Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 20 13

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

2012

Name of exempt organization
AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number
13-3393329

Name and title of officer
ROBERT GEBBIA
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here ▶ [X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	12971717
2a	Form 990-EZ check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ [ ]	b **Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MCGLADREY LLP (ERO firm name) to enter my PIN 13339 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ [signature] Date ▶ 4/29/14

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 26003603612 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ [signature] Date ▶ 4/28/14

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **8879-EO** (2012)
223051
11-05-12

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047

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

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization
AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
120 WALL STREET - 29TH FLOOR

City, town, or post office, state, and ZIP code
NEW YORK, NY 10005

D Employer identification number
13-3393329

E Telephone number
(212)363-3500

G Gross receipts $ 15,674,670.

F Name and address of principal officer: ROBERT GEBBIA
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AFSP.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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROMOTE UNDERSTANDING AND PREVENTION OF SUICIDE

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)	3	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	58
6	Total number of volunteers (estimate if necessary)	6	2300
7 a	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	7b	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	12,144,870.	15,324,209.
	9	Program service revenue (Part VIII, line 2g)	49,230.	118,640.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,682.	60,994.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,282,542.	-2,532,126.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,978,240.	12,971,717.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,212,099.	1,576,113.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,282,436.	4,685,355.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,216,676.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,727,871.	4,171,250.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,222,406.	10,432,718.
	19	Revenue less expenses. Subtract line 18 from line 12	755,834.	2,538,999.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,876,043.	8,991,425.
	21	Total liabilities (Part X, line 26)	2,157,411.	2,534,589.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,718,632.	6,456,836.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ ROBERT GEBBIA, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARTIN GREIF				P00029738

Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 1185 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-2602 | Phone no. 212-372-1000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION IS A NATIONAL NON-PROFIT EXCLUSIVELY DEDICATED TO UNDERSTANDING AND PREVENTING SUICIDE THROUGH RESEARCH, EDUCATION AND ADVOCACY, AND TO REACHING OUT TO PEOPLE WITH MENTAL DISORDERS AND THOSE IMPACTED BY SUICIDE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,290,581. including grants of $ 1,576,113.) (Revenue $)
RESEARCH: FUNDS SCIENTIFIC RESEARCH INTO THE CAUSES AND PREVENTION OF SUICIDE

4b (Code:) (Expenses $ 3,292,190. including grants of $) (Revenue $ 72,345.)
EDUCATION / PREVENTION PROGRAMS: OFFERS EDUCATIONAL PROGRAMS FOR PROFESSIONALS, EDUCATES THE PUBLIC ABOUT MOOD DISORDERS AND SUICIDE PREVENTION, DEVELOPS INNOVATIVE PROJECTS TO IMPROVE SUICIDE PREVENTION

4c (Code:) (Expenses $ 1,813,276. including grants of $) (Revenue $ 118,640.)
SURVIVOR PROGRAMS: PROVIDES PROGRAMS AND INFORMATION FOR SURVIVING FAMILY AND FRIENDS AFTER A SUICIDE

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,069,695. including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 8,465,742.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [X]

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	44		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	58		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

		Line	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — 1a: 33. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent — 1b: 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

		Line	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
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		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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 ▶ AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

