DLN: 93493315044065

1,773,194

6,239,198

1,813,674

8,516,526

OMB No 1545-0047

Open to Public

Inspection

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 private

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014 C Name of organization Americans for Prosperity Foundation D Employer identification number B Check if applicable Address change 52-1527294 Name change Doing business as Initial return E Telephone number umber and street (or P O box if mail is not delivered to street address) Room/suite Final return/terminated 2111 Wilson Boulevard No 350 (703) 224-3200 Amended return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 23,284,137 Application pending Name and address of principal officer H(a) Is this a group return for Tim Phillips Yes 🔽 No subordinates? 2111 Wilson Boulevard No 350 Arlington, VA 22201 **H(b)** Are all subordinates included? Tax-exempt status If "No," attach a list (see instructions) **Website:** ► www.americansforprosperityfoundation.org H(c) Group exemption number ► K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1987 M State of legal domicile DE Part I Summary Briefly describe the organization's mission or most significant activities Educate US persons to increase awareness about a free economy Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 6 4 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2014 (Part V, line 2a) . 5 948 Total number of volunteers (estimate if necessary) 6 500 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 12.976.019 21.461.641 8 Program service revenue (Part VIII, line 2g) . . . 332,213 1,704,975 9 117,521 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,232 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 13,310,464 23,284,137 12) . 82,403 13 39,250 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 10,664,964 10,581,709 Expenses 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 56,930 78,853 16a Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 3,150,113$ b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 6,939,848 10,263,844 **17** 17,700,992 21,006,809 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . . -4,390,528 2,277,328 Assets or disperses **Beginning of Current End of Year** Year 20 8,012,392 10,330,200 Total assets (Part X, line 16) .

Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Total liabilities (Part X, line 26)

Net assets or fund balances Subtract line 21 from line 20

Sign Here Signature of officer Luke Hilgemann CEO Type or print name and title

Paid Preparer **Use Only**

21

22

Print/Type preparer's name David C Moja Preparer's signature David C Moja

Firm's address > 972 Emerson Parkway STE A

Greenwood, IN 46143

May the IRS discuss this return with the preparer shown above? (see instruction

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (20	14)				Page
Par		Statement of Program : Check if Schedule O contains			III	
1	Briefly	describe the organization's m	ISSION			
Educ	ate US p	ersons to increase awarenes:	s of the operation an	d value of a free econo	my	
2		organization undertake any s r Form 990 or 990-EZ? .	ıgnıficant program s		r which were not listed on	┌ Yes ┌ No
	If"Yes,	describe these new service:	s on Schedule O			,
3	service	organization cease conductirs?		-	nducts, any program	┌ Yes ┌ No
4	expense		1(c)(4) organization	s are required to repor	ree largest program services, a t the amount of grants and alloc	
4a	(Code State ch) (Expenses sapters - educate the American Publ		,	82,403) (Revenue \$ t on the operation and value of a free o	1,704,975) economy
4b	(Code National) (Expenses s	, ,	,) (Revenue \$ s impact on the operation and value of) a free economy
4c	(Code) (Expenses s	\$	including grants of \$) (Revenue \$)
	Other	program services (Describe i	n Schedule O)			
	(Exper		including grants o	of \$) (Revenue \$)
4e	Total p	program service expenses 🕨	13,679,409			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
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	Yes	
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		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	i di kacamatan di k	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
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? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

	Check if Schedule O contains a response or note to any line in this Part V		Yes	.[▽ No
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 138			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
u	services provided to the payor?	Ĺ		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> </u>		
1				
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	in which the organization is needed to issue quanticular plans.	1		
	150	 ₁₄₂	 	N.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		N

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Yes 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Nο Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes Each committee with authority to act on behalf of the governing body? Yes 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		N 0
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section 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 , 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
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Vpon 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, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Robert Heaton
 - 2111 Wilson Boulevard No 350 Arlington, VA 22201 (703) 224-3200

