** Public Disclosure Copy **

Form **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)

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

OMB No. 1545-0047

interi		Go to www.irs.gov/Form990 for instructions and	i the latest	mormation.	Inspection
AF	or th	e 2018 calendar year, or tax year beginning and e	ending		
Bc	heck if pplicab	e [.] C Name of organization		D Employer identi	fication number
	⊐Addre				
	_chang Name	e Americans for Prosperity			
	_]chang ⊐Initial	e Doing business as		75-31	
	_Ireturn Final		Room/suite	E Telephone numb	
	return∟ termir		00		24-3200
	ated]Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	98,591,581.
	_lreturn]Appli	Ariington, VA 22201		H(a) Is this a group	
	⊥tion pendi	F Name and address of principal officer: Emility Steden		for subordinate	
	_	" [™] same as C above empt status: 501(c)(3) X 501(c)(4) ◄ (insert no.) 4947(a)(1) 0		H(b) Are all subordinates	
		empt status: 501(c)(3)	or 527	1 '	a list. (see instructions)
		reganization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	
	art I	Summary		or formation. 2004	M State of legal domicile: DC
	1	Briefly describe the organization's mission or most significant activities: Educate		tizens about the	
Ce	'	impact of sound economic policy on the nation's economy	. 0.0. 01	dizens about en	•
nar	2	Check this box	od of more	than 25% of its not	assats
ver		Number of voting members of the governing body (Part VI, line 1a)			
ဗီ		Number of independent voting members of the governing body (Fart VI, line 1a)			
s S		Total number of individuals employed in calendar year 2018 (Part V, line 18)		·····	
itie		Total number of volunteers (estimate if necessary)			
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		78	
Ā		Net unrelated business taxable income from Form 990-T, line 38			
		· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		56,996,170	. 95,722,278.
Revenue	9	Program service revenue (Part VIII, line 2g)		210	. 350,000.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,965	. 85,900.
Ē		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		548,614	. 386,006.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		57,578,959	. 96,544,184.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		304,331	. 125,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		21,224,391	. 25,048,708.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
ďx		Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,159,783	. 64,442,120.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		51,688,505	
	19	Revenue less expenses. Subtract line 18 from line 12		5,890,454	
s or nces			Be	ginning of Current Year	
Assets d Balanc		Total assets (Part X, line 16)		15,506,343	, ,
atAs	21	Total liabilities (Part X, line 26)		2,693,013	
ž ⁿ		Net assets or fund balances. Subtract line 21 from line 20		12,813,330	. 19,741,686.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
Here	Victor E. Bernson, Jr., Secretar Type or print name and title	у, VP		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
	Ted R. Batson, Jr.	Led R. Batsa)	11/15/2019 ^{if} P00721951	
Preparer Use Only	Firm's name Capin Crouse, LLP Firm's address 1330 Avenue of the Amer	icas Suite 23	Firm's EIN 🕨 36–3990892	
000 0mj	New York, NY 10019	1040, 54100 1011	Phone no.212-653-0681	
May the IF	RS discuss this return with the preparer shown at	oove? (see instructions)	X Yes	No

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	L
1	Briefly describe the organization's mission:		
	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.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			Yes X No
	prior Form 990 or 990-EZ?		
•	If "Yes," describe these new services on Schedule O.	•	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	LIYES LA NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ners, the total of	expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$67,017,359. including grants of \$) (Reve	nue\$	736,006.)
	National office - 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 national level.		
4b	(Code:) (Expenses \$ 11,095,782. including grants of \$ 125,000.) (Reve	enue \$)
	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.		
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
A	Other measure contines (Decentine in Cole - tota - C.)		
4d	Other program services (Describe in Schedule O.)		`
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 78,113,141.		

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Americans for Prosperity

Page 3 Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 public office? If "Yes," complete Schedule C, Part I 3 х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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______ Х 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 10 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11d х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 19 Х complete Schedule G, Part III Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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20b

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

Par				
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
04 -	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ū	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule D</i> , <i>I</i> at <i>W</i>	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	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	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	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?	20		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37	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?	37		
00	Note. All Form 990 filers are required to complete Schedule O	38	x	
Par			1	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 183			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 406			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
э а		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
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			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b below, and for a	"No" r		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6			
	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 0.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
_	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the direction during the second s				
•	of officers, directors, or trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x
6	Did the organization have members or stockholders?		6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoin				
74	more members of the governing body?		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock		74		
U U			7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by t	ne following:	70		
			8a	х	
	The governing body?		8b	x	
b	Each committee with authority to act on behalf of the governing body?		uo	А	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		9		x
<u>Sec</u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		9		А
000	tion D. Foncies (mis Section B requests information about policies not required by the internal Revent	e Code.)		Vee	No
10-	Did the expeniention have lead chapters, branches, or offiliates?		10a	Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a	11	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapte		106	х	
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Δ	x
	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore ming the form?	11a		^
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b	Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of in School Jack Characteria Characteria		10-	х	
40	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	A	
15	Did the process for determining compensation of the following persons include a review and approval by in	ndependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45-	х	
	The organization's CEO, Executive Director, or top management official		15a		
a	Other officers or key employees of the organization		15b	X	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	with a			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		10-		v
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		401		
<u></u>	exempt status with respect to such arrangements?		16b		
-	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990	U-1 (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Upon request Other (explain in Sc	,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	of interest policy, and	l finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books a	nd records 🕨			
	Alex Varban - 703-224-3200				
	1310 N. Courthouse Rd., No. 700, Arlington, VA 22201			000	
83200	3 12-31-18 See Schedule O for full list of states		Form	990	(2018)

Form **990** (2018)

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Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
Section A	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

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

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

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

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

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

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

(A)	(B)	ľ		(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week					1		from the	from related organizations	other compensation
	(list any hours for	or director				Ð		organization	(W-2/1099-MISC)	from the
	related	tee or	Istee			en sate		(W-2/1099-MISC)	()	organization
	organizations	I trus	nal tru		loyee	ompe				and related
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	ц Ц	lns	æ	, K e	e Hi	- Po			
(1) Frayda Levin Chairman	2.00							0	0	0
(2) Nancy Pfotenhauer	2.00	X						0.	0.	0.
Director	2.00	x						0.	0.	0.
(3) Jim Miller	2.00	^						0.	0.	<u>0.</u>
Director	2.00	x						0.	0.	0.
(4) James Stephenson	2.00									<u>.</u>
Director		x						0.	0.	0.
(5) Mark Holden	4.00								•	
Director		x						0.	0.	0.
(6) James Davis	2.00									
Director		x						0.	0.	0.
(7) Tim Phillips	50.00									
President				x				453,190.	0.	41,657.
(8) Gary Castellaw	2.00									
Treasurer, VP of Financial Planning	2.00			х				0.	0.	0.
(9) Robert Heaton	2.00									
Treasurer (part year)	2.00			х				0.	0.	0.
(10) Josh Fisher	2.00									
Treasurer (part year)	2.00			х				0.	0.	0.
(11) Victor Bernson	35.00									
Secretary, VP & General Counsel	15.00			X				179,449.	76,907.	25,093.
(12) Emily Seidel	35.00									
Chief Executive Officer	15.00			х				464,556.	199,096.	35,553.
(13) Chase Downham	35.00									
Sr. VP State Ops & Grassroots Strat.	15.00			х				226,724.	97,167.	32,613.
(14) Teresa Oelke	35.00							105 550	45 000	17 (00)
Senior VP of State Ops.(part year)	15.00			X				105,662.	45,283.	17,628.
(15) Brent Gardner	35.00	-						005 011		04 010
VP/Government Affairs	15.00	<u> </u>				X	<u> </u>	225,311.	96,562.	24,316.
(16) Daniel Garza	35.00	-				.		100 013	05 340	10 000
Executive Director (17) Jorge Lima	15.00 35.00	-	<u> </u>		-	X	<u> </u>	198,913.	85,249.	18,899.
Senior VP of Policy	15.00					x		197 394	81 500	43,362.
Denior AL OL LOITCÀ	1,00					^		197,384.	84,592.	43,302

Form 990 (2018) Americans for									75-3148	958		P	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghes	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck) than d	ne	Reportable	Reportable		Es	stimat	ed
	hours per	box	, unle	ess pe	rson	is both pr/trust	ı an	'	compensation		an	nount	
	week						66)	from	from related			other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MIS			pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-0013	0)		aniza	
	organizations	truste	al trus		/ee	mpen					•	d rela	
	below	Individual trustee or director	In stitutional trustee	5	ƙey employee	est co oyee	er					anizat	
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former						
(18) Slade O'Brien	5.00												
VP, Grassroots Leadership	45.00					X		24,805.	223,2	241.		41	,229.
(19) David Johnson	5.00												
Sr. Director of Training/Cir. Dev.	45.00	-				X		18,250.	164,2	250.		27	,911.
		<u> </u>		-						\rightarrow			
1b Sub-total							•	2,094,244.	1,072,3	347.		308	,261.
c Total from continuation sheets to Part V	I. Section A					ا ا		0.		0.			0.
d Total (add lines 1b and 1c)								2,094,244.	1,072,3	347.		308	,261.
2 Total number of individuals (including but n							o r	eceived more than \$100	,000 of reportable	 e			
compensation from the organization													55
										r		Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su									the organization				
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or a	-				-			ted organization or indivi	idual for services		F		x
rendered to the organization? If "Yes," com Section B. Independent Contractors	piele Schedui	eji	or s	ucn	pers	SON .					5		А
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	rs	that received more than	\$100.000 of com	pens	ation	from	
the organization. Report compensation for													
(A)	-							(B)			(0		
Name and business								Description of s	ervices	C	ompe	nsatio	on
IPO, 2300 Wilson Blvd, Ste 500, Arlin	ngton,												
VA 22201 Arena Communications, LLC, 1780 Seque							_	Media services			42	,941	,914.
Vista Circle, Salt Lake City, UT 8410								Printing				870	,933.
The Singularis Group LLC								I I IIICI IIG				070	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PO Box 9265, Shawnee Mission, KS 6620	01							Printing				517	,540.
People Who Think													-
4250 Hwy 22, Ste 7, Mandeville, LA 70	471							Printing				462	,199.
Beacon Hill Staffing Group													
PO Box 846193, Boston, MA 02284-6193							_	Temporary Staffing			_	413	,727.
2 Total number of independent contractors (i	U U	ot li	mite	ed to		se lis 9	teo	a above) who received m	nore than				
\$100,000 of compensation from the organi	zaliun 📂					-							

				ns for P	rosp	erity			75-3148958	Page 9
Ра	rt V	111	Statement of Rever	nue						T
			Check if Schedule O cont	<u>ains a resp</u>	onse	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns		a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1	b					
ts, (Am			Fundraising events		c					
Gifi İlar		d	Related organizations	1	d					
ns,			Government grants (contribut	· ·	e					
utio er {		f	All other contributions, gifts, gran							
Oth			similar amounts not included abo		-	95,722,278.				
hd			Noncash contributions included in lines				05 700 070			
a O		h	Total. Add lines 1a-1f				95,722,278.			
	•	_	Services Fees			Business Code 900099	350,000.	350,000.		
vice	2	-	Services rees			300033	550,000.	350,000.		
Ser		b c								
Program Service Revenue		d								
ogra Re		ē								
Pre			All other program service reve	enue						
			Total. Add lines 2a-2f				350,000.			
	3		Investment income (including	dividends,	intere	est, and				
			other similar amounts)			►	95,898.			95,898
	4		Income from investment of ta							
	5		Royalties			🕨				
				(i) Rea	al	(ii) Personal				
			Gross rents							
			Less: rental expenses							
			Rental income or (loss)							
	7	а	Gross amount from sales of	(i) Secur 2,035		(ii) Other 1,500.				
		h	assets other than inventory Less: cost or other basis	2,035		1,500.				
		D	and sales expenses	2,047	397	0.				
		c	Gain or (loss)		498.					
			Net gain or (loss)				-9,998.			-9,998
			Gross income from fundraisin							
nue	Ū	•	including \$							
eve			contributions reported on line							
Other Revenue			Part IV, line 18		а					
Othe		b	Less: direct expenses							
0		С	Net income or (loss) from fund	draising eve	ents	►				
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam	J. J	es	▶				
	10	а	Gross sales of inventory, less							
		L	and allowances							
			Less: cost of goods sold							
		C	Net income or (loss) from sale Miscellaneous Revenu		ory	Business Code				
	11	2	Adm Reim Related Party			900099	386,006.	386,006.		
		a b								
		c								
			All other revenue							
			Total. Add lines 11a-11d			•	386,006.			
	12		Total revenue. See instructions				96,544,184.	736,006.	0.	85,900
_							· ·	· · · ·		- 000

