification and gross-up payments Health or social club dues or initiation fees			
Discretionary spending account Personal services (such as maid, chauffeur, chef)	1	41.	
If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1 ×	1 : 1 :	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
trustees, and officers, including the CFO/Executive Director, regarding the items checked on line 1a?	2	х	l
Eliabeds, and officers, moldang are observed and analysis analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis and analysis ana			
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
CEO/Event the Director Check all that apply Do not check any hoves for methods used by a related organization to	1.4		
		4	1
		3 - 3	
		٠.	
Form 990 of other organizations Approval by the board of compensation committee			3.5
The state of the s			
	100		
	40	x	1
		1 22	X
			$\frac{1}{x}$
	4c	 	╇
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	٠.	1	- [-
		š -	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1		
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	+ (A+)		1
contingent on the revenues of:			
The organization?	5a	<u> </u>	X
	5b	<u> </u>	Х
If "Yes" on line 5a or 5b, describe in Part III.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
		1	
•	6a	ļ	Х
-	6b		Х
		1	
	7	x	1
			\top
	8		х
			7
Regulations section 53 4958-6(c)?	9	1	
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Travel for companions	Yes

Schedule J (Form 990) 2018
Americans for Prosperity
75-3148958
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
(1) Tim Phillips (i)	267,914.	185,000.	276.	17,229.	24,884.	495,303.	0.
President (ii)	.0	٠٥.	.0	٥.	0.	0.	0.
(2) Victor Bernson (i)	151,256.	28,000.	193.	10,828.	7,055.	197,332.	0.
Secretary, VP & General Counsel (ii)	64,824.	12,000	83	4,641.	3,024.	84,572.	0.
(3) Emily Seidel (i)	166,972.	297,500.	84.	3,522.	21,684.	489,762.	0.
Chief Executive Officer (ii)	71,560.	127,500.	36.	1,509.	9,293.	209,898.	0.
(4) Chase Downham (i)	128,657.	98,000.	67.	6,540.	16,592.	249,856.	0.
Sr. VP State Ops & Grassroots Strat. (ii)	55,138.	42,000.	29.	2,803.	7,111.	107,081.	0.
(5) Teresa Celke (i)	60,974.	٠.	44,688.	3,790.	8,691.	118,143.	0.
ior VP of State Ops. (part year)	26,131.	0.	19,152.	1,624.	3,725.	50,632.	0.
	137,735.	87,500.	76.	10,689.	6,652.	242,652.	0.
Government Affairs	59,030.	37,500.	32.	4,581.	2,851.	103,994.	0.
	139,220.		193.	0.		212,462.	0.
10	59,666.	25,500.	83.		5,807.	91,056.	0.
	123,808.	73,500.	76.	12,180.	18,475.	228,039.	0.
ior VP of Policy	53,060.	31,500.	32.	5,220.	7,918.	97,730.	0.
(9) Slade O'Brien (i)	16,253.	8,500.	52.	1,530.	2,633.	28,968.	0.
VP, Grassroots Leadership (ii)	146,277.	76,500.	464.	13,770.	23,701.	260,712.	0.
(10) David Johnson (i)	13,200.	5,000.	50.	4,452.	20,978.	43,680.	0.
Sr. Director of Training/Cir. Dev. (ii)	118,804.	45,000.	446.	495.	2,331.	167,076.	0.
(0)							
[5]							
(ii)							
0							
(ii)							
(0)							
(ii)							
(0)						-	
(ii)							
0)							
(ii)							

SCHEDULE L

Transactions With Interested Persons

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Schedule L (Form 990 or 990-EZ) 2018