DANIEL KILLPACK - (212)363-3500

120 WALL STREET - 29TH FLOOR, NEW YORK, NY 10005

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 NORTON CHAIR	1.00	X		X				0.	0.	0.
(2) NANCY FARRELL VICE CHAIR	1.00	X		X				0.	0.	0.
(3) JOHN F. GREEDEN, M.D. PRESIDENT	1.00	X		X				0.	0.	0.
(4) JERROLD ROSENBAUM, M.D. VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) ANDREW R. ROGOFF, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
(6) NORMAN FINE TREASURER	1.00	X		X				0.	0.	0.
(7) MICHAEL BALLARD DIRECTOR	1.00	X						0.	0.	0.
(8) J. THOMAS BENTLEY DIRECTOR	1.00	X						0.	0.	0.
(9) LOUIS BRADBURY (THRU 2/13) DIRECTOR	1.00	X						0.	0.	0.
(10) MARK BROOKSHIRE DIRECTOR	1.00	X						0.	0.	0.
(11) PHILIP CHAPPELL (FROM 1/13) DIRECTOR	1.00	X						0.	0.	0.
(12) KEITH CHERRY, PH.D DIRECTOR	1.00	X						0.	0.	0.
(13) JAMES COMPTON (FROM 1/13) DIRECTOR	1.00	X						0.	0.	0.
(14) YEATES CONWELL, M.D. DIRECTOR	1.00	X						0.	0.	0.
(15) CHARLEY CURIE DIRECTOR	1.00	X						0.	0.	0.
(16) DAVID A. DODD DIRECTOR	1.00	X						0.	0.	0.
(17) DWIGHT L. EVANS, M.D. DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) KAY REDFIELD JAMISON, PH.D. DIRECTOR (THRU 12/12)	1.00	X						0.	0.	0.
(19) RICHARD B. KIRCHHOFF DIRECTOR	1.00	X						0.	0.	0.
(20) J. JOHN MANN, M.D. DIRECTOR	1.00	X						0.	0.	0.
(21) ERIC MARCUS DIRECTOR	1.00	X						0.	0.	0.
(22) ROBERT NAU DIRECTOR	1.00	X						0.	0.	0.
(23) CHARLES B. NEMEROFF, M.D., PH.D DIRECTOR	1.00	X						0.	0.	0.
(24) PHILIP T. NINAN DIRECTOR	1.00	X						0.	0.	0.
(25) PAUL PERRYMORE DIRECTOR	1.00	X						0.	0.	0.
(26) KELLY POSNER, PH.D. DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								1,256,847.	0.	178,305.
d Total (add lines 1b and 1c) ▶								1,256,847.	0.	178,305.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BULLPEN INTERGRATED MARKETING LLC, 16131 VENTURA BLVD, SUITE 400, ENCINO, CA 91436	EVENT MARKETING	475,938.
BUFFALO SPECIALITIES P.O.BOX 35809, HUDSTON, TX 77236	EVENT T-SHIRTS	455,924.
OP3, 915 MARINE STREET #2, SANTA MONICA, CA 90405	EVENT PRODUCTIONS	338,800.
BEACON FIRE, 2300 CLARENDON BLVD SUITE 1100, ARLINGTON, VA 22201	WEBSITE DESIGN	140,772.
REGINA PRINTING 69 ACADEMY STREET, BELLEVILLE, NJ 07109	EVENT PRINTING	118,541.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 6