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an or/tr	office	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) David Koch	2 00	x		х				О	0	0
Chairman (2) Nancy Pfotenhauer	2 00	Х		х				0	0	0
(3) Dr Richard Fink	2 00	,,								
Director	2 00	Х						0	0	0
(4) Debra Gail Humphreys	2 00	х						0	0	0
Director		_ ^								
(5) Cy Nobles Director	2 00	х						0	0	0
(6) Dr Walter Williams	2 00							0	0	0
Director		Х						0	0	0
(7) Mark Holden	2 00	х						0	0	0
Dırector (Partıal year)	2 00	_ ^						ŭ	Ŭ	
(8) Tim Phillips President	32 00 18 00			х				253,219	142,436	39,909
(9) Luke Hilgemann	36 00							245 442	100 251	22.004
Chief Operating Officer	14 00			Х				245,442	100,251	32,894
(10) Robert Heaton	27 00 23 00			х				136,516	121,062	13,819
(11) Teresa Oelke	22 00			х				101,596	134,674	34,703
VP, State Operations (12) Christopher Fink	28 00 11 00					\vdash				
VP, Development	39 00			Х				62,096	233,598	37,877
(13) Slade O'Brien	37 00			х				142,710	50,141	26,371
VP/Grassroots Leadership Academy (14) Victor Bernson	13 00 43 00					\vdash				
VP & General Counsel	7 00			Х				154,811	90,921	20,205
										Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar or/ti	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	n n	(E) Reportable compensation from related organizations	Estir amount compe fron	nsation n the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099 MISC)	-	(W- 2/1099- MISC)	and r	ization elated zations
(15) Jennıfer Stefano	36 00			x				127,	247	49,48	5	7,5
VP of Value Added Events (16) Nolan Ingebrigtson	14 00 25 00											
				×				49,	398		0	3,02
Interim CFO (Partial year) (17) Dennis Vegas	25 00 25 00								_			
CMO	25 00			X				72,	513	75,47	3	8,78
(18) Adam Stryker	18 00											
Interim CTO	32 00			X				/1,	985	127,97	3	31,9
(19) Derrick Sontag	30 00					х		110,	512	76,79	7	10,80
Senior Regional Director	20 00							110,	312	70,79	<u> </u>	10,00
(20) Robert Stuber	11 00					x		35,	644	134,08	8	17,3
Director of Development -	39 00									·		
(21) David From	34 00					х		105,	745	52,08	3	32,40
State Director (22) Chase Downham	16 00 14 00										-	
	36 00					х		46,	408	119,33	6	22,30
Regional Director (23) Mark Lucas	9 00											
Regional Director	41 00					Х		26,	740	130,55	3	2,4
(24) John Flynn	50 00						١,,				_	
Former General Counsel	0 00						X	46,	708	61,91	5	4,7
1b Sub-Total						 -						
c Total from continuation sheets to Part	VII, Section A					►						
d Total (add lines 1b and 1c)								1,789,290		1,700,787		347,22
2 Total number of individuals (including b	ut not limited to	those	liste	ed al	bove	e) who	rec	eived more tha	an			
\$100,000 of reportable compensation	from the organiz	zation	- 14									
											Yes	No
3 Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>	•			y em	nplo	yee, o	r hig	hest compens	ate	d employee		
4 For any individual listed on line 1a, is the organization and related organizations of individual										<u> </u>		
5 Did any person listed on line 1a receive services rendered to the organization?									or in			
Continu B. Indonesidad Cont											· ·	
Section B. Independent Contracto)rs											

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

(A) Name and business address	(B) Description of services	(C) Compensation
WizBang Solutions 6747 E 50th Avenue Commerce City, CO 80022	Print & Mail Design, Distribution	1,072,900
1360 LLC PO Box 37046 Baltimore, MD 21297	Media	940,405
Segale Travel Service 2321 W March Lane Ste A Stockton, CA 95207	Travel Services	316,207
Exact Target Inc 20 North Mendian St Suite 200 Indianapolis, IN 46204	Marketing and Communications	219,191
Tray PML PO Box 1360 Glen Burnie, MD 21061	Marketing	201,556
2 Total number of independent contractors (including but not limited to the	iose listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►15

Part V	/111	Statement o						
		Check ii Schedi	ule O contains a respo	nse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a	Federated cam	paigns 1a					
ants	b	Membership du	ies 1b					
90 0	c	Fundraising eve	ents 1c					
ffs, ≓A	d	Related organiz						
i5 [a	e	Government grant						
Contributions, Gifts, Grants and Other Similar Amounts	,		ons, gifts, grants, and 1f					
outi her	'	sımılar amounts no	ot included above					
i i	g	Noncash contributi 1a-1f \$	ons included in lines	1,081,824				
Contand	h	Total. Add lines	s 1 a - 1 f		21,461,641			
				Business Code				
Program Serwce Revenue	2a	Program Service C	harge	900099	1,686,464	1,686,464		
æ	b	Registration Fees		900099	18,511	18,511		
2 0 0	C							
Š	d							
Tan L	e f	All other progra	am service revenue	-				
¥ رو	'							
	g 3		s 2a-2f		1,704,975			
		and other simil	ome (including dividen ar amounts)		1,417			1,417
	4		stment of tax-exempt bond	proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(1) Near	(II) I ersonar				
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	` '	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	3,104	113,000				
	Ь	Less cost or other basis and	0	o				
	_c	sales expenses Gain or (loss)	3,104	113,000				
	d	Net gain or (los	ss)		116,104			116,104
ne	8a	events (not inc	rom fundraising luding					
Other Revenue		\$of contributions See Part IV , lir	s reported on line 1c) ne 18 a					
Jer	Ь	less directex	penses b					
ᅙ	c		(loss) from fundraising					
	9a		rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
	c	Net income or	(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С	Net income or	(loss) from sales of ınv					
		Miscellaneou	s Revenue	Business Code				
	11a							
	b c							
	d	All other reven	ue					
	e	Total. Add lines						
	12	Total revenue.	See Instructions .			,		
				•	23,284,137	1,704,975	C	117,521