	nganization A	Americans f	or Prosperity	,				1 -	лоуе: 3148		ificat	ION NL	ımbeı
							01(c)(29) organizatio						
	Complete if the						b, or Form 990-EZ, F	Part V, I	ine 40	Db.			
1 (a) Name	of disqualified [person (b) Relationship be person and			lified (c) Description of trar	of transaction			-	Corre	
	-		person and	organiz	20011	`					Y	es	No
			·								+		
											_	_	
											-	-	
						-	 				+		
											+		
2 Enter the	amount of tax	incurred by th	e organization m	ananers	or disc	qualified persons du	ring the year under						
section 4							uie year under	i	\$				
	********	if anv. on line	2. above, reimbu	rsed by	the or	ganization		!	Ψ \$	—			
						9		'	Ψ				
Part II	_oans to an	d/or From	Interested Pe	rsons	· .		-						
	Complete if the	organization a	nswered "Yes" o	n Form	990-EZ	, Part V, line 38a or	Form 990, Part IV, lir	ne 26; e	or if th	ie orga	nizati	on	
Г	eported an amo	ount on Form 9	990, Part X, line 5	, 6, or 2	2.								
	ame of	(b) Relations			en to or ก the	(e) Original	(f) Balance due	(g)		(h) Ap by bo	proved and or	(i) W	ritten
meresi	ed person	with organizat	ion of loan		ization?	principal amount		defa	ult?	comn	ittee?	agree	ment?
				To	From			Yes	No	Yes	No	Yes	No
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Total				····		\$				7.1		7.	
			enefiting Inte										
			nswered "Yes" or	Form 9	990, Pa	art IV, line 27.							
	e of interested p	person	(b) Relationshi			(c) Amount of	(d) Type					ose of	
(a) Nam			interested pe the organi		d	assistance	assistan-	ce		í	essista	ance	
(a) Nam		I I	. 3										
(a) Nam													
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(a) Nam													

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
IPO	Controlled entity o	42,941,914	.Fees paid f		Х
					-
					
Part V Supplemental Information					
Provide additional information for	responses to questions on Schedule L (see i	nstructions).			
Sch L, Part IV, Business Transactio	ns Involving Interested Persons:				
				•	
(a) Name of Person: IPO	 				
(b) Relationship Between Interested	Person and Organization:				
		· <u></u> -			
Controlled entity of a substantial	contributor, The Seminar Network				
(d) Description of Transaction: Fee	s paid for media services				
					
Schedule L, Part IV	•				
Per the IRS instructions, a 35% con	trolled entity of a substantial		_		
contributor is required to be discl	osed on Schedule I. Part IV				
TOTAL TOTAL	obed on beheater b, Fait IV.		·		
Therefore, IPO has been included in	accordance with the instructions				_
		•	·		
		 -			
		-			

SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2018

Americans for Prosperity 75-3148958 Part I Types of Property (a) (b) (d)Check if Number of Noncash contribution Method of determining contributions or applicable amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes _____ 7 Intellectual property 8 Securities - Publicly traded 9 x 2.047,397,Selling price Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles _____ 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 Other > 26 Other -27 Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

LHA

Schedule M	(Form 990) 2018 Americans for Prosperity	75-3148958	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, of this part for any additional information.	, and 33, and whether the organ or a combination of both. Also or	nization omplete
			-
			<u> </u>
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-			
			<u> </u>
<u> </u>			
-			
			_

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

Americans for Prosperity 75-3148958 Form 990, Part VI, Section A, line 1: Several Members of the Board of Directors are on the Executive Committee of the AFP Board of Directors. Under the AFP bylaws and Board resolution, the Executive Committee may exercise the powers of the Board when the Board is not in session, but must report its actions to the Board at the next Board meeting. The Executive Committee may not: (1) amend, alter, or repeal the organization's bylaws or articles of incorporation; (2) elect, appoint, or remove any officer or director; or (3) authorize the disposition of any of the organization's property and assets. Form 990, Part VI, Section A, line 4: The bylaws were updated to reflect the organization's name as changed through resolution in a previous filing year. Board member requirements and officer descriptions were also updated. Form 990, Part VI, Section B, line 11b: The Form 990 is prepared by an independent CPA firm. The Treasurer and General Counsel review in detail. The 990 is then distributed to the audit committee, acting on behalf of the board for review and questions prior to filing with the IRS. Form 990, Part VI, Section B, Line 12c: The organization has in place a conflict of interest policy covering all staff, directors and officers that it monitors through the quarterly meetings of the Board of Directors' Audit Committee and an annual employee survey. Should a conflict be disclosed, it is addressed by company

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Americans for Prosperity	Employer identification number 75-3148958
management or the board, as appropriate.	
Form 990, Part VI, Section B, Line 15:	
Line 15a - The Chief Executive Officer's compensation is reviewed and	
approved by the board. Comparability data is used and this process is	
documented in the employee's personnel file.	
Line 15b - The Chief Executive Officer reviews compensation for officers	
and other key employees and it is approved by the Chair of the Executive	
Committee of the board. This process is documented in the employee's	
personnel file. This process was last completed during the tax year for	
all officers.	
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, ME, MD, MI, MN, MO	
MS,MT,NC,ND,NE,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WI,WV,	
WY	
Form 990, Part VI, Section C, Line 19:	
The organization makes available to the public documents required by law to	
be made publicly available in accordance with IRS procedures.	
Form 990, Part V, Line 2a, Part VII, Part IX, Lines 5 - 10 and Schedule J	
Certain employees of Americans for Prosperity may perform services for	
Americans for Prosperity Foundation, a related organization, through a	
service contract between the organizations where the service recipient	
organization pays the service provider organization arm's length	
payments for such services; and certain employees of Americans for	
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Americans for Prosperity	Employer identification number 75-3148958
Prosperity Foundation may perform services for Americans for Prosperity	
through a service contract between the organizations where the service	
recipient organization pays the service provider organization arm's	
length payments for such services. To reflect the service arrangement,	77 Tal - Tal - 1
compensation has been shown in proportion to the hours provided by	
respective organization employees in proportion to the hours performed	
for each organization through the service contracts and aggregate	
compensation amounts are reported on the employees' Form W-2 issued by	
his or her employer.	
Form 990, Part VIII, Line 7a/7b	
The organization has a policy whereby all contributed securities are	
immediately sold through the broker that receives those contributions	
on the organization's behalf.	
Form 990, Part X, Lines 27-29:	
In accordance with the principles of FASB ASU 2016-14 (ASC 958), the	
organization has implemented required changes to its audited financial	
statements for the period ended 12/31/18. To date, Form 990 and its	
associated schedules have not been updated to reflect changes made by	
this standard. Thus, we have reported the revised net asset categories	
from the audited financial statements as follows on Form 990, Part X,	
Lines 27-29:	
Line 27 - Net assets without donor restrictions \$19,618,015	
Line 29 - Net assets with donor restrictions \$123,671	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Americans for Prosperity	Employer identification number 75-3148958
Total net assets \$19,741,686	14 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Form 990, Part XII, Line 2c	
The organization's Audit Committee assumes responsibility for over	versight
of the audit of its financial statements and selection of its	
independent accountant. This process has not changed since the	prior
year.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection 2018

Name of the organization Americans for Prosperity Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 75-3148958

52-1527294, 1310 N. Courthouse Rd, Ste 700, Arlington, VA 22201 45-3732750, 2300 Wilson Blvd Ste 500, The Seminar Network Chamber of Commerce -Arlington, VA 22201 2200 Wilson Blvd Ste 102-533 Capital Leaders, Inc. Arlington, VA 22201 Americans for Prosperity Foundation -Arlington, VA 22201 1310 N. Courthouse Rd, Ste 700 PRDIST, LLC - 27-3120702 Part II Part I 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. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity - 47-3438079 æ Public education Educate citizens Educate citizens citizens Educate and mobilize Primary activity Primary activity <u>ত</u> Delaware Delaware Delaware Legal domicile (state or *Vir*ginia Legal domicile (state or foreign country) foreign country) <u>0</u> <u>0</u> 501(c)(3) 501(c)(3) 501(c)(6) Exempt Code section Total income ҈ status (if section 501 (c)(3)) Line 7 Line Public charity 0 -1 End-of-year assets <u>@</u> 0 of Commerce N/A Wetwork Chamber The Seminar N/A 2,000 Prosperity Direct controlling mericans for Direct controlling entity 3 (g) Section 512(b)(13) Yes controlled entity? × × o No

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

Page 2

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.

												of related organization	(a)	
		•		•	•							нппагу аспиту	5	
֓֟֝֟֝֟֝֟֝֟֝֟֝֟֓֓֓֓֓֓֓֟֟ ֓֓֓֓֓֓											foreign country)	domicile (state or	eg G	(2)
												entity	Dimpt postualling	A.
											sections 512-514)	(related, unrelated,	Dradominant income	(a)
7 !! V													2	6
an Earm 000 D											assets	end-of-year	Share of	(a)
A IV											Yes No	allocations?	Disposationat	(h)
o" on Comm 000 Doct IV line 3/ because it had one or more related							•				1 -	amount in box managing of Schedule partner?	Code V-UBI	(i)
ane or m			Ŧ					 	F		Yes No	managing partner?	General or	€
ore related												managing ownership partner?	Percentage	Ŕ

Part IV 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.

(a)	(d)	<u></u>	<u>@</u>	(e)	(5)			Section (ii)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?
		country)		or trusty		90000		Yes No
CAVHOCO, INC - 46-3335308								
2200 Wilson Blvd Ste 500								 I
Arlington, VA 22201	Holding Company	DE	N/A	C CORP				×
DBLDBL INC 46-3309110								
2300 Wilson Blvd Ste 500								4
Arlington, VA 22201	Consulting	ЪĦ	N/A	C CORP				>
KNSLT, INC 46-3325739								
2200 Wilson Blvd Ste 500								4
Arlington, VA 22201	Consulting	DE	N/A	C CORP				*
THOCO - 45-3147042								
2300 Wilson Blvd Ste 500								•
Arlington, VA 22201	Holding Company	DB	N/A	C CORP				*

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	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis-	ม more related organizations liste	ted in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to related organization(s)		1b		×
c Gift, grant, or capital contribution from related organization(s)		1c		×
d Loans or loan guarantees to or for related organization(s)		1d		×
e Loans or loan guarantees by related organization(s)		16		×
f Dividends from related organization(s)		=	- 1	×
g Sale of assets to related organization(s)		1g		×
		15		×
i Exchange of assets with related organization(s)		11		×
j Lease of facilities, equipment, or other assets to related organization(s)	, , , , , , , , , , , , , , , , , , ,	1		×
				1.
k Lease of facilities, equipment, or other assets from related organization(s)		1 _K		×
		1		×
m Performance of services or membership or fundraising solicitations by related organization(s)		1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	X	
Sharing of paid employees with related organization(s)		10	×	
p Reimbursement paid to related organization(s) for expenses		1		×
		1q	×	
r Other transfer of cash or property to related organization(s)		라 살		×
١,		15		>
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 (b) (c) (d) Transaction Amount involved Method of determining amount involved	mplete this line, including covered (c) (c) tion Amount involved (rs)	d relationships and transaction thresholds. (d) Method of determining amount involved		
(1) Americans for Prosperity Foundation	٥.	•		
(2) Americans for Prosperity Foundation 0	0.			
(3) Americans for Prosperity Foundation Q	0.			
(4)				
(5)				
(6)				
10010		Sahadula D (Farm	200	3

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

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

					(a) Name, address, and EIN of entity
					(b) Primary activity
					(c) Legal domicile (state or foreign country)
					Predominant income Predominant Income Predominant I
					(e) Are all partners sec. 501(c)(3) orgs.? Yes No
					(f) Share of total income
					(g) Share of end-of-year assets
					(h) Disproportionate allocations? Yes No
					of So
					(i) ode V-UB! unt in box 20 ichedule K-1 orm 1065)
					General or managing partner?
0000000					(h) (i) (j) (k) Dispreper Code V-UBI General or Percentage invata amount in box 20 managing ownership ellocations? of Schedule K-1 partner? ownership

Schedule	R (Form 990) 2018	Americans for Prosperity	75-3148958	Page 5
Part VI	R (Form 990) 2018 Supplemental Inf	formation.		
	Dravida additional info	sympation for reasonable and objections as Calculate D. Coming to the still		
	Provide additional into	ormation for responses to questions on Schedule R. See instructions.		
		, <u>, , , , , , , , , , , , , , , , , , </u>		
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		, <u>, , , , , , , , , , , , , , , , , , </u>		
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			<u></u>	

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

calendar year 2018,	or fiscal year beginning	, 2018, and endi

OMB No. 1545-1878

Department of the Treasury		RS. Keep for your records.			2018
Internal Revenue Service Name of exempt organization	► Go to www.irs.gov/Form88	79EO for the latest inform	nation.		
wante of exempt organization				Employer ident	ification number
Amoricans for Duces.					
Americans for Prospe	erity			75-3148958	}
Name and title of officer					
Victor E Bernson Jr					
Secretary, VP Part Type of	Return and Return Information (Whole			······································	
on line 1a, 2a, 3a, 4a, or 5	im for which you are using this Form 8879-EO and is, below, and the amount on that line for the reture is the feet in the feet	ım being filed with this form	was blank,	then leave line	lb. 2b. 3b. 4b. or 5b.
1a Form 990 check here	b Total revenue, if any (Form 990). Part VIII. column (A). line i	19\	1h	96 544 184
2a Form 990-EZ check he	b Total revenue, if any (Form	.990-F7 line 9)		1b	,,
3a Form 1120-POL check	here b Total tax (Form 1120-P	OL, line 22)		25 3h	
4a Form 990-PF check he	b Tax based on investment	income (Form 990.PF Part	\/ line 5\	3D	
5a Form 8868 check here	b Balance Due (Form 8868, line 3	3c)	vi, and o/	b	
				ob	
Part II Declarat	ion and Signature Authorization of O	fficer			
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