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) WALTRAUD PRECHTER DIRECTOR	1.00	X						0.	0.	0.
(28) CHARLES F. REYNOLDS, M.D. DIRECTOR (FROM 1/13)	1.00	X						0.	0.	0.
(29) PHILLIP SATOW DIRECTOR	1.00	X						0.	0.	0.
(30) STEVE SIPLE DIRECTOR	1.00	X						0.	0.	0.
(31) ANDREW SLABY, M.D., PH.D., M.P. DIRECTOR	1.00	X						0.	0.	0.
(32) LAWRENCE SPRUNG DIRECTOR	1.00	X						0.	0.	0.
(33) MARCO TAGLIETTI, M.D. DIRECTOR (FROM 1/13)	1.00	X						0.	0.	0.
(34) ALAN WEEKS DIRECTOR	1.00	X						0.	0.	0.
(35) DAVID WHITEHOUSE, M.D. DIRECTOR (THRU 12/12)	1.00	X						0.	0.	0.
(36) ELINOR WOHL DIRECTOR	1.00	X						0.	0.	0.
(37) ROBERT GEBBIA EXECUTIVE DIRECTOR	40.00			X				302,082.	0.	49,380.
(38) DANIEL KILLPACK CFO	40.00			X				137,156.	0.	19,280.
(39) PAULA CLAYTON MEDICAL DIRECTOR	40.00				X			192,148.	0.	17,538.
(40) MICHAEL LAMMA SR DIR FOR DEVELOPMENT	40.00				X			199,358.	0.	31,199.
(41) JOHN MADIGAN SR DIR OF PUBLIC POLICY	40.00				X			151,934.	0.	32,919.
(42) ANN HAAS SR PROJECT SPECIALIST	40.00					X		141,184.	0.	14,132.
(43) JOANNE HARPEL SR DIR SURVIVORS	40.00					X		132,985.	0.	13,857.
Total to Part VII, Section A, line 1c								1,256,847.		178,305.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts						
1 a	Federated campaigns	1a				
b	Membership dues	1b				
c	Fundraising events	1c 13,528,856.				
d	Related organizations	1d				
e	Government grants (contributions)	1e 196,100.				
f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,599,253.				
g	Noncash contributions included in lines 1a-1f: $ 68,169.					
h	**Total.** Add lines 1a-1f ▶		15,324,209.			
Program Service Revenue		Business Code				
2 a	SURVIVORS CONFERENCE	900099	118,640.	118,640.		
b						
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a-2f ▶		118,640.			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) ▶		60,994.			60,994.
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties ▶					
		(i) Real / (ii) Personal				
6 a	Gross rents					
b	Less: rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
7 a	Gross amount from sales of assets other than inventory					
b	Less: cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss) ▶					
8 a	Gross income from fundraising events (not including $ 13,528,856. of contributions reported on line 1c). See Part IV, line 18	a 89,055.				
b	Less: direct expenses	b 2,693,526.				
c	Net income or (loss) from fundraising events ▶		-2,604,471.			-2,604,471.
9 a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities ▶					
10 a	Gross sales of inventory, less returns and allowances	a 81,772.				
b	Less: cost of goods sold	b 9,427.				
c	Net income or (loss) from sales of inventory ▶		72,345.	72,345.		
	Miscellaneous Revenue	Business Code				
11 a						
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a-11d ▶					
12	**Total revenue.** See instructions. ▶		12,971,717.	190,985.	0.	-2,543,477.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,420,282.	1,420,282.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	155,831.	155,831.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,208,533.	939,169.	116,926.	152,438.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,696,002.	2,095,102.	260,839.	340,061.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	164,807.	128,074.	15,945.	20,788.
9 Other employee benefits	236,855.	184,063.	22,916.	29,876.
10 Payroll taxes	379,158.	294,649.	36,684.	47,825.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	33,130.		33,130.	
d Lobbying	231,966.	231,966.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	463,108.	397,691.	17,796.	47,621.
12 Advertising and promotion				
13 Office expenses	640,278.	449,535.	58,882.	131,861.
14 Information technology	200,814.	156,053.	19,430.	25,331.
15 Royalties				
16 Occupancy	364,364.	284,673.	35,593.	44,098.
17 Travel	674,343.	453,176.	94,863.	126,304.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,802.	20,050.	2,496.	3,256.
23 Insurance	811.			811.
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.)				
a OUT OF DARKNESS PROGRAM	826,638.	675,758.		150,880.
b CONFERENCES & PROGRAMS	549,310.	456,277.	18,612.	74,421.
c EQUIP RENTAL & MAINT	160,686.	123,393.	16,188.	21,105.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	10,432,718.	8,465,742.	750,300.	1,216,676.
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 to any question in this Part X ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			79,586.	1	2,037,797.
	2	Savings and temporary cash investments			2,967,443.	2	3,420,038.
	3	Pledges and grants receivable, net			178,085.	3	312,750.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	223,419.
	9	Prepaid expenses and deferred charges			74,866.	9	178,038.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	382,220.			
	b	Less: accumulated depreciation	10b	245,289.	131,589.	10c	136,931.
	11	Investments - publicly traded securities			2,169,096.	11	2,429,207.
	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			275,378.	15	253,245.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			5,876,043.	16	8,991,425.
Liabilities	17	Accounts payable and accrued expenses			609,411.	17	844,580.
	18	Grants payable			1,379,939.	18	1,515,037.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			168,061.	25	174,972.
	26	**Total liabilities.** Add lines 17 through 25			2,157,411.	26	2,534,589.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			2,644,234.	27	4,910,988.
	28	Temporarily restricted net assets			1,074,398.	28	597,008.
	29	Permanently restricted net assets				29	948,840.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,718,632.	33	6,456,836.
	34	Total liabilities and net assets/fund balances			5,876,043.	34	8,991,425.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,971,717.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,432,718.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,538,999.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,718,632.
5	Net unrealized gains (losses) on investments	5	199,205.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,456,836.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ 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 ☐ 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 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8299828.	8936324.	11111013.	12144870.	15324209.	55816244.
2 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						
4 **Total.** Add lines 1 through 3	8299828.	8936324.	11111013.	12144870.	15324209.	55816244.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						55816244.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8299828.	8936324.	11111013.	12144870.	15324209.	55816244.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,135.	52,543.	70,545.	66,682.	60,994.	308,899.
9 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 capital assets (Explain in Part IV.)	292,944.	140,824.	15,858.			449,626.
11 **Total support.** Add lines 7 through 10						56574769.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 419,978.