Part IX Statement of Functional Expenses

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

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	02.402	02.402		
2	Grants and other assistance to domestic individuals See Part IV, line 22	82,403	82,403		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,500,727	625,153	529,254	346,320
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	48,738		48,738	
7	Other salaries and wages	7,314,829	4,661,988	859,491	1,793,350
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	123,620	52,024		61,205
9	Other employee benefits	489,399	399,659	 	9,529
10	Payroll taxes	1,104,396	666,724	279,341	158,331
11	Fees for services (non-employees)	1,101,330	000,721	273,311	130,331
a	Management				
b	Legal	221 202	7,059	210.767	13,556
	-	231,382	7,039	' 	13,556
C C	Accounting	58,074		58,074	
d	Lobbying	70.052			70.052
e	Professional fundraising services See Part IV, line 17	78,853			78,853
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)				
	amount, list line 11g expenses on Schedule O)	970,767	377,333	· ·	57,486
12	Advertising and promotion	1,922,716	1,915,194	 	5,157
13	Office expenses	2,154,089	1,641,323	 	105,894
14	Information technology	356,789	119,017	167,985	69,787
15	Royalties				
16	Occupancy	1,162,431	680,216	 	62,469
17	Travel	2,692,922	1,927,904	419,429	345,589
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	307,663	291,356	13,255	3,052
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	236,663	161,534	47,235	27,894
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 O)				
а	Equipment leasing	51,763	40,703	10,476	584
b	Taxes, licenses, fees	50,094	6,723	37,238	6,133
С	Membership Dues	27,934	22,414	4,544	976
d					
e	All other expenses	40,557	682	35,927	3,948
25	Total functional expenses. Add lines 1 through 24e	21,006,809	13,679,409	4,177,287	3,150,113
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		5,692,856	1	3,393,032
	2	Savings and temporary cash investments	ŀ	0,002,000	2	0,000,002
	3	Pledges and grants receivable, net			3	1,500,000
	4	Accounts receivable, net		6,338	4	103
ts	5	Loans and other receivables from current and former officers, directors, trust	ana kay	0,550		100
	3	employees, and highest compensated employees Complete Part II of Schedule L	ees, key		5	
	6	Loans and other receivables from other disqualified persons (as defined unde $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing eigend sponsoring organizations of section $501(c)(9)$ voluntary employees' benorganizations (see instructions) Complete Part II of Schedule L	mployers		6	
4ssets	,	Notes and loans resourchle, not			7	
₫.	7 8	Notes and loans receivable, net	•		8	
	9	Prepaid expenses and deferred charges		322,474	9	425,350
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,184,766	322,474	9	425,550
	ь	Less accumulated depreciation 10b	1,034,487	1,125,566	10c	1,150,279
	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		865,158	15	3,861,436
	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,012,392	16	10,330,200
	17	Accounts payable and accrued expenses		1,210,855	17	1,159,977
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ر. ص	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
<u>, av</u>	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Liabilit		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 particle and other liabilities not included on lines 17-24) Complete Part X of Schedu				
		D		562,339	25	653,697
	26	Total liabilities. Add lines 17 through 25		1,773,194	26	1,813,674
ران دان		Organizations that follow SFAS 117 (ASC 958), check here ▶ and comple	te			
ĕ	27	lines 27 through 29, and lines 33 and 34.		5 060 473	27	9 297 450
<u>ದ</u> ದ	27	Unrestricted net assets	ŀ	5,960,473 278,725		8,287,450 229,076
Assets or Fund Balances	28 29	Temporarily restricted net assets		270,725	28	229,010
	29	Permanently restricted net assets			29	
O -0	30	Capital stock or trust principal, or current funds			30	
ė Š	31	Paid-in or capital surplus, or land, building or equipment fund	ŀ		31	
A S	32	Retained earnings, endowment, accumulated income, or other funds	ŀ		32	
Šet	33	Total net assets or fund balances	ļ	6,239,198	33	8,516,526
Ż	34	Total liabilities and net assets/fund balances	ŀ	8,012,392	34	10,330,200

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23,2	284,137
2	Total expenses (must equal Part IX, column (A), line 25)	2		21 (006,809
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		2,2	277,328
•	Net assets of faile balances at beginning of year (mast equal) are X, fine 33, column (A),	4		6,2	239,198
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	6			
_		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
Do	t XII Financial Statements and Reporting	10		8,5	16,526
Pal	T XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
	, , , , , , , , , , , , , , , , , , , ,			Yes	No
	Accounting method used to prepare the Form 990				
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
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?	ie	3a		No
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		3b		

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As Filed Data -

DLN: 93493315044065

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

America	ans for	Prosperity Foundation					52-1527294			
Par	t T	Reason for Publi	c Charity S	itatus (All organiza	tions must co	mplete this r		ns		
		zation is not a private fo								
1	Ī	A church, convention								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	<u></u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
•	'	hospital's name, city, and state								
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Complete Part II)								
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	L)(A)(v).			
7	굣	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ental unit or from the g	eneral public		
	_	described in section 1								
8	<u> </u>	A community trust des								
9	ļ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of								
		its support from gross						businesses		
	_	acquired by the organi								
10	<u>_</u>	An organization organ	•	·	•	•				
11	ı	An organization organ								
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g									
а	Г	Type I. A supporting o								
	•	supported organization			•					
_	_	organization You mus								
b	ı	Type II. A supporting								
		management of the su must complete Part IV			same persons t	nat control of i	nanage the supported	organization(s) You		
C	Γ	Type III functionally i	•		n operated in c	onnection with	, and functionally integ	grated with, its		
	_	supported organization								
d	ı	Type III non-function								
		not functionally integr (see instructions) Yo					ement and an attentiv	eness requirement		
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally		
		integrated, or Type III					,, , ,, ,,	,,		
f		Enter the number of su								
g		Provide the following i	nformation abo	out the supported orga	inization(s)					
		ame of supported organization	(ii) EIN	(iii) Type of	(iv) Is the org	•	(v) A mount of monetary support	(vi) A mount of other support (see		
		organization		organization (described on lines	docume		(see instructions)	instructions)		
				1-9 above or IRC			(55551 454.5)	,		
				section (see						
				ınstructions))						
					Yes	No				
Total										

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 Gifts, grants, contributions, and membership fees received (Do 16,922,075 24,846,639 22,234,000 12,976,019 21,461,641 98,440,374 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 16,922,075 24,846,639 22,234,000 12,976,019 21,461,641 98,440,374 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 24,471,630 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 73,968,744 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 16,922,075 24,846,639 22,234,000 12,976,019 21,461,641 98,440,374 Amounts from line 4 Gross income from interest, dividends, payments received on 69,499 45,704 6,199 2,232 1,417 125,051 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 1,617 2,696 4,313 capital assets (Explain in Part VI) 11 Total support Add lines 7 98,569,738 through 10 Gross receipts from related activities, etc (see instructions) 12 3,058,990 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 75 040 % Public support percentage for 2013 Schedule A, Part II, line 14 15 15 71 890 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┡ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctri	ıct ione)	
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year			
1 Amounts paid to supported organizations to accom	plish exempt purposes					
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in					
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations					
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval rec	nured)					
6 Other distributions (describe in Part VI) See instru						
7 Total annual distributions. Add lines 1 through 6						
8 Distributions to attentive supported organizations t details in Part VI) See instructions	esponsive (provide					
9 Distributable amount for 2014 from Section C, line						
10 Line 8 amount divided by Line 9 amount						
		(::)	(:::)			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1 Distributable amount for 2014 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2014						
a From 2009						
b From 2010						
c From 2011						
d From 2012						
e From 2013						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2014 from Section D, line 7 \$						
A pplied to underdistributions of prior years						
b Applied to 2014 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7 Excess distributions carryover to 2015. Add lines 3j and 4c						
8 Breakdown of line 7						
a From 2010						
b From 2011						
c From 2012						
d From 2013						

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	Other income - 2010 Amount \$ 1,617 2011 Amount \$ 2,696

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493315044065

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Political Campaign and Lobbying Activities

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

Na	Section 501(c)(4), (5), or (6) orga ime of the organization	anizations Complete Fait III		Employe	r ident	ification number
Am	ericans for Prosperity Foundation			52-1527	7201	
Par	t I-A Complete if the or	ganization is exempt under	r section 501(organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polı	tical campaign act	tivities in Part IV		
2	Political expenditures	3-				¢
3	Volunteer hours			·		¥ <u> </u>
Par		ganization is exempt under				_
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 495!	5	•	\$
2	Enter the amount of any excise	e tax incurred by organization mana	igers under sectio	n 4955	•	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	'20 for this year?			☐ Yes ☐ No
4a	Was a correction made?					┌ Yes
b	If "Yes," describe in Part IV					
Par	rt I-C Complete if the or	ganization is exempt under	r section 501(c), except sectio	n 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exem	pt function activities	-	\$
2	_	organization's funds contributed to o	other organization	s for section 527	_	
	exempt function activities					\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	20-POL, line 17b	•	\$
4	Did the filing organization file I	Form 1120-POL for this year?				┌ Yes ┌ No
	amount of political contribution	For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	directly delivered	to a separate politica	lorgar	nization, such as a ion in Part IV
	(a) Name	(b) Address	(c) EIN	(d) A mount paid f filing organization funds If none, ente	n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- **B** Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar			(a) Filing organization's totals	(b) Affiliated group totals
a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		0	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		0	
C	Total lobbying expenditures (add lines 1a and 1	b)		0	
d	Other exempt purpose expenditures			21,006,809	
e	Total exempt purpose expenditures (add lines 1	c and 1d)		21,006,809	
f	Lobbying nontaxable amount Enter the amount to		1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
		<u>.</u>			
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		0	
j	If there is an amount other than zero on either li	ne 1h or line 1i, did the organization file Form	4720 rep	orting	

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 1,000,000 1,000,000 Lobbying nontaxable amount Lobbying ceiling amount 1,500,000 (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount 250,000 250,000 500,000 Grassroots ceiling amount 750,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

	-	ection under section 501(h)).	(6	a)		(b)	
	ach "Yes" response to lines la through ity.	11 below, provide in Part IV a detailed description of the lobbying	Yes	No	Δ	moun	ıt
1		ization attempt to influence foreign, national, state or local o influence public opinion on a legislative matter or referendum,					
а	Volunteers?						
b		compensation in expenses reported on lines 1c through 1i)?			_		
C	Media advertisements?						
d	Mailings to members, legislators, or	· · · · · · · · · · · · · · · · · · ·					
e	Publications, or published or broadd	<u> </u>			-		
f	Grants to other organizations for lob	_ `			_		
g		r staffs, government officials, or a legislative body?			_		
h		conventions, speeches, lectures, or any similar means?			+		
! -	Other activities?	-			+		
j	Total Add lines 1c through 1	501/-//2			-		
a L		e organization to be not described in section 501(c)(3)?			4		
b	If "Yes," enter the amount of any ta	x incurred by organization managers under section 4912			_		
C		section 4912 tax, did it file Form 4720 for this year?					
d		anization is exempt under section 501(c)(4), section 5	01/0	\/E\	0".66	otio	_
ŒΙ	501(c)(6).	anization is exempt under section 501(c)(4), section 5)TU)(o),	or se	Cuo	11
	302(0)(0).					Yes	N
L	Were substantially all (90% or more	e) dues received nondeductible by members?		[1		
2	Did the organization make only in-h	ouse lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry	over lobbying and political expenditures from the prior year?			3		
'a i	t III-B Complete if the orga 501(c)(6) and if eith line 3, is answered	anization is exempt under section 501(c)(4), section 5 her (a) BOTH Part III-A, lines 1 and 2, are answered " "Yes."	01(c No" C)(5),)R (b)	or se	ctio	n -A,
L	Dues, assessments and similar am		1				
2	Section 162(e) nondeductible lobby expenses for which the section 527	ring and political expenditures (do not include amounts of political (f) tax was paid).					
a	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3		on 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
1		t on line 2c exceeds the amount on line 3, what portion of the excess yover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	,	4				
5	Taxable amount of lobbying and pol	itical expenditures (see instructions)	5				
P	art IV Supplemental Infor	mation					
		rt l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou L. Also, complete this part for any additional information	p lıst),	Part I	I-A, lı	nes 1	an
	Return Reference	Explanation					
orn		ne organization has an election under section 501(h) in effect, however the organization has an election under section 501(h) in effect, however the organization is a section 501(h) in effect, however the organization is a section 501(h) in effect, however the organization is a section for the organization for the organization is a section for the organization for th	r it did	not ha	ve any	lobby	 /ing
_							
_							
_							

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

DLN: 93493315044065

OMB No 1545-0047

Open to Public Inspection

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** Americans for Prosperity Foundation 52-1527294 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items 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, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Part	Organizations Maintaining Co	llections of Art,	Histo	rical	Treasu	ires, or Ot	her	Similar Asse	ets (co	ntınued)
3	Using the organization's acquisition, accessi collection items (check all that apply)									
а	Public exhibition		d [Lo	an or exc	hange progra	ıms			
b	Scholarly research		е Г	- 0	ther					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and explai	n how th	iey fu	rther the o	organization'	sexe	mpt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	□ No
Par	t IV Escrow and Custodial Arrange	<u> </u>								1 140
	Part IV, line 9, or reported an an									
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•			or other asse	ts no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	following	j tabl	e					
_	_							Amo	unt	
c c	Beginning balance					⊢	Lc			
d	Additions during the year					-	Ld			
e f	Distributions during the year					<u> </u>	le lf			
	Ending balance	erm 000 Dort V I	21 f	000-	2W 05 2::2+			.lı±v2	Yes	
2a h	Did the organization include an amount on Fo		•					,	1 es	NO
D	If "Yes," explain the arrangement in Part XII t V Endowment Funds. Complete i									1
Pa	t V Endowment Funds. Complete	(a)Current year	(b)Prio						e)Four ye	ars back
1a	Beginning of year balance			<u> </u>						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (lıne 1	g, co	lumn (a))	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ►									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%								
За	Are there endowment funds not in the posses organization by	ssion of the organiza	tıon tha	t are	held and a	admınıstered	for tl	ne	Yes	No
	(i) unrelated organizations							3a(i)	1.55	
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIII the intended uses of th					1 1571		000 D	T1 / 1	
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		ne orga	iniza	tion ansv	wered 'Yes'	to F	orm 990, Part	: IV, IIr	ie
	Description of property				st or other nvestment)	(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) Boo	ok value
1a	and									
Ь	Buildings		. [
c l	easehold improvements					404,	024	302,137		101,887
d I	Equipment					391,	032	198,278		192,754
	Other		.			1,389,	710	534,072		855,638
	. Add lines 1a through 1e (Column (d) must e									L,150,279

Part VII Investments—Other Securities. Cor See Form 990, Part X, line 12.	mplete if the organization	answered 'Yes' to Form 990, Part IV, line	e 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	<u> </u>	Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related. Co	omplete if the organization	on answered 'Yes' to Form 990, Part IV, li	ne 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		Sobre of end of year marker value	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	0, Part IV, line 11d See Form 990, Part X, line	15
(a) Descr	ıptıon	(b) Book value	
(1) Deposits			15,860
(2) Due from affiliate		3,5	45,576
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1			61,436
	anızatıon answered 'Yes' t	to Form 990, Part IV, line 11e or 11f. See	9
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	I	
-	(b) Book value		
Federal income taxes			
Due to affiliate	653,697		
	i	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	653,697		

Par		of Revenue per Audited Financial Stat answered 'Yes' to Form 990, Part IV, line 1		ts With Revenue	per Re	eturn Complete if	
1		other support per audited financial statements			1		
2		1 but not on Form 990, Part VIII, line 12					
а		ses) on investments	2a				
b		e of facilities	2b				
c	Recoveries of prior year o	grants	2c				
d		(III)	2d				
e	Add lines 2a through 2d	·					
3	Subtract line 2e from line	1			3		
4	Amounts included on For	m 990, Part VIII, line 12, but not on line 1					
а	Investment expenses no	t included on Form 990, Part VIII, line 7b	4a				
ь		(III)	4b				
c	Add lines 4a and 4b .				4c		
5	Total revenue Add lines	3 and 4c. (This must equal Form 990, Part I, line	12).		5		
Part		of Expenses per Audited Financial Sta		nts With Expense	s per	Return. Complete	
		n answered 'Yes' to Form 990, Part IV, line					
1		es per audited financial statements			1		
2		1 but not on Form 990, Part IX, line 25	1	I			
а		e of facilities	2a				
Ь	, <u>-</u>		2b		_		
C		Other losses					
d		III)	2d				
e	-				2e		
3		1			3		
4		m 990, Part IX, line 25, but not on line 1:		1			
а		included on Form 990, Part VIII, line 7b					
b	•	III)	4b		_		
C					4c		
5		s 3 and 4c. (This must equal Form 990, Part I, lin	e 18)		5		
	Supplemental						
Part		ed for Part II, lines 3, 5, and 9, Part III, lines 1a rt XI, lines 2d and 4b, and Part XII, lines 2d and				le any additional	
	Return Reference	Explanation					
Part X	K, Line 2	The financial statement effects of a tax po	sition ta	ken or expected to be	taken a	are recognized in the	
		consolidated financial statements when it the position will be sustained upon examin expenses in the consolidated statements of Organization had no uncertain tax position consolidated financial statements. The Or state income tax examinations by tax authors.	s more ation Ir of activit s that q ganization	likely than not, based nterest and penalties, ties As of December : ualify for recognition o on is generally no long	on the f If any, a 31, 201 or disclo	technical merits, that are included in .4 and 2013, the osure in the	

Jenedale 2 (1 31111 33 3) 23 13		r age 5		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

DLN: 93493315044065

OMB No 1545-0047

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

N	ame	of th	e or	ganızatıon	
Α	meri	cans	for	Prosperity	Foundation

Department of the Treasury Internal Revenue Service	Open to Public Inspection				
Name of the organization Americans for Prosperit	n		EZ) and its instructions is at v	Employer ider	ntification number
	ng Activities. Complete of required to complete the		on answered "Yes" to	52-1527294 Form 990, Part IV,	
1 Indicate whether t	he organization raised funds	through any of the	following activities Ch	eck all that apply	
a 🔽 Mail solicitation	ons	e	Solicitation of noi	n-government grants	
b 🔽 Internet and e	mail solicitations	f	Solicitation of go	vernment grants	
c Phone solicita	tions	g	Special fundraisir	ng events	
d 🔽 In-person soli	citations				
or key employees b If "Yes," list the te	on have a written or oral agreelisted in Form 990, Part VII on highest paid individuals or d at least \$5,000 by the organisms (ii) Activity) or entity in connec rentities (fundraise	ction with professional	fundraising services?	Yes Nondraiser is
individual or entity (fundraise		fundraiser have custody or control of contributions?	from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes No			
Strive Communica 11921 Freedom D Suite 550		No	C	5,305	-5,305
Reston, VA 20191					
1 iWave Information Systems 28 Hillstrom Aven Charlottetown,	ue	No	O	5,245	-5,245
CA C1E 2C5		No	0	5,180	-5,180
Λ ntaria Inc			I]	-5,180

8300 Greensboro Dr 800 McLean, VA 22102 Grant solicitation Νo 63,123 -63,123 American Philanthropic assistance 18 North Church St 2 West Chester, PA 19382 10 Total. 78,853 -78,853

3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(4)
Revenue	1	Gross receipts				
ē,	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ဟ	5	Noncash prizes				
esu:	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
à	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 in colum	n (d)		()
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)		
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>Ф</u>		\$13,000 OH TOHH 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u>~</u>	1	Gross revenue				
Expenses	2	Cash prizes				
ρę	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г No	┌ Yes% ┌ No	┌ Yes <u>%</u> ┌ No	
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)		
9	Ent	er the state(s) in which the organiza	ation conducts gaming a	ctivities		
а		the organization licensed to conduct				Fyes Fno
Ь	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain				

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3				
11	Does the organization conduct gaming	activities with nonm	nembers?	┌ Yes	_ No				
12	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	,,		Г _{Yes}	Γ _{No}				
13	Indicate the percentage of gaming acti	vities conducted in							
а	The organization's facility				%				
b	An outside facility				%				
14	Enter the name and address of the pers	son who prepares the	e organization's gaming/special events books and records						
	Name 🟲								
	Address ►								
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming						
				Γ _{Yes}	Γ _{No}				
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		the organization 🟲 \$ and the						
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								
а	s the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?								
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organizations or spent						
	ın the organization's own exempt activ								
Pai			xplanations required by Part I, line 2b, columns (iii) 7b, as applicable. Also provide any additional infori						
	Return Reference		Explanation						

DLN: 93493315044065

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Las Vegas, NV 89119

Americans for Prosperity Foundation

Schedule I

(Form 990)

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. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

. ,						52-1527294	
Part I General Inform	nation on Grants	and Assistance				•	
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants o	rassıstance?		·			F Yes ⊢ N
					. Complete if the org dicated if additional s		"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Nevada Policy Research Institute 7130 Placid Street	88-0276314	501 (c) 3	29,500				Program Support

Schedule I (Form 990) 2014							
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.						
	Part III can be duplicated if additional space is needed.						

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference	Explanation						
•	Grant funds were paid pursuant to an agreement requiring the recipient to expend the funds for appropriate purposes. The organization reviews the recipient's Form 990, IRS tax-exemption letter, articles of incorporation, by-laws, and validates the recipient's tax ID #						

Schedule I (Form 990) 2014

DLN: 93493315044065

OMB No 1545-0047

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Americans for Prosperity Foundation

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

52-1527294

Pa	rt I Questions Regarding Compensation		-			
					Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses described.			1b	Yes	
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executi			_		
	directors, trustees, officers, filcluding the CEO/Executi	ve L	riector, regarding the items checked in line 1a.	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation	appl	y Do not check any boxes for methods			
	▼ Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	~	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par or a related organization	t VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	mer	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplemental	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				Νo
С	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ıs m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		No
ь	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The organization?					Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.			7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid					
	subject to the initial contract exception described in Re	gula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	n Part III					
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$?	butt	able presumption procedure described in Regulations	9		

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 (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) 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

	T			T	T	T		
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in	
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	First class travel may be provided if there are last minute flight changes or there is no other available travel alternative. All travel is for a bona fide business purpose
Part I, Line 4a	John Flynn, former General Counsel, received a severance payment in the amount of 113,343 during the tax year
Part I, Line 7	The Organization pays out discretionary bonuses
Compensation from Unrelated	Nolan Ingebrigtson, Interim CFO, received the following compensation from an unrelated organization, Center for Shared Services Trust, for services provided to Americans for Prosperity Foundation Base Salary - 36,898 Bonus - 12,500 Deferred Compensation - 1,510 Other Nontaxable benefits (health and dental insurance) - 1,515

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 52-1527294

Name: Americans for Prosperity Foundation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(I	3) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base Insation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
1 Tim Phillips, President	(I) (II)	173,219 97,436	80,000 45,000	0 0	10,735 6,038	14,807 8,329	278,761 156,803	0
1 Luke Hilgemann, Chief Operating Officer	(I) (II)	138,942 56,751	106,500 43,500	0	6,981 2,851	16,374 6,688	268,797 109,790	0 0
2 Robert Heaton, CFO	(I) (II)	83,516 74,062	53,000 47,000	0	0	7,324 6,495	143,840 127,557	0
3 Teresa Oelke, VP, State Operations	(1) (11)	71,496 94,774	30,100 39,900	0	4,981 6,603	9,941 13,178	116,518 154,455	0
4 Christopher Fink, VP, Development	(I) (II)	46,346 174,348	15,750 59,250	0	3,103 11,673	4,851 18,250	70,050 263,521	0
5 Slade O'Brien, VP/Grassroots Leadership Academy	(I) (II)	105,710 37,141	37,000 13,000	0 0	2,397 842	17,118 6,014	162,225 56,997	0 0
6 Victor Bernson, VP & General Counsel	(I) (II)	123,311 72,421	31,500 18,500	0 0	5,571 3,272	7,158 4,204	167,540 98,397	0 0
7 Jennifer Stefano, VP of Value Added Events	(I) (II)	98,447 38,285	28,800 11,200	0	5,181 2,015	276 107	132,704 51,607	0 0
8 Nolan Ingebrigtson, Interim CFO (Partial year)	(I) (II)	36,898 0	12,500 0	0	1,510 0	1,515 0	52,423 0	0
9 Dennis Vegas, CMO	(I) (II)	60,263 62,723	12,250 12,750	0 0	0	4,303 4,478	76,816 79,951	0
10 Adam Stryker, Interim CTO	(I) (II)	53,985 95,973	18,000 32,000	0 0	3,192 5,675	8,298 14,753	83,475 148,401	0 0
11 Derrick Sontag, Senior Regional Director	(I) (II)	86,912 60,397	23,600 16,400	0 0	2,148 1,493	4,226 2,936	116,886 81,226	0 0
12 Robert Stuber, Director of Development -	(I) (II)	29,344 110,388	6,300 23,700	0 0	2,184 8,216	1,465 5,513	39,293 147,817	0 0
13 David From, State Director	(I) (II)	82,295 40,533	23,450 11,550	0 0	6,249 3,078	15,499 7,634	127,493 62,795	0 0
14 Chase Downham, Regional Director	(I) (II)	32,408 83,336	14,000 36,000	0 0	2,517 6,473	3,729 9,586	52,654 135,395	0 0
15 Mark Lucas, Regional Director	(I) (II)	19,090 93,203	7,650 37,350	0 0	362 1,767	59 286	27,161 132,606	0
16 John Flynn, Former General Counsel	(I) (II)	46,708 61,916	0	0 0	2,013 2,669	16 21	48,737 64,606	0

DLN: 93493315044065

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

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

Open to Public Inspection

Internal Revenue Service

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Americans for Prospenty Foundation						E	Employ	er ident/	ificatio	n numbe	r	
Afficilis for Pio	spenty Foundation	II						52-15	27294			
Part I Exc	ess Benefit	Transaction	s (section	501(c)(3),	section 501(c)(4), and 501				only)		
		anızatıon answer									40b	
1 (a) Name of disqualified person				hıp between		(c) Desc	ription	of tra	nsaction	·	(d) Cor	rected?
			person	and organiz	ation						Yes	No
4958 .		Incurred by orgal If any, on line 2,					he yea	r unde	rsectior ► \$	1		
Complete if th	ie organization	Interested answered "Yes" 990, Part X, line	on Form 9	990-EZ, Par	t V, line 38a, c	or Form 990, I	Part IV	, line	26, or ıf	the org	anızatıoı	1
(a) Name of interested person	(b) Relations with organiza	' ' '	f or from	(d) Loan to or from the organization?		(f) Balance due	(g) defa		(h) Approby boar	ved d or	(i)Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(a) Name of I	mplete if the	► \$ istance Bene organization a (b) Relationship	answered between	"Yes" on I				ıstano	e (e)) Purpo	se of ass	sistance
perso	on li	nterested persor	n and tha	1								

Part IV Business Transactions Involving Interested Persons

Complete if the organiza			ne 28a. 28b. or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) Christopher Fink	Family relationship with Director, Richard Fink	70,050	Employee compensation Note As a Member of the Board of Directors, Richard Fink excuses himself from compensation related decisions involving Christopher Fink		No	
(2) Americans for Prosperity	Entity more than 35% controlled by Americans for Prosperity Foundation	3,115,505	Foundation reimbursement to AFP for expenses		No	
(3) A mericans for Prosperity	Entity more than 35% controlled by Americans for Prosperity Foundation	16,513,524	Payment received from AFP for services		No	
(4) A mericans for Prosperity	Entity more than 35% controlled by Americans for Prosperity Foundation	1,486,217	Fee charged to AFP for services provided		No	
(5) A mericans for Prosperity	Entity more than 35% controlled by	113,000	Sale of DAD Summit to AFP		No	

Supplemental Information

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

Return Reference Explanation

A mericans for Prosperity Foundation DLN: 93493315044065

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Noncash Contributions

Name of the organization Americans for Prosperity Foundation **Employer identification number**

	. ,				52-1527294			
Pa	Irt I Types of Property							
		(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contrib	etermı		ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		2,000	Fair market value			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	6	1,079,824	Fair market value			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			
							Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	tion, and which is not requi	red to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		Νo
b	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us			to solicit, process, or sell	noncash			
	contributions?					32a	\longmapsto	Νo
	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a) is checked,			

Tolleans II (I of III p p) (2021)							
Part II Supplemental Information. Provide the information required by Part I, lines 30b,							
32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contribution							
number of items rece	eived, or a combination of both. Also complete this part for any additional information.						
Return Reference	Explanation						
Part I, Column (b)	The number of contributors represents the number of contributions received						

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493315044065

OMB No 1545-0047

2014

Open to Public Inspection

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

	Employer identification number
Americans for Prospenty Foundation	
	52-1527294

Explanation

990 Schedule O, Supplemental Information

Return Reference

Return Reference	Explanation
Form 990, Part V, Line 2a, Part VII, Part IX, Lines 5-10 and Schedule J	
Form 990, Part VI, Section A, line 2	Richard Fink and David Koch - Business Relationship Richard Fink and Christopher Fink - Family Relationship
Form 990, Part VI, Section B, line 11	The Form 990 is prepared by an independent CPA firm The COO, Treasurer, and general couns el review Form 990 prior to sending to the board. The 990 is then distributed to the audit committee, acting on behalf of the board for review and questions prior to filing with the IRS.
Form 990, Part VI, Section B, line 12c	The Organization has in place a conflict of interest policy covering all staff, directors and officers that it monitors through the quarterly meetings of the Board of Directors' Au dit Committee and an annual employee survey Should a conflict be disclosed, it is address ed by company management or the board, as appropriate
Form 990, Part VI, Section B, line 15	The board, or committee thereof, reviews comparative entities to determine reasonable compensation levels for the CEO and other officers and key employees of the organization. Substantiation of compensation is included in personnel files. This process was last completed during the tax year for all officers of the organization.
Form 990, Part VI, Section C, line 19	The organization makes available to the public documents required by law to be made publicly available in accordance with IRS procedures
Form 990, Part VIII, Line 7a/7b	The organization has a policy whereby all contributed securities are immediately sold thro ugh the broker that receives those contributions on the organization's behalf
Form 990, Part XII, Line 2c	The organization's Audit Committee assumes responsibility for oversight of the audit of it s financial statements and selection of its independent accountant. This process has not c hanged since the prior year.

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2014

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OMB No 1545-0047

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE R

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization	Employer identification number
Americans for Prosperity Foundation	
	52-1527294

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity					
(1) PRDIST LLC 2111 Wilson Blvd 350 Arlington, VA 22201 27-3120702	Educate and mobilize citizens	VA	0	0	Americans for Prosperity					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(g) Section 512(b) (13) controlled entity?	
						Yes	No
	Educate and mobilize citizens	DC	501(c)(4)		Americans for Prosperity Foundation		No

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete	if the organiza	ation ansv	vered "Ye	s" on Form	990, Part	IV, line	34
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						

	•											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	(j)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropi	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocatı	ons?	amount in box	mana	ging	ownership
		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from					Schedule K-1		- 1	
		country)		tax under					(Form 1065)		- 1	
				sections 512-							- 1	
				514)			L					
							Yes	No		Yes	No	
					•							

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512		
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	(b)(13)	
		(state or foreign		corp,		assets	1	controlled		
		country)		or trust)				entity?		
								Yes	No	
							1		·	

ched	dule R (Form 990) 2014		Рa	ge 3
Pai	rt V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g	Yes	
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No

- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Americans for Prosperity	N	2,606,070	Market Value
(2) Americans for Prosperity	0	15,393,671	Market Value
(3) Americans for Prosperity	Р	3,115,505	Cost
(4) Americans for Prosperity	G	113,000	Market Value

1n Yes

Yes

Yes

No

No

No

10

1q

1r

1s

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

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

1													
(a)	(b)	(c)	(d)	1	(e)	(f)	(g)	(h)		(i)	(j)	7	(k)
Name, address, and EIN of entity	Primary activity			50 orga	e all partners section 501(c)(3) ganizations?	Share of	Share of end-of-year assets	Disproprtionate		Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	g	Percentage ownership
	'	''	tax under sections 512-		,	1 '		1	ļ	(Form 1065)	1	,	1
			514)	Yes	No	<u> </u>	<u> </u>	Yes	No	<u> </u>	Yes	No	
				」				<u>, </u>	厂				

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Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014