Americans for Prosperity

 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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	se or note to any line in (A)	this Part IX	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	125,000.	125,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,550,399.	1,235,262.	226,485.	88,652
6	Compensation not included above, to disqualified				
	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.	419,690.	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
с	Accounting	30,650.		30,650.	
	Lobbying				
	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	, ,	. ,	,	,
	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		, -	, -	,	,
24	Other expenses. Itemize expenses not covered				
- '	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	List rental	441,524.	137.	15.	441,372
b	Membership	61,245.	23,169.	37,167.	, 909
c	Taxes, licenses, fees	16,718.	10,869.	5,543.	306
d	· · ·	· · ·			
e	All other expenses	116,948.	997.	115,928.	23
25 25	Total functional expenses. Add lines 1 through 24e	89,615,828.	78,113,141.	7,308,571.	4,194,116
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • •	• • • • • • •	-,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and full and a sing solicitation.				
	0 12-31-18				Form 990 (2018

75-3148958

Form 990 (
Part X	Balance	Sheet

Americans for Prosperity

		Check if Schedule O contains a response or not	e to any line	in this Part X			X
		·	y		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,384,653.	1	1,263,597.
	2	Savings and temporary cash investments			6,333,098.	2	19,518,106.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		23,900.	4	210,203.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employ	ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persons	(as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(E	3), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9)	voluntary			
sts		employees' beneficiary organizations (see instr).	Complete F	art II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			352,896.	9	474,244.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		848,640.			
	b	Less: accumulated depreciation	10b	809,856.	96,174.	10c	38,784.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,315,622.	15	914,392.
	16	Total assets. Add lines 1 through 15 (must equ			15,506,343.	16	22,419,326.
	17	Accounts payable and accrued expenses			2,693,013.	17	2,390,416.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
oilit		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		·	0.	05	207 224
	00	Schedule D Total liabilities. Add lines 17 through 25			2,693,013.	25 26	287,224. 2,677,640.
	26	Organizations that follow SFAS 117 (ASC 958			2,055,015.	20	2,077,040.
(0		complete lines 27 through 29, and lines 33 an					
Cei	27				12,689,659.	27	19,618,015.
alan	28	Unrestricted net assets Temporarily restricted net assets			12,005,005.	28	19,010,010.
Ä	29				123,671.	29	123,671.
un		Organizations that do not follow SFAS 117 (A		eck here	,	2.5	,
г		and complete lines 30 through 34.	00 000, 01				
ţ	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ec				31	
ťÅ	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			12,813,330.	33	19,741,686.
	34	Total liabilities and net assets/fund balances			15,506,343.	34	22,419,326.
	107				_3,000,010,		Form 990 (2018)

Form 990 (2018)

Page **11**

Form	990 (2018) Americans for Prosperity	75-3148958		Pa	ge 12
-	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	96	,544	,184.
2	Total expenses (must equal Part IX, column (A), line 25)	2	89	,615	,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	,928	,356.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	,813	,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				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?					
	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:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			l I
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

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

OMB No. 1545-0047

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.

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

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

Americans for Prosperity 75-3148958 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities	,883,697.
 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures	,883,697.
2 Political campaign activity expenditures	,883,697.
	0.
Part I-B Complete if the organization is exempt under section 501(c)(3).	
1 Enter the amount of any excise tax incurred by the organization under section 4955	
2 Enter the amount of any excise tax incurred by organization managers under section 4955	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	No No
4a Was a correction made? Yes	No No
b If "Yes," describe in Part IV.	
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).	
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities > 26	,883,697.
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527	
exempt function activities	٥.
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	
	,883,697.
4 Did the filing organization file Form 1120-POL for this year?	L No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organ	ization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of poli contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fu	
political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2018 Americans for Prosperity 75-3148958 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? _ Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) Total (or fiscal year beginning in) **2a** Lobbying nontaxable amount **b** Lobbying ceiling amount

Schedule C (Form 990 or 990-EZ) 2018

(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

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(8	a)	(o)	
	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		()			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			otion		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	• •	• • •		no 2 io	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO," UI	R (D) Par	L III-A, III	ie 3, 18	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal				
_	expenses for which the section 527(f) tax was paid).		0.			
	Current year					
	Carryover from last year					
c						
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 exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
F	expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) 5					
5 Par	t IV Supplemental Information		5			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list)· Part I	I-A lines 1 /	and 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	, i alt i		2002 (000		
	: I-A, Line 1:					

Internet and radio advertising, direct mail and personnel activities.

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization			Employer identification number
	Americans for Prosperity			75-3148958
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(k) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	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			
Pa	t II Conservation Easements. Complete if the org			
			Fantiv,	
1	Purpose(s) of conservation easements held by the organizati		torioally	important land area
	Protection of natural habitat	ducation) Preservation of a his Preservation of a cer	-	
	Preservation of open space		tineu na	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a co	servation essement on the last
-	day of the tax year.		 	Held at the End of the Tax Year
а	Total number of conservation easements		t t	2a
b	Total acreage restricted by conservation easements			2b
c	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a		r	
	listed in the National Register	-		2d
3	Number of conservation easements modified, transferred, rel		ie organi	zation during the tax
	year ►			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements in	holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservatio	n easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation eas	sements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the org	anization's accounting for
De	conservation easements.	Art Historical Tracquires or ()thar (Similar Acasta
Pa	t III Organizations Maintaining Collections of		Juner	Similar Assets.
	Complete if the organization answered "Yes" on Form			
Ia	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exit		ance or p	Sublic Service, provide, in Part XIII,
h	the text of the footnote to its financial statements that descri		at and by	lance chect works of art historical
a	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pr	JUIC SEL	vice, provide the following amounts
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			⊅ ◀
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi		
-	the following amounts required to be reported under SFAS 1		a gan, j	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
832051	10-29-18

Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 Americans	for Prosperity					75	5-31489	58	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	r Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, access (check all that apply):	ion, and other record	ds, chec	k any of the	following that	at are a sig	gnificant us	se of its o	collection	n items
а	Public exhibition		•	Loan or exc	hange progra	ams				
b										
c										
4	Provide a description of the organization's c	ollections and explai	in how t	hev further t	he organizati	on's exen	nnt nurnos	e in Part	XIII	
5	During the year, did the organization solicit c			-	-					
Ŭ	to be sold to raise funds rather than to be m		,		,				Yes	🗌 No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa	-		organizatio				r arcri,		
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not i	included			
	on Form 990, Part X?		-						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina	table:						
-									Amount	
с	Beginning balance						1c			-
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par										
		(a) Current year	(b) F	Prior year	(c) Two year	rs back 🛛 (d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance						-			
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	lg, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	Ind administe	ered for th	ie organiza	tion	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part l'	V, line 11a. S	See Form 990), Part X, I	line 10.			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulated		(d) Bool	k value
		basis (investi	ment)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				404,390.		365,6	06.		38,784.
	Other				444,250.		444,2	50.		0.
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	10c.)					38,784.

Schedule D (Form 990) 2018

75-3148958	Page

Schedule D (Form 990) 2018 Americans for Pro	osperity		75-	3148958	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990.	Part X. line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end	l-of-year marke	t value
(1) Financial derivatives				,	
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
	on Form 000 Dort IV line	11a Saa Farm 000	Dart V line 10		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		aluation: Cost or end	l of yoar marks	
	(D) DOOK Value		auation. Cost of end	1-01-year marke	et value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.					
Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	(1) D	
(a)	Description			(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(5) (6)					
(5) (6) (7)					
(5) (6) (7) (8)					
(5) (6) (7) (8) (9)	- 15)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			>		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line		▶ 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	on Form 990, Part IV, line	11e or 11f. See Form (b) Book value	● 1 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line		▶ 1 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line) 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	(b) Book value	▶ 1 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Due to subsidiary (3)	on Form 990, Part IV, line	(b) Book value	• 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Due to subsidiary (3) (4)	on Form 990, Part IV, line	(b) Book value	▶ 1 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Due to subsidiary (3) (4) (5)	on Form 990, Part IV, line	(b) Book value	▶ 1 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Due to subsidiary (3) (4) (5) (6)	on Form 990, Part IV, line	(b) Book value	▶ 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Due to subsidiary (3) (4) (5) (6) (7)	on Form 990, Part IV, line	(b) Book value	▶ 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Due to subsidiary (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	(b) Book value	▶ 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Due to subsidiary (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line	(b) Book value 287,224.	▶ 1 990, Part X, line 25		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Due to subsidiary (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	(b) Book value	▶ 990, Part X, line 25		

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Sche	dule D (Form 990) 2018 Americans for Prosperity			75-3148958	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
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:				
а	Net unrealized gains (losses) on investments	_ 2a			
b	Donated services and use of facilities	2b	26,789,978.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	96,544,184.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	116,405,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	26,789,978.		
b	Prior year adjustments	_ 2b			
с	Other losses	_ 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	26,789,978.
3	Subtract line 2e from line 1			3	89,615,828.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	89,615,828.
Pa	rt XIII Supplemental Information.				

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

SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth overnments, an lete if the organizatio	nd Individua	ls in the Ŭn i ' on Form 990, Pa	ted States		OMB No. 1545-0047 2018 Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization Americans for	Prosperity						Employer identification number 75-3148958
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records a criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					anization answered "	/es" on Form 990. Par	t IV. line 21. for any
recipient that received more than	-					,,	····, ···· · _ · · , · · · · · · · · · ·
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
No on Proposition 126 3030 N. 3rd St., Ste 650 Phoenix, AZ 85012	83-1977007	527	10,000.	0.			Program Support
Greater North Dakota Chamber of Commerce - PO Box 2639 - Bismarck, ND 58502	45-0141100	501(c)(6)	90,000.	0.			Program Support
South Dakota Chamber of Commerce PO Box 190 Pierre, SD 57501	46-0141180	501(c)(6)	25,000.	0.			Program Support
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	ne line 1 table				0. 3. Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) Americans for Prosperity

Page 2

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.

(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.

Part I, Line 2:

Grant funds were paid pursuant to an agreement requiring the recipient to

expend the funds exclusively for 501(c)(6) and 527 purposes and may require

the grantee to furnish a report to the organization describing the

charitable activities in connection with the organization's programs

fulfilled by the use of the grant funds. The organization reviews the

recipient's Form 990, IRS tax-exemption letter, articles of incorporation,

by-laws, and validates the recipient's tax ID #.

SCHEDUL	EJ Compensation Information		OMB No.	1545-00	47
(Form 990	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	18	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 2	3.	20	IU	,
Department of the	Treasury Attach to Form 990.		Open to		ic
Internal Revenue			Inspe		
Name of the		Employer id		on nu	nper
Part I 0	Americans for Prosperity uestions Regarding Compensation	/5-3140	0920		
				Yes	No
1a Check t	e appropriate box(es) if the organization provided any of the following to or for a person listed on Fo	orm 990		165	NO
	Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Jin 550,			
	-class or charter travel	rsonaluse			
	el for companions				
	indemnification and gross-up payments				
	retionary spending account Personal services (such as maid, chaut				
b If any of	he boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	ement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	х	
	rganization require substantiation prior to reimbursing or allowing expenses incurred by all directors				
	and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
3 Indicate	which, if any, of the following the filing organization used to establish the compensation of the orgar	nization's			
CEO/Ex	cutive Director. Check all that apply. Do not check any boxes for methods used by a related organiz	zation to			
	compensation of the CEO/Executive Director, but explain in Part III.				
X Co	npensation committee Written employment contract				
	pendent compensation consultant X Compensation survey or study				
X For	n 990 of other organizations X Approval by the board or compensatio	n committee			
4 During t	e year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organiza	ion or a related organization:				
a Receive	a severance payment or change-of-control payment?		4a	х	
b Participa	te in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Х
c Participa	te in, or receive payment from, an equity-based compensation arrangement?		4c		Х
If "Yes"	o any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only se	tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For pers	ons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation			
•	nt on the revenues of:				
a The orga	nization?		5a		Х
b Any rela	ed organization?		5 b		Х
If "Yes"	n line 5a or 5b, describe in Part III.				
-	ons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation			
•	nt on the net earnings of:				
a The orga	nization?		6a		X
	ed organization?		6b		X
	n line 6a or 6b, describe in Part III.				
	ons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payme				
	ibed on lines 5 and 6? If "Yes," describe in Part III		7	Х	
	amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject t				
	tract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
	n line 8, did the organization also follow the rebuttable presumption procedure described in				
	ns section 53.4958-6(c)?				
LHA For Pa	erwork Reduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	n 990)	2018

75-3148958

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(6)(i)-(0)	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.	٥.	0.	0.	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 Oelke	(i)	60,974.	0.	44,688.	3,790.	8,691.	118,143.	0.
Senior VP of State Ops.(part year)	(ii)	26,131.	0.	19,152.	1,624.	3,725.	50,632.	0.
(6) Brent Gardner	(i)	137,735.	87,500.	76.	10,689.	6,652.	242,652.	0.
VP/Government Affairs	(ii)	59,030.	37,500.	32.	4,581.	2,851.	103,994.	0.
(7) Daniel Garza	(i)	139,220.	59,500.	193.	0.	13,549.	212,462.	0.
Executive Director	(ii)	59,666.	25,500.	83.	0.	5,807.	91,056.	0.
(8) Jorge Lima	(i)	123,808.	73,500.	76.	12,180.	18,475.	228,039.	0.
Senior VP of Policy	(ii)	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.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a:

First class travel may be provided if there are last minute flight changes

or there is no other available travel alternative. All travel is for a bona

fide business purpose.

Part I, Line 4a:

Teresa Oelke, Senior VP of State Operations, received a separation of

services payment in the amount of \$63,750.

Part I, Line 7:

The organization pays out discretionary bonuses.

SCHEDULE L	1	Tra	insactior	ıs V	Vith	Inte	erested	Ρ	ersons			ON	IB No.	1545-00	47
(Form 990 or 990-EZ)			rganization an	swere	d "Yes	s" on Fo	orm 990, Par	t IV	, line 25a, 25b, 2	26, 27	, 28a,		20	18	R
			28b, or 28c, o ► Atta				rt V, line 38a Form 990-E2		40b.					o Pub	
Department of the Treasury Internal Revenue Service		ào to v	•						est information.				Inspection		
Name of the organizatio		_									-	ident	ificati	on nu	mber
Part I Excess	Americans Benefit Trans		Prosperity	01(0)(3		ion 501	(c)(4) and 5(11/0)(20) organization		3148 v	958			
	if the organization		,					•		-)h			
1			Relationship bet										(d)	Corre	cted?
(a) Name of disqua	lified person	. ,	person and o	rganiza	ation		(0	c) D	escription of tran	sactio	n			es	No
													_		
2 Enter the amount of	-		-	-		-		-	-		•				
section 4958 3 Enter the amount of	oftax if any on li										► ३ ► \$				
	or tax, if any, or i	10 2,	above, reimbure	Jou by		garnzat					v				
Part II Loans to	o and/or Fror	n Int	erested Per	sons	.										
	if the organization					, Part V	/, line 38a or l	Forr	n 990, Part IV, lir	ie 26;	or if th	ne orga	nizati	on	
reported a (a) Name of	n amount on For		(c) Purpose		2. oan to or	(0)	Original	1	f) Balance due	(a)) In	(h) Ap	proved	(i) W	/ritten
interested person			of loan	fron	n the ization?	(0)	pal amount	, ,	I Dalarice due	default?		bý bo comm	Approved board or mmittee? (i) Writt agreeme		
				То	From					Yes	No	Yes	No	Yes	No
Total	I						> \$				I				
Part III Grants of	or Assistance	e Ber	nefiting Inte	reste	d Pe	rsons	•								
· · · ·	if the organization					<u> </u>									
(a) Name of intere	ested person		(b) Relationship interested pers the organiza	son an) Amount of assistance		(d) Type assistan) Purp assist	ose o ance	ſ
		_													
											-+				
		_									-+				

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 Americans for Prosperit
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Business Transactions Involving Interested Persons. Part IV

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

(a) Name of interested person	erson (b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
IPO	Controlled entity o	42,941,914.	Fees paid f		Х	
			İ			

Part V Supplemental Information.

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: IPO

(b) Relationship Between Interested Person and Organization:

Controlled entity of a substantial contributor, The Seminar Network

(d) Description of Transaction: Fees paid for media services

Schedule L. Part IV

Per the IRS instructions, a 35% controlled entity of a substantial

contributor is required to be disclosed on Schedule L, Part IV.

Therefore, IPO has been included in accordance with the instructions.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public . Inspection

Employer identification number

Name of the organization

mericans for Prosperity	mericans	for	Prosperity
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	Americans for Pros	perity			75-31	48958		
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of c noncash contrib	letermin	0	ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	2,047,397.	Selling price			
10	Securities - Closely held stock			, ,				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
23 24	Archeological artifacts							
2 4 25								
25 26								
20 27								
27	Other ► () Other ► ()							
20	Number of Forms 8283 received by the organi	l ization durin	l a tha tay year for <i>i</i>					
29	for which the organization completed Form 82						0	
	for which the organization completed Form 82	os, Part IV,	Donee Acknowled	gement 29			Yes	No
200	During the year, did the organization receive b	v oontributie	an any proporty ro	aartad in Dart L linaa 1 thrau	ich 29 that it		res	No
30a		-			-			
	must hold for at least three years from the dat					200		x
F	exempt purposes for the entire holding period	۰ 				30a		
	If "Yes," describe the arrangement in Part II.	naliay that r	aquiraa tha raviau	of any panatandard contrib	ution of	24	v	
31	Does the organization have a gift acceptance					31	Х	<u> </u>
32a	Does the organization hire or use third parties		0	· ·	l	0.0		x
	contributions?					32a		
	If "Yes," describe in Part II.	alument (-) t						
33	If the organization didn't report an amount in c	column (c) fo	r a type of proper	y for which column (a) is che	eckéd,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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

301	IEDU		
/	~~~	~~~	

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 75-3148958

Form 990, Part VI, Section A, line 1:

Several Members of the Board of Directors are on the Executive Committee of

Americans for Prosperity

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

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,	
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	
Form 990, Part XII, Line 2c	
The organization's Audit Committee assumes responsibility for oversight	
of the audit of its financial statements and selection of its	
independent accountant. This process has not changed since the prior	
year.	

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

Americans for Prosperity

Employer identification number 75-3148958

OMB No. 1545-0047

2018

Open to Public

Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PRDIST, LLC - 27-3120702					
1310 N. Courthouse Rd, Ste 700	Educate and mobilize				Americans for
Arlington, VA 22201	citizens	Virginia	0.	2,000.	Prosperity
	_				
	_				
	_				

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
Americans for Prosperity Foundation -							
52-1527294, 1310 N. Courthouse Rd, Ste 700,							
Arlington, VA 22201	Educate citizens	Delaware	501(c)(3)	Line 7	N/A		x
Capital Leaders, Inc 47-3438079					The Seminar		
2200 Wilson Blvd Ste 102-533	1				Network Chamber		
Arlington, VA 22201	Educate citizens	Delaware	501(c)(3)	Line 7	of Commerce		x
The Seminar Network Chamber of Commerce -							
45-3732750, 2300 Wilson Blvd Ste 500,							
Arlington, VA 22201	Public education	Delaware	501(c)(6)		N/A		Х
	-						
	4						

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

Schedule R (Form 990) 2018

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.

(0)	(h)	(0)	(1)	(0)	(4)	(~)	1	h)	(1)	(3)	(14)												
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income	Predominant income	Predominant income	Predominant income	Predominant income	Predominant income	Predominant income	Predominant income		Predominant income	Predominant income Share of tot	Direct controlling Predominant income Share of total Share of Discussed		Share of total Share of	income end-of-year amount in b			Code V-UBI	(j) Genera manag partne	or Percentage
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo												
	1																						
	-																						
	-																						
	-																						
	4																						
	4																						

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr ent	i) b)(13) rolled tity?
CAVHOCO, INC - 46-3335308								res	No
2200 Wilson Blvd Ste 500									
Arlington, VA 22201	Holding Company	DE	N/A	C CORP					х
DBLDBL INC 46-3309110									
2300 Wilson Blvd Ste 500									
Arlington, VA 22201	Consulting	DE	N/A	C CORP					x
KNSLT, INC 46-3325739									
2200 Wilson Blvd Ste 500	1								
Arlington, VA 22201	Consulting	DE	N/A	C CORP					x
THOCO - 45-3147042									
2300 Wilson Blvd Ste 500	1								
Arlington, VA 22201	Holding Company	DE	N/A	C CORP					x
	-								

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.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
b	Gift, grant, or capital contribution to related organization(s)	1b		X		
с	Gift, grant, or capital contribution from related organization(s)	1c		X		
d	Loans or loan guarantees to or for related organization(s)	1d		X		
е	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
h	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	х			
0	Sharing of paid employees with related organization(s)	10	х			
	Reimbursement paid to related organization(s) for expenses	1p		X		
q	Reimbursement paid by related organization(s) for expenses	1q	х			
r	Other transfer of cash or property to related organization(s)	1r		Х		
s	Other transfer of cash or property from related organization(s)	1s		Х		

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Americans for Prosperity Foundation	N	0.	
(2) Americans for Prosperity Foundation	0	0.	
(3) Americans for Prosperity Foundation	Q	0.	
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2018 Americans for Prosperity

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.

	(h)		دم <i>ا</i> (ما)	-		(4)	(~)		-)	(1)	1:	<u>, </u>	(14)
(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.	1	(f)	(g)	()	י	(i)	(j	'	(k)
Name, address, and EIN	Primary activity	Legal domicile	(related unrelated	partners	Sec.	Share of	Share of	Dispr	opor- nate	U006 V-UBI	Gener mana	aina	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.	?	total	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes	NO	
					_								
					_								
				\vdash				<u> </u>					
		1	1	1				1	I	1	ı I		

Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018 Americans for Prosperity	12-2140320	Page 5
Part VII	Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		