13 **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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 98.66 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 ..... 15 | 98.03 %

16a **33 1/3% support test - 2012.** 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 - 2011.** 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 - 2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

Part III 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 in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **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

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** 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 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

SPAN CONTRACT REVENUE

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2012

Name of the organization
AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number
13-3393329

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year .... ▶ $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number
13-3393329

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONTRIBUTIONS < 2% OF PAGE 9, LINE 1H C/O AFSP, 120 WALL STREET, 29TH FLOOR NEW YORK, NY 10005	$ 15,324,209.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
AMERICAN FOUNDATION FOR SUICIDE PREVENTION	13-3393329

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
AMERICAN FOUNDATION FOR SUICIDE PREVENTION	13-3393329

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

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), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization	Employer identification number
AMERICAN FOUNDATION FOR SUICIDE PREVENTION	13-3393329

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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 Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2009	**(b)** 2010	**(c)** 2011	**(d)** 2012	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		33,837.
e Publications, or published or broadcast statements?	X		64,921.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		126,383.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		160,339.
i Other activities?		X	
j Total. Add lines 1c through 1i			385,480.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC: AFSP MAINTAINS DATABASES OF FIELD ADVOCATE VOLUNTEERS AND MEMBERS OF CONGRESS. AFSP PERIODICALLY EMAILS ITS FIELD ADVOCATES WITH INFORMATION ABOUT PENDING SPECIFIC LEGISLATION AND REQUESTS THAT THEY CONTACT THEIR REPRESENTATIVES TO EXPRESS AN OPINION ON THE LEGISLATION.

Part IV Supplemental Information *(continued)*

AFSP ALSO EMAILS LEGISLATORS AND THEIR STAFF URGING THEM TO VOTE FOR LEGISLATION THAT ADVANCES THE CAUSE OF SUICIDE PREVENTION AND SUICIDE RELATED RESEARCH.

PUBLICATIONS OR PUBLISHED OR BROADCAST STATEMENTS: AFSP COMPILES INFORMATION ABOUT PENDING LEGISLATION RELEVANT TO OUR STRATEGIC PRIORITIES AND PREPARES BRIEFING STATEMENTS FOR FIELD ADVOCATES.

DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: EACH YEAR AFSP VOLUNTEERS SPEND ONE DAY ON CAPITOL HILL SPEAKING WITH THEIR STATES' CONGRESSIONAL LEADERS ABOUT LEGISLATION THAT SUPPORTS AFSP STRATEGIC PRIORITIES. ADDITIONALLY, THROUGHOUT THE YEAR, AFSP STAFF VISIT WITH CONGRESSIONAL STAFF EDUCATING THEM ABOUT OUR POSITIONS ON PENDING LEGISLATION.

RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, OR ANY SIMILAR MEANS: AFSP HOLDS AN ANNUAL ADVOCACY FORUM TO TRAIN FIELD ADVOCATES HOW TO CONTACT FEDERAL, STATE AND LOCAL OFFICIALS ON AFSP POSITIONS REGARDING CURRENT AND/OR PENDING LEGISLATION. AFTER TRAINING, THE FIELD ADVOCATES SPEND A DAY ON CAPITOL HILL IN MEETINGS WITH THEIR CONGRESSIONAL LEADERS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number: 13-3393329

Part I — 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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 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? ☐ Yes ☐ No

6 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? ☐ Yes ☐ No

Part II — Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 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)? ☐ Yes ☐ No

9 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public 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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0.				
b Contributions	2,500,505.				
c Net investment earnings, gains, and losses	260,173.				
d Grants or scholarships	36,500.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,724,178.				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 58.32 %

b Permanent endowment ▶ 34.83 %

c Temporarily restricted endowment ▶ 6.85 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		114,497.	96,165.	18,332.
d Equipment				
e Other		267,723.	149,124.	118,599.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				136,931.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT CREDIT	168,774.
(3) DEFERRED EVENT REVENUE	6,198.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	174,972.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	13,140,017.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	199,205.		
b	Donated services and use of facilities	2b	25,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	224,205.
3	Subtract line **2e** from line **1**			3	12,915,812.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	55,905.		
c	Add lines **4a** and **4b**			4c	55,905.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	12,971,717.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,401,813.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	25,000.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	25,000.
3	Subtract line **2e** from line **1**			3	10,376,813.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	55,905.		
c	Add lines **4a** and **4b**			4c	55,905.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	10,432,718.

Part XIII Supplemental Information

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

PART V, LINE 4: THE FOUNDATION'S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. THROUGH THE COMBINATION OF ITS INVESTMENT STRATEGY AND SPENDING POLICY, THE FOUNDATION STRIVES TO PROVIDE A REASONABLY CONSISTENT PAYOUT FROM ENDOWMENT TO SUPPORT OPERATIONS WHILE PRESERVING THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2: THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION

Part XIII Supplemental Information *(continued)*

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIBED IN SECTION 509(A). MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THESE INTERNAL REVENUE CODE SECTIONS. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE FISCAL 2009, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

JEWELRY & VIDEO INCOME/COSTS GROUPED WITH INCOME 55,905.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

JEWELRY & VIDEO INCOME/COSTS GROUPED WITH INCOME 55,905.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization
AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number
13-3393329

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...... [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		71,901.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		83,930.
3 a Sub-total	0	0			155,831.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			155,831.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENTIFIC RESEARCH	71,901.	CHECK	0.		
		NORTH AMERICA	SCIENTIFIC RESEARCH	83,930.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 2

3 Enter total number of other organizations or entities ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: AFSP MONITORS THE USE OF GRANT FUNDS THROUGH REQUIRED SUBMISSION OF SEMI-ANNUAL PROGRESS AND FINANCIAL REPORTS. FINANCIAL FORMS ARE ITEMIZED AND REQUIRE DETAILED INFORMATION. ALL FORMS ARE SIGNED BY INVESTIGATORS, AS WELL AS MENTORS IN THE CASE OF YOUNG INVESTIGATORS AND POSTDOCTORAL FELLOWS, AND FINANCIAL/ADMINISTRATIVE OFFICERS DESIGNATED BY THE SUPPORTING INSTITUTION. PRIMARY INVESTIGATORS ALSO PROVIDE AFSP WITH A DETAILED BUDGET JUSTIFICATION. ONCE RECEIVED, REPORTS ARE THOROUGHLY REVIEWED BY AFSP'S RESEARCH AND MEDICAL DIRECTORS. ADDITIONAL INFORMATION IS REQUESTED WHEN NECESSARY.

SCHEDULE G **(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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 organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 OUT OF THE DARKNESS WAL (event type)	(b) Event #2 LIFESAVERS DINNER (event type)	(c) Other events 57 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	12,218,160.	503,310.	896,441.	13,617,911.
	2 Less: Contributions	12,218,160.	414,255.	896,441.	13,528,856.
	3 Gross income (line 1 minus line 2)		89,055.		89,055.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	557,387.		21,637.	579,024.
	6 Rent/facility costs	68,724.	75,981.	7,475.	152,180.
	7 Food and beverages	78,306.	57,045.	88,659.	224,010.
	8 Entertainment		3,800.		3,800.
	9 Other direct expenses	1,501,692.	117,113.	115,707.	1,734,512.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(2,693,526.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-2,604,471.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: ____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____

11 Does the organization operate gaming activities with nonmembers? ☐ 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? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE G, PART II

OTHER EVENTS

EACH AFSP CHAPTER HOLDS MULTIPLE EVENTS EACH YEAR THAT ARE NOT RELATED TO THE OUT OF THE DARKNESS WALKS. THESE EVENTS ARE INCLUDED IN THE 'OTHER EVENTS' TOTAL ON SCHEDULE G, PART II.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMMA PENDLETON BRADLEY HOSPITAL ALDRICH BLDG 593 EDDY STREET, 3RD F PROVIDENCE, RI 02903	05-0500688	501C3	98,741.	0.			SUICIDE RELATED RESEARCH
BOSTON VA RESEARCH INSTITUTE INC 150 S HUNTINGTON AVENUE BOSTON, MA 02130	04-3081524	501C3	82,854.	0.			SUICIDE RELATED RESEARCH
BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501C3	82,969.	0.			SUICIDE RELATED RESEARCH
GROUP HEALTH COOPERATIVE P.O. BOX 34587 SEATTLE, WA 98124	91-0511770	501C3	171,493.	0.			SUICIDE RELATED RESEARCH
MASS GENERAL HOSPITAL RESEARCH 101 HUNTINGON AVENUE BOSTON, MA 02199	04-2697983	509A1	177,503.	0.			SUICIDE RELATED RESEARCH
MEDICAL COLLEGE OF GEORGIA 1120 15TH STREET AUGUSTA, GA 30912	58-6002053	501C3	29,592.	0.			SUICIDE RELATED RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 20.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2012)**

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 415026 - BOSTON, MA 02241	13-5562309	501C3	74,056.	0.			SUICIDE RELATED RESEARCH
RUTGERS UNIVERSITY-RIZVI SHIREEN 152 FRELINGHUYSEN RD PISCATAWAY, NJ 08854	22-6001086	501C3	71,133.	0.			SUICIDE RELATED RESEARCH
TEXAS TECH UNIVERSITY P.O. BOX 41105 LUBBOCK, TX 79409	75-6002622	115	29,622.	0.			SUICIDE RELATED RESEARCH
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE LEVY PLACE BOX 3500 NEW YORK, NY 10029	13-6171197	501C3	74,056.	0.			SUICIDE RELATED RESEARCH
COLUMBIA UNIVERSITY OF THE CITY OF NEW YORK - P.O. BOX 28789 - NEW YORK, NY 10087	13-5598093	501C3	113,605.	0.			SUICIDE RELATED RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 1855 FOLSOM STREET MCB 425 - SAN FRANCISCO, CA 94143	94-6036493	501C3	74,056.	0.			SUICIDE RELATED RESEARCH
UNIVERSITY OF ARIZONA P.O. BOX 3520 TUCSON, AZ 85722	74-2652689	115	29,622.	0.			SUICIDE RELATED RESEARCH
UNIVERSITY OF CALIFORNIA LOS ANGELES - BOX 951432 1125 MURPHY HALL, 405 HILGARD AVENUE - LOS ANGELES, CA 90095	95-6006143	501C3	83,930.	0.			SUICIDE RELATED RESEARCH
UNIVERSITY OF CONNECTICUT HEALTH CENTER - 263 FARMINGTON AVENUE - FARMINGTON, CT 06030	52-1725543	501C3	74,056.	0.			SUICIDE RELATED RESEARCH

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ILLINOIS AT CHICAGO P.O. BOX 20787 SPRINGFIELD, IL 62708	37-6000511	501C3	83,930.	0.			SUICIDE RELATED RESEARCH
UNIVERSITY OF PITTSBURGH P.O. BOX 371220 PITTSBURGH, PA 15251	25-0965591	501C3	29,622.	0.			SUICIDE RELATED RESEARCH
UNIVERSITY OF UTAH 201 SOUTH PRESIDENT'S CIRCLE RM 406 SALT LAKE CITY, UT 84112	87-6000525	501C3	29,622.	0.			SUICIDE RELATED RESEARCH
VETERANS MEDICAL RESEARCH 3350 LA JOLLA VILLAGE DRIVE (151A) SAN DIEGO, CA 92161	33-0189397	501C3	29,622.	0.			SUICIDE RELATED RESEARCH
VARIOUS GRANT REFUNDS		501C3	-19,802.	0.			SUICIDE RELATED RESEARCH

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: AFSP MONITORS THE USE OF GRANT FUNDS THROUGH REQUIRED SUBMISSION OF SEMI-ANNUAL PROGRESS AND FINANCIAL REPORTS. FINANCIAL FORMS ARE ITEMIZED AND REQUIRE DETAILED INFORMATION. