Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

benefit trust or private foundation) Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection

A 1	Or Life	and and a calendar year, or tax year beginning	enaing		
B c	heck if	C Name of organization		D Employer identific	cation number
	Addre chang	Americans for Prosperity			
	Name chang	Doing Business As		75-314	8958
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,
	Terminated	2111 Wilson Boulevard	350	703-22	
	Ament	City, town, or post office, state, and ZIP code		G Gross receipts \$	115,138,624.
	Application	Allington, VA 22201		H(a) Is this a group re	
	pendir	F Name and address of principal officer: Tim Phillips		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inc	
I T	ax-exe	empt status: 501(c)(3)x 501(c)(4) ◀ (insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
J۷	Vebsit	e: www.americansforprosperity.org		H(c) Group exemption	
K F	orm of	organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: DC
Pa	rt I	Summary	'		
a	1	Briefly describe the organization's mission or most significant activities: Educat	e U.S. ci	tizens about the	
Activities & Governance		impact of sound economic policy on the nation's economy			
rns	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.
ove	l				4
S	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
es 8		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			0
Vİţ		Total number of volunteers (estimate if necessary)			1500
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٩		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		25,408,358.	115,011,549.
		Program service revenue (Part VIII, line 2g)		26,657.	74,496.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,421.	31,375.
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		133,587.	9,215.
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,606,023.	115,126,635.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,002.	485,870.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,053,841.	8,257,573.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		30,417.	350,177.
çpe		Total fundraising expenses (Part IX, column (D), line 25) 4,116			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,609,879.	113,157,322.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,697,139.	122,250,942.
	19	Revenue less expenses. Subtract line 18 from line 12		7,908,884.	<7,124,307.
Assets or			Ве	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		8,890,280.	2,502,380.
d Bg	21	Total liabilities (Part X, line 26)		937,978.	1,674,385.
Fund		Net assets or fund balances. Subtract line 21 from line 20		7,952,302.	827,995.
Pa	art II	Signature Block			
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	nents, and to the best of m	y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
		A HALLY IS		111/2/	13
Sig	n	Signature of office		Date '	
Her	е	Tim Phillips, President			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	44 \$	Date Check	PTIN
Paid	d	Print/Type preparer's name David C. Moja Preparer's signature C. 7	100	11-7-13 if self-employ	P00747006
	parer	Firm's name Capin Crouse LLP	1	Firm's EIN	36-3990892
	Only	Firm's address 972 Emerson Parkway, STE A		3 2000 2000	
		Greenwood, IN 46143		Phone no. 3:	17-885-2620
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

4d	4d Other program services (Describe in Schedule O.)						
	Expenses \$ including grants of \$) (Revenue \$						

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			х
2	It "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors Schedule of Contributors Schedule Sche	1 2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	^	
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	N/A	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		_ ^
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
٠	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			l "
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	_	Х
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	_	<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		<u> </u>
,,,	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
00	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		Α.
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		-
27	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b		28b	-	X
С		00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_ ^	\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	SENTE TO SET TO SET THE SET OF TH	35a		х
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?	000		+-
50	If "Yes," complete Schedule R, Part V, line 2	36	N/	A.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
			******************		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	338	\neg	1.00	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?	7	3	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За	Did the apprinting to a smallest of business areas income of \$1,000 areas of wine the same			За		х
	If IVA II has it filed a Form 000 T for this year? If IVA II provide an evaluation in Schoolule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	******		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action		5b		Х
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 to	he org	anization 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 contribu		or gifts			
	were not tax deductible?			6b	Х	_
7	Organizations that may receive deductible contributions under section 170(c).		N/A			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		
				7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		· .	_		
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		_
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_	0+2	7.		
f			112111111111111111111111111111111111111	7e 7f		_
	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit com-		RQQ as required?	7g	N/A	_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/A	_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. I					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	î	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	120	_	+-
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		н/ А	13a		-
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b	1			
	Enter the amount of reserves on hand	13c				
	Distillation of the state of th			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		+-
	the state of the s			, ,,,,		1

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	111		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	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 participation			\vdash
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	>	
20	Luke Hilgemann - 703-224-3200	-cioi i. p	_	

2111 Wilson Boulevard, No. 350, Arlington, VA 22201

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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)	(C)		(D)	(E)	(F)				
Name and Title	Average	ído	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		er an	oao	recto	rrus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	5 Gr d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	I trus		9	преп		(44-27 1099-141130)		and related
	below	dual 1	tiona	_	(old II	st cor	100			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			
(1) Art Pope (part year)	2.00									
Chairman	2.00	х		х				0.	0.	0.
(2) Frayda Levy (part year)	2.00									
Chairman		х		х				0.	0.	0.
(3) Nancy Pfotenhauer	2.00									
Director		х						0.	0.	0.
(4) Jim Miller	2.00									
Director		х	_	_		L	_	0.	0.	0.
(5) James Stephenson	2.00				1					
Director		х		_		L	_	0.	0.	0.
(6) Tim Phillips	33.00									
President	17.00		_	х			_	220,471.	113,576.	15,082.
(7) Tracy Henke	23.00	1								
Executive VP and COO	27.00	_	_	Х	_			112,228.	131,746.	12,380.
(8) Steve Corder	23.00	-								
VP, Treasurer, CFO	27.00			х	<u> </u>	_		77,221.	87,079.	9,891.
(9) Alan Cobb	9,00	-								
VP State Operations	41.00	┡	_	Х	_	-	_	38,575.	175,731.	11,490.
(10) John Flynn	27.00	-						100 004		
VP, Secretary, General Counsel	23.00	-	-	х	-	-	_	109,984.	93,690.	11,172.
(11) J.P. Degance	27.00	1								
VP External Affairs	23.00 35.00	-	-	Х	-	┝	-	114,443.	97,488.	11,419.
(12) Philip Kerpen	15.00	1		x				26 205	16 247	0.050
VP, Policy (13) Steven Lonegan	9.00	\vdash	-	^	┢	╀	\vdash	36,385.	16,347.	2,953.
State Director	41.00	1				x	1	22.450	147 063	10 471
(14) Teresa Oelke	21,00	\vdash	-	\vdash	\vdash	<u> </u>	\vdash	32,458.	147,863,	10,471.
State Director	29.00	1				x		55,262.	76,314.	3,947.
(15) Derrick Sontag	28.00	\vdash		\vdash	╁	۳	\vdash	33,202.	70,314.	3,547.
State Director	22.00	1				x		69,838.	54,873.	8,802.
(16) Christopher Fink	19.00	\vdash	\vdash	1	\vdash	+=	1	12,330.	51,075.	5,002.
Sr Officer, External Affairs	31.00	1				x		48,263.	75,488.	3,713.
(17) Matthew Seaholm	31.00	\vdash	\vdash	t	T	Ť	T	12,200,	12,200	-,.23,
Director, Field Program	19.00	1				x		75,399.	46,213,	8,709.
222007 12 10 12			_	_			_	,		Form 990 (2012)

Form 990 (2012) Americans for	Prosperit	Y							75-3148	1958		Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)												(F)	
Name and title	Average	(do			ition	than	nne	Reportable	Reportable		Estimate		ed
	hours per	box,	, unle	ss pe	erson	is bot	n an	compensation	compensatio			of	
	week	-	cer an	dad	T	or/trus	tee)	from	from related			other	
	(list any	rector						the	organizations			pensa	
	hours for related	or di	e e			ated		organization	(W-2/1099-MIS	3C)		om the	
	organizations	ustee	trust		83	suadı		(W-2/1099-MISC)			-	anizati	
	below	tual tr	tional		yoldr	st con						d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Р огтег				orge	al lizati	3113
		_	_		×	1	-			\neg			
		_											
										-+			
		_	-	-	\vdash	\vdash	_			\rightarrow			
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		_	-	┡	₩		_						
			_	_	_	_	_						
					L	_							
1b Sub-total				****				990,527.	1,116,	408.		110	,029.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								990,527.				110	,029.
2 Total number of individuals (including but r	ot limited to the	nose	liste	ed a	bov	e) w	ho r	received more than \$10	0,000 of reportab	le			
compensation from the organization				_									4
												Yes	No
3 Did the organization list any former officer.													
line 1a? If "Yes," complete Schedule J for s	such individual								********************		3		Х
4 For any individual listed on line 1a, is the se	um of reportab	le c	omp	ens	atio	n an	d ot	ther compensation from	the organization			1	
and related organizations greater than \$15	0,000? If "Yes,	," cc	mpl	lete	Sch	edul	e J	for such individual	******		4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	tion	fron	n an	y un	rela	ted organization or indiv	idual for services	; [
rendered to the organization? If "Yes," con	plete Schedu	le J i	for s	uch	per	son					5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	dep	ende	ent (conf	tract	ors	that received more than	\$100,000 of con	npens	ation	from	
the organization. Report compensation for	the calendar y	ear	end	ing	with	or w	/ithi	in the organization's tax	year.				
(A)								(B)			(C)	
Name and business	address							Description of	services	C	ompe	ensatio	n
Mentzer Media Services Inc, 600 Fair	mount												
Ave Suite 306, Towson, MD 21286													
Direct Response LLC, 2340 E Bearsley Rd													
Suite 100, Phoenix, AZ 85024 Printing/Distribution/Phones 7,261,741.													
	Target Enterprises LLC, 15260 Ventura												
Blvd, Suite 1240, Sherman Oaks, CA 9								Advertising/Media			4	354	,457.
James Foster & Associates, Inc													
5805 Club Oaks Plaza, Dallas, TX 752	48							Consulting	l		3	3 492	,805.
Headway Corporate Staffing Services								,	,				

Consulting

Total number of independent contractors (including but not limited to those listed above) who received more than

2,431,802.

PO Box 785381, Philadelphia, PA 19178

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 115,011,549 1f g Noncash contributions included In lines 1a-1f; \$ 34,196, 115,011,549 h Total. Add lines 1a-1f **Business Code** 2 a Registration Fees 900099 Program Service Revenue 73,196 73,196 1,300. 1,300. Other Income 900099 f All other program service revenue Total. Add lines 2a-2f 74,496. Investment income (including dividends, interest, and other similar amounts) 31,464. 31,464. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 11,900. assets other than inventory b Less: cost or other basis 11,989 and sales expenses <89 c Gain or (loss) <89. d Net gain or (loss) <89.> 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Miscellaneous Revenue **Business Code** 11 a List Rental 900099 9,215. 9,215. b d All other revenue 9,215. e Total. Add lines 11a-11d

115,126,635.

74,496.

Total revenue. See instructions.

40,590.

Form 990 (2012) Americans for Prospective 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,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total experiese	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	485,870.	485,870.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1021 15 414 174401 154	***************************************		
	trustees, and key employees	745,910.	195,363.	256,848.	293,699
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,347,805.	5,765,377.	225,463.	356,965
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	178,003.	149,543.	12,100.	16,360
9	Other employee benefits	495,488.	391,107.	57,335.	47,046
10	Payroll taxes	490,367.	410,484.	36,344.	43,539
11	Fees for services (non-employees):				
а	Management				
b	Legal	74,405.	55,241.	19,070.	94
С	Accounting	24,280.		24,280.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	350,177.			350,177
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.)	6,747,598.	6,535,711.	208,235.	3,652
12	Advertising and promotion	83,128,957.	83,124,927.		4,030
13	Office expenses	12,170,908.	10,785,325.	30,446.	1,355,137
14	Information technology	474,832.	361,350.	49,028.	64,454
15	Royalties				
16	Occupancy	394,196.	381,891.	12,305.	
17	Travel	3,169,822.	2,964,436.	3,242.	202,144
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,407,479.	4,197,457.	9,442.	200,580
20	Interest	29,167.		29,167.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	685.	144.	375.	166
23	Insurance				
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		1,571,093.	336,678.	847,166.	387,249
b	List rental	787,559.	2,680.		784,879
С	Taxes, licenses, fees	81,241.	48,553.	26,029.	6,659
d					
е	All other expenses	95,100.	94,856.	170.	74
25	Total functional expenses. Add lines 1 through 24e	122,250,942.	116,286,993.	1,847,045.	4,116,904
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2012) Part X | Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
		graduation and a separate any queetion in and tare a	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,516,628.	1	1,973,316.
	2	Savings and temporary cash investments	1,000,385.	2	
	3	Pledges and grants receivable, net	246,243.	3	
	4	Accounts receivable, net	81,285.	4	438,525.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	33,066.	7	456.
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	90,083.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 0.			
	b	Less: accumulated depreciation	12,673.	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,890,280.	16	2,502,380.
	17	Accounts payable and accrued expenses	359,719.	17	930,110.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
<u>ia</u>		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	E70 0E0		744 075
	26	Schedule D Total liabilities Add lines 17 through 25	578,259.	25	744,275.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ x and	937,978.	26	1,674,385.
co.		complete lines 27 through 29, and lines 33 and 34.			
Ce	27	Unrestricted net assets	6,285,520.	07	14 963
alar	28	Temporarily restricted net assets	1,666,782.	27	14,963. 813,032.
Ä	29		1,000,702,	29	015,032.
ü		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		25	
P.		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	7,952,302.	33	827,995.
	34	Total liabilities and net assets/fund balances	8,890,280.	34	2,502,380.

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

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

Form 990 (2012)

X

2c X

За

3b

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2012

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

If the organization answered "Yes," to 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," to 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.

	e organization answered "Yes," to Section 501(c)(4), (5), or (6) organizat		Tax), or Form 990-EZ	Z, Part V, line 35c (Proxy T	ax), then
	ne of organization	norts, complete rare in.		Emple	oyer identification number
	-	or Prosperity			75-3148958
Pa		anization is exempt unde	r section 501(c)	or is a section 527 o	
2	Provide a description of the organiz Political expenditures Volunteer hours			▶\$	
Pa	rt I-B Complete if the org	anization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?	> # * * * * * * * * * * * * * * * * * *	************************		Yes No
b	If "Yes," describe in Part IV.				
Pa	ort I-C Complete if the org	janization is exempt unde	r section 501(c),		
	Enter the amount directly expended			ion activities > \$	33,525,748.
2	Enter the amount of the filing organ		-		
	exempt function activities				0.
3	Total exempt function expenditures				
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and er made payments. For each organiza				
	contributions received that were pr political action committee (PAC). If	omptly and directly delivered to a	separate political orga	anization, such as a separa	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filling 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
N/A				0	0,
		,			
_					

Schedule C (Form 990 or 990-EZ) 2012	Americans for Pro	sperity		75-314	8958 Page 2
Part II-A Complete if the org		npt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under sec	tion 501(h)).				
A Check 🕨 🔲 if the filing organiza	tion belongs to an affil	iated group (and list ir	Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and shar	e of excess lobbying e	expenditures).			
B Check - if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
	ts on Lobbying Exper ditures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	grass roots lobbying)			
b Total lobbying expenditures to influ	ence a legislative bod	ly (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)	**********************			
d Other exempt purpose expenditure	es	***********			
e Total exempt purpose expenditure	s (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter	er the amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) of	r (b) is: The lob!	bying nontaxable am	ount is:		
Not over \$500,000	20% of t	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (er					
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze				,	
reporting section 4911 tax for this			**************		Yes No
	ations that made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
					1

Schedule C (Form 990 or 990-EZ) 2012

c Total lobbying expenditures

d Grassroots nontaxable amount
e Grassroots ceiling amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 Americans for Prosperity 75-3148958 | Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the	lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?	-			
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	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), secti 501(c)(6).	on 501(c	(5), or se	ection	
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
_	expenses for which the section 527(f) tax was paid).	Cai			
2			000		
	Current year Carryover from last year				
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		3		
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		1		
5	Taxable amount of lobbying and political expenditures (see instructions)		4		
	t IV Supplemental Information	**************	5		
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II.A (affil	isted aroun	ligt): Doct II	A line O
	Part II-B, line 1. Also, complete this part for any additional information.	art IIA (ailii	iateu group	iist), Fart ii	A, illie Z,
	I-A, Line 1:				
ele	vision and internet advertising				
_					
_					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

Americans for Prosperity

Employer identification number 75-3148958

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor advised fu	nds
_	are the organization's property, subject to the organization's ex-		
6	Did the organization inform all grantees, donors, and donor advi		
	for charitable purposes and not for the benefit of the donor or d		
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organ	ization answered "Yes" to Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		ally important land area
	Protection of natural habitat	Preservation of a certified I	
	Preservation of open space		note in our distance
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.	o de la contraction de la cont	conscivation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired after		
<u>_</u>	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea		
	year >	,,	
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h	(F) 1 (F) (F) (F)	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the o	organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in 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 treas		
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		

b	If "Yes" to 3a(ii), are the related organizations list	ted as required on Scheo	dule R?		3b	
	Describe in Part XIII the intended uses of the org					
Par	t VI Land, Buildings, and Equipmen	t. See Form 990, Part X,	line 10.			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	c value
1a	Land					
	Buildings					
С	Leasehold improvements					
d	Equipment					
	Other					

(i) unrelated organizations

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

(ii) related organizations

Schedule D (Form 990) 2012

Yes

3a(i)

3a(ii)

No

by:

	Il Investments - Other Securities. See				
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market value
(1) Fina	ncial derivatives				
	ely-held equity interests				
(3) Othe					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Co	ol. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part	/III Investments - Program Related. Se	ee Form 990, Part X,		-lt Otd	-f l. ll
	(a) Description of investment type	(b) Book value	(c) Method of va	aluation: Cost or end	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	ol. (b) must equal Form 990, Part X, col. (B) line 13.)				
	X Other Assets. See Form 990, Part X, line	15			
i dici		Description			(b) Book value
(1)					(-/
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (0	Column (b) must equal Form 990, Part X, col. (B) line			▶	
Part 2		line 25.			
1.	(a) Description of liability		(b) Book value		
	Federal income taxes				
(2)	Payable to affiliate		744,275.		
(3)				ļ	
(4)					
(5)				1	
(6)					
(7)				-	
(8)					
(9)				1	
(10)				1	
(11)	21	-051	744 000	-	
	Column (b) must equal Form 990, Part X, col. (B) lin		744,275.	l	
2 FIN	48 (ASC 740) Footnote. In Part XIII, provide the ter	xt of the footnote to	the organization's financia	u statements that rec	orrs the organization's

	dule D (Form 990) 2012 Americans for Prosperity		75-314895	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	115,126,635.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1			115,126,635.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			115,126,635.
	rt XII Reconciliation of Expenses per Audited Financial Statem			
1	Total expenses and losses per audited financial statements		1	122,250,942.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1			122,250,942.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			122,250,942.
	rt XIII Supplemental Information			
om	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	III, lines 1a and 4; Par	t IV, lines 1b and 2b; Pa	art V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			entropy (2014) they also have a contropy
	X, Line 2: The financial statement effects of a tax position			
ak	en or expected to be taken are recognized in the financial stat	ements		
hei	n it is more likely than not, based on the technical merits, th	at the		
0В:	ition will be sustained upon examination. Interest and penalite	s, if		
ny	, are included in expenses in the statement of activities. As o	of		
ec	ember 31, 2012, AFP had no uncertain tax positions that qualify	for		
ec	ognition or disclosure in the financial statements. AFP's 2008	through		
		·		

2012 tax years are open for examination by federal taxing authorities.

Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

ame of the organization							ntification number
	for Prosperity					75-3148958	
Part I Fundraising Activities required to complete this pa	 Complete if the organization answert. 	ered "Y	es" to	Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
 Indicate whether the organization rail X Mail solicitations X Internet and email solicitation C X Phone solicitations In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e X Solicita f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with publiciduals or entities (fundraisers) purs	tion of tion of fundra I (include profess	non-ga gover dising ding of ding of	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did alser ustody itrol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
merican Target Advertising -		Yes	No				
625 Surveyor Court, Suite	Direct mail fundraising	-	х	730,680.		218,007.	512,673.
hree Creative - 10211 incopin Circle, Suite 100,	Direct mail fundraising		х	71,111.		22,581.	48,530.
onor Care Center - 4535 trausser Street NW, North	Telephone solicitations		x	47,138.		78,086.	<30,948.
SP Direct - 13755 Sunrise	rerephone soficitations	+-		47,150.	_	70,000.	230,340.
alley Dr, Herndon, VA 20171	Direct mail fundraising		х	12,437.		5,832.	6,605.
nspired Direct - 60 Main							
treet, Suite 310, Nashua, NH	Direct mail fundraising		х	6,142.		25,671.	<19,529,
			. ▶	867,508.		350,177.	517,331.
3 List all states in which the organization or licensing.					d it i	s exempt from r	egistration
L,AK,AZ,AK,CA,CO,CT,DC,FL,GA,F		MS,NH	NJ,N	M,NY,NC			
ID,OH,OK,OR,PA,RI,SC,TN,UT,VA,V	WA,WV,WI						

		of fundraising event contributions and gro	ss income on Form 99	0-EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			((**************************************	(
eve	1	Gross receipts				
Œ		•				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	-					
sua	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10		9 in column (d)		>	()
	11	Net income summary. Combine line 3, column	n (d), and line 10		>	
Pa	ırt		answered "Yes" to Forr	n 990, Part IV, line 19, or r	eported more than	
	_	\$15,000 on Form 990-EZ, line 6a.		T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u> </u>	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	()
	8	Net gaming income summary. Combine line 1	column d and line 7			
_	0	Net gaming income summary. Combine line	, column d, and line r	***************************************		
	ı İs	nter the state(s) in which the organization opera the organization licensed to operate gaming ac "No," explain:	tivities in each of these	states?		Yes No
	_					
	_					
		ere any of the organization's gaming licenses re "Yes," explain:			year?	Yes No
	_					
	_					

Sch	edule G (Form 990 or 990-EZ) 2012 Americans for Prosperity	75-3148958	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the am	ount	
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the	
	organization's own exempt activities during the tax year > \$		
Pa	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, co	lumns (iii) and (v), and	d Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	formation (see instru	ctions).
Sch	nedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:		
(i)	Name of Fundraiser: American Target Advertising		
(i)	Address of Fundraiser:		
962	25 Surveyor Court, Suite 400, Manassas, VA 20110		
(i)	Name of Fundraiser: Three Creative		
, , .			
_	Address of Fundraiser: 211 Wincopin Circle, Suite 100, Columbia, MD 21146		
IU 4	ALL WINCODIN CITCLE, BUILD IVV. COLUMNIA, MD 21140		

Schedule G (Form 990 or 990-EZ) 2012 Americans for Prosperity	75-3148958	Page 4
Part IV Supplemental Information (continued)		
(i) Name of Fundraiser: Donor Care Center		
(i) Address of Fundraiser:		
4535 Strausser Street NW, North Canton, OH 44720		
1000 00220000 000, 100200 000000, 000		
(i) News of Dundweiger, Tempined Direct		
(i) Name of Fundraiser: Inspired Direct		
41) 233 and 5 moderates 60 Male Character Guite 210 Market W. 02060		
(i) Address of Fundraiser: 60 Main Street, Suite 310, Nashua, NH 03060		

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Inspection

١

Schedule I (Form 990) (2012) Employer identification number ž (h) Purpose of grant or assistance 75-3148958 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 ò 0 0 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 400 20,000 15,000, 5 800 11,000 7,700 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9 (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (c) 4 501 (c) 4 501 (c) 4 Enter total number of other organizations listed in the line 1 table 20-1036370 General Information on Grants and Assistance Americans for Prosperity (p) EIN criteria used to award the grants or assistance? Action, Inc - 11177 Reading Rd 1st 1 (a) Name and address of organization New Hampshire Advantage Coalition Citizens for Community Values Rainbow Blvd, Suite 542 - Las Community Growth - 889 South Floor - Cincinnati, OH 45241 Clark County School District Conservative Alliance for American Energy Alliance or government Hampton Roads Tea Party 1100 H St NW Ste 400 Washington, DC 20005 Barrington, NH 03825 Name of the organization Vegas, NV 89145 PO Box 577 Part I N 3

Schedul	e I (Form 990)	Americans for Prosperity	75-3148958
Part II	Continuation of Grants and Ot	her Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	

(a) Name and address of cogornment of cogornment of cognization or government (b) EIN (c) IRC section organization or government (d) Amount of cosh grant organization organiz	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
,)	assistance	(book, FMV, appraisal, other)		
NFIB, The Voice of Free Enterprise, Inc - 53 Century Blvd, Ste 250 - Nashville, TN 37214	27-3615830		20,000.	0			
t Gi 0 St		501 (c) 4	5,650.	.0			
The Center to Protect Patient Rights - PO Box 7265 - Phoenix, AZ 85050		501 (c) 4	100,000.	,0			
We the People Convention, Inc			20,000.	.0			
American Principles in Action 1420 K Street NW, Suite 300 Washington, DC 20005	26-4613397	501 (c) 3	7,259.	,0			
Keep Albuquerque Working			12,000.	.0			
New Mexico Business Coalition 1003 Tomas Ct SW Albuquerque, NM 87121	27-1500780	501 (c) 3	7,500.	.0			
Tax Fairness for All Wichitans 2451 N Regency Lakes Ct Wichita, KS 67226	45-4294310	501 (c) 3	43,000.	.0			
							Schedule I (Form 990)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 75-3148958 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Schedule | (Form 990) (2012)

Americans for Prosperity

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

Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant Schedule I, Part I, Line 2: Monitoring the use of grant funds occurs (b) Number of recipients through reviewing the grantee organization's annual Form 990. (a) Type of grant or assistance Part IV

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2012

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

Questions Regarding Compensation

Department of the Treasury

➤ Attach to Form 990.
➤ See separate instructions.

Americans for Prosperity 75-3148958

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

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 in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (iii). Do not list any individuals that are not 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	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in prior Form 990
(1) Tim Phillips	(1)	170,971.	49,500.	0	6,614.	3,340.	230,425.	0.
9,	€ (88,076,	25,500.	0	3,407.	1,721.	118,704.	0.
(2) Tracy Henke	9	102,660.	9,568.	0		2,328.	117,923.	0.
5) <u>(</u>	120,514.	11,232.	0	3,952.	2,733.	138,431.	0.
(3) Steve Corder	€	72,521.	4,700.	0.	2,317.	2,332.	81,870.	0.
	: 🗉	81,779.	5,300.	0	2,612.	2,630.	92,321.	0.
	3	34,075.	4,500.	0	1,157.	911.	40,643.	0.
is	: 🗎	155,231.	20,500.	0	5,272.	4,150.	185,153.	0.
(5) John Flynn	Ξ	93,784.	16,200.	0.	3,300.	2,733.	116,017.	0.
0,	: (79,890.	13,800.	0	2,811,	2,328.	98,829.	
J.P. Degance	Ξ	80,693.	33,750.	0	3,433,	2,733.	120,609.	0.
చ	€ (68,738,	28,750.	0	2,925,	2,328.	102,741.	
(7) Steven Lonegan	9		1,800.	0	974.	911.	34,343.	0.
r G		139,663.	8,200.	0	4,436.	4,150.	156,449.	0.
	Ξ							
	: <u>E</u>							
	Ξ							
	: E							
	Ξ							
	Ξ							
	Ξ							
	(ii)							
	(1)							
	(ii)							
	Ξ							
	€							
	(1)							
	Ξ							
	(1)							
	€							
	(i)							
	(ii)							
W 0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1							Schedi	Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

2012

Open to Public Inspection

Name of the organization

Americans for Prosperity

Employer identification number

75-3148958

Par	t I	Types of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported o Form 990, Part VIII, line	n	(d) Method of de noncash contribu			3
1	Art -	Works of art								
2		Historical treasures								
3		Fractional interests								
4		ks and publications								
5		hing and household goods								
6		and other vehicles								
7		ts and planes								
8		lectual property								
9		urities - Publicly traded								
10		urities - Closely held stock								
11	Seci	urities - Partnership, LLC, or								
10		interests				-				
12		urities - Miscellaneous				-				
13		lified conservation contribution - oric structures								
14		lified conservation contribution - Other								
15	Rea	estate - Residential								
16		estate - Commercial								
17		estate - Other								
18	Colle	ectibles								
19		d inventory								
20		gs and medical supplies								
21		dermy		7						
22		orical artifacts								
23		ntific specimens								
24		neological artifacts								
25		er (Supplies)	х	1	34,19	6. F	air market value	е		
26	Othe	er > ()								
27	Othe	er > (
28	Othe	er > (
29		nber of Forms 8283 received by the organ which the organization completed Form 82								
					-				Yes	No
30a	Duri	ng the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1-2	28 that	t it must hold for			
	at le	ast three years from the date of the initial	contribution	, and which is not	required to be used for	exemp	ot purposes for			
	the	entire holding period?		***************************************		********	*************************	30a		х
b	If "Y	es," describe the arrangement in Part II.								
31	Doe	s the organization have a gift acceptance	policy that r	equires the review	of any non-standard co	ontribu	tions?	31		х
32a	Doe	s the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell non	cash				
		tributions?						32a		х
		es," describe in Part II.								
33		e organization did not report an amount in	column (c)	for a type of prope	erty for which column (a)	is che	ecked,			
	des	cribe in Part II.								

Schedule M (Form 990) (2012) Americans for Prosperity	75-3148958	Page 2
Part II Supplemental Information. Complete this part to provide the information required by the organization is reporting in Part I, column (b), the number of contributions, the number of it Also complete this part for any additional information.	Part I, lines 30b, 32b, and 33, tems received, or a combinati	and whether
Schedule M, Part I, Column (b): The number of contributors represents		
the number of contributions, not the number of items contributed.		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 75-3148958 Americans for Prosperity Form 990 Part VI. Section A. line 1: The Chairman and a Director are on the Executive Committee of the AFP Board of Directors. Under the AFP bylaws and Board resolution, the Executive Committee may exercise the powers of the Board when the Board is not in session, but must report its actions to the Board at the next Board meeting. The Executive Committee may not: (1) amend, alter, or repeal the organization's bylaws or articles of incorporation; (2) elect, appoint, or remove any officer or director; or (3) authorize the disposition of any of the organization's property and assets. Form 990, Part VI, Section B, line 11: The Form 990 is prepared by an independent CPA firm. The COO, CFO, and General Counsel review the Form 990. The board is provided the 990 for review and questions prior to filing the return. Form 990, Part VI, Section B, Line 12c: Each director, officer, and member of a committee with governing board delegated powers shall annually sign the conflict of interest statement. The Chairman reviews the signed statements. If a conflict arises, that individuals would abstain from voting and participating in the discussion of that matter. Form 990, Part VI, Section B, Line 15: The board for Americans for Prosperity Foundation, a related organization, reviews comparative data in determining pay for the CEO and other key employees. documented in the minutes. This process was last completed during the tax

year for all officers.

Name of the organization Americans for Prosperity	Employer identification number
AMERICANS TOT FLOSPETICY	75-3148958
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC	
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
Form 990, Part VI, Section C, Line 19: AFP makes available to the public	
documents required by law to be made publicly available upon request in	
accordance with IRS procedures.	
Form 990, Part V, Line 2a, Part VII, Part IX, Lines 5 - 10 and Schedule J	
Shared Employees	
The filing organization shares employees with Americans for Prosperity	
Foundation, a related organization. The related organization handles	
all applicable filings with the IRS. Compensation paid to individuals	
working for both organizations is reported in Part VII, Part IX and	
Schedule J based on the percentage of time devoted to each respective	
organization. Part VII, Columns D and E need to be added together in	
order to tie out to Form W-2, Box 5 wages.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

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

► Attach to Form 990.

See separate instructions.

2012 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 75-3148958

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Americans for Prosperity Name of the organization Part

(a)	(q)	(9)	(p)	(a)	(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct	ıtrolling
of disregarded entity		foreign country)			entity	λì
PRDIST, LLC - 27-3120702						
2111 Wilson Blvd, Suite 350	Educate and mobilize				Americans for	
Arlington, VA 22201	citizens	Virginia	48,365,000.		0.Prosperity	
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ttions (Complete if the organization a	nswered "Yes" to Form 990, F	art IV, line 34 becaus	e it had one or more	related tax-exemp	ıt
(a)	(q)	(0)	(p)	(e)	(f)	(9)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code Put		Direct controlling	controlled
of related organization		foreign country)	section statu	status (if section	entity	entity?
			c)	501(c)(3))		Yes No

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

Schedule R (Form 990) 2012

×

N/A

Line 7

501(c)(3)

Delaware

Educate citizens

Americans for Prosperity Foundation 52-1527294, 2111 Wilson Blvd, #350

VA 22201

Arlington,

232161 12-10-12 LHA

75-3148958

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

3	General or Percentage managing ownership									
8	naging rtner?	Yes								
€	Code V-UBI amount in box	K-1 (Form 1065) Ye								
	ortion- ttions?	No								
E	Disproportion- ate allocations?	Yes								
(6)	of ear									
(f)	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(d)	trolling /									
(2)	Legal domicile (state or	country)								
(p)	Primary activity									
(a)	Name, address, and EIN of related organization									

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related Part IV

ì			1		1		1		1		1		
	<u>-</u>	512(b)(13) controlled entity?	Š										
	0	cont en	Yes										
	(J)	Percentage ownership											
		Share of end-of-year	dssets										
	(t)	Share of total income											
	(e)	Type of entity (C corp, S corp,	or trust)										
	(p)	Direct controlling Type of entity Street, Scorp, Scorp, Scorp, Street,											
	(c)	Legal domicile (state or foreign	country)										
iring the tax year.)	(q)	Primary activity											
organizations treated as a corporation or trust during the tax year.)	(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2012

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	J in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1a		×
b Gift, grant, or capital contribution to related organization(s)			2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
				1d	×	
e Loans or loan guarantees by related organization(s)				1e		×
(A) and the state of the state				*		×
T DIVIDENDS ITOM Felated organization(s)				=		
g Sale of assets to related organization(s)		************************		19		×
h Purchase of assets from related organization(s)		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		÷		×
				¥		×
_				F		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related org	related organization(s)			=		×
	related organization(s)	※ まご 申 5 日 4 日 5 日 5 日 5 日 5 日 5 日 5 日 5 日 5 日		Ē		×
Sharing of facilities, equipment, mailing lists, or other assets with relate	ition(s)	 株式 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本		£	×	
				10	×	
				9	×	
		5 6 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		10	×	
				÷		×
s Other transfer of cash or property from related organization(s)				13		×
	who must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ivolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
232163 12-10-12			Schedule R (Form 990) 2012	R (Form	990)	2012

75-3148958

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

age							12
(k) ercent owners							39O) 20
General or F managing partner?							orm 9
Gene O man Part Yes							B R
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? Ownership (Form 1065) yes No							Schedule R (Form 990) 2012
(h) Dispraportionate allocations?							
Disp							
(g) Share of end-of-year assets							
(f) Share of total income							
(e) Are all partners sec. 501(s)(3) 0.035.7 4) Yes No							
7, 7, 14)							
(d) Predominant income (related, unrelated, excluded from tax under section 512-514) y					,-		
(c) Legal domicile (state or foreign country)							
Legal c (state o							
(b) Primary activity							
(b) mary a							
Ę							
	\top						
-							
nd Ell							
a) ess, a ntity							
(a) Name, address, and EIN of entity					$ \ \ \ \ $		
Vame					$ \ \ \ $	$ \ \ \ $	
					$ \ \ \ $	$ \ \ \ \ $	
l l							

Schedule R	(Form 990) 2012	Americans for Prosperity	75-3148958	Page 5
Part VII	(Form 990) 2012 Supplemental Infor	mation		
		vide additional information for responses to questions on Schedule R (see ins	structions).	
	-			

Form **8868**

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenu	e Service	► File a separ	ate appli	cation for each return.				
 If you are 	e filing for an Auto	omatic 3-Month Extension, complete	e only Par	t I and check this box		•	X	
		itional (Not Automatic) 3-Month Ext						
-	_	ss you have already been granted a				m 8868		
		u can electronically file Form 8868 if you					ration	
		or an additional (not automatic) 3-mon						
		ns listed in Part I or Part II with the exc						
		which must be sent to the IRS in paper	er tormat (see instructions). For more details o	n the elect	tronic filing of this fo	orm,	
		ick on e-file for Charities & Nonprofits.	Only o	ubmit original (no popies nos	dod\			
Part I		3-Month Extension of Time						
	on required to tile	Form 990-T and requesting an autom	atic 6-mo	nth extension - check this box and d	complete	_		
Part I only		11. 1100 O. Fl						
	rporations (includ ne tax returns.	ling 1120-C filers), partnerships, REMI	Cs, and tr	usts must use Form 7004 to reques	t an extens	sion of time		
	the same with a second	t organization or other files, one instruc	tions		Fermion	identification access	(FIN)	
Type or	Name of exemp	t organization or other filer, see instruc	tions.		Employer	identification numb	er (EIN) or	
print	American	s for Prosperity				75-314895	8	
File by the due date for		and room or suite no. If a P.O. box, se		ions.	Social sec	curity number (SSN)	1	
filing your return. See		son Boulevard, No.						
instructions.	City, town or po Arlingto	st office, state, and ZIP code. For a fo ${ t n}$, ${ t VA}$ 22201	reign add	ress, see instructions.				
Enter the R	leturn code for th	e return that this application is for (file	a separat	te application for each return)		************************	0 1	
Application	n		Return	Application			Return	
Is For			Code	Is For			Code	
	Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07							
Form 990-E			02	Form 1041-A			08	
	(individual)		03	Form 4720			09	
Form 990-F			04	Form 5227			10	
	(sec. 401(a) or 4	O8(a) trust)	05	Form 6069			11	
	(trust other than		06	Form 8870			12	
101111 330-1	(trast other than	The Organization		1011110070			12	
		e of ▶ 2111 Wilson Bou			ngton	, VA 22201		
		-224-3200		FAX No. ▶				
		not have an office or place of business						
• If this is	for a Group Retu	ern, enter the organization's four digit (Group Exe	emption Number (GEN) I	If this is for	the whole group, c	heck this	
		t of the group, check this box				ers the extension is	for.	
	uest an automati August 15	3-month (6 months for a corporation to file the exempted)		to file Form 990-T) extension of time tion return for the organization name		The extension		
	the organization							
	calendar year							
▶□	tax year begir		, an	d ending				
						_		
2 If the	1	in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final return	n		
	Change in acco	ounting period						
3a If this	s application is fo	or Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 A	nter the tentative tax less any				
		s. See instructions.	or 0000, c	mer the terrative tax, less any	За	\$	0.	
		or Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and	- 55			
		nts made. Include any prior year overp	-		3b	\$	0.	
		ct line 3b from line 3a. Include your pa						
		tronic Federal Tax Payment System).	-		3с	\$	0.	
Caution. If	you are going to	make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and F	orm 8879-	EO for payment inst	ructions.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

Form 8868 (Rev. 1-2013)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Mon 	th Extension, o	complete only Part II and check this	box		■ X
Note. Only complete Part II if you have already been grante					
• If you are filing for an Automatic 3-Month Extension, co	mplete only Pa	rt I (on page 1).			
Part II Additional (Not Automatic) 3-Mon	th Extension	n of Time. Only file the origina	al (no co	pies nee	ded).
· · · · · · · · · · · · · · · · · · ·					see instructions
Type or Name of exempt organization or other filer, see	instructions				on number (EIN) or
print Type of Traine of exempt organization of other mor, and	ii isti dotioi is	1	Limployer	derimoan	of Hulliber (LIIV) of
File by the Americans for Prosperity				75-31	.48958
due date for Number, street, and room or suite no. If a P.O. I	nox see instruc	tions	Social sec	curity numb	
return. See 2111 Wilson Boulevard, No		tions.	000141 301	ouncy manne	(0014)
instructions. City, town or post office, state, and ZIP code. F Arlington, VA 22201	or a foreign add	lress, see instructions.			
Enter the Return code for the return that this application is	for (file a separa	te application for each return)		***********	0 1
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			80
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gr		matic 3-month extension on a prev	iously file	d Form 88	68.
Steve Corder					
 The books are in the care of	Bouleva	rd, No. 350 - Arli: FAXNo.▶	ngton	, VA 2	22201
If the organization does not have an office or place of but If the organization does not have an office or place of but If the organization does not have an office or place of but					▶ ∟
If this is for a Group Return, enter the organization's four					
box . If it is for part of the group, check this box		ber 15, 2013.	all memb	ers the ext	ension is for.
 I request an additional 3-month extension of time until For calendar year 2012, or other tax year beginning 			_		
	130	, and ending		_ 1	·
6 If the tax year entered in line 5 is for less than 12 mor	ntns, check reas	son:	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED 5	חר כאשנים	R AND ANALYZE ACCO	דא דו ווודא ד	C DAM	м по
PREPARE AN ACCURATE RETURN	IO GAIRE	R AND ANALIZE ACCO	OMITIM	G DATA	1 10
PREPARE AN ACCORATE RETURN	•				
8a If this application is for Form 990-BL, 990-PF, 990-T,	4720, or 6069, e	enter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or	6069, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpaym	nent allowed as	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include y	our payment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See			8c	\$	0.
		st be completed for Part II	nly.		
Under penalties of perjury, I declare that I have examined this form, it is true, correct, and complete, and that I am authorized to prepare	, including accom	-	-	f my knowle	dge and belief,
1	e ► CPA,	PARTNER	Date	▶ 8/2/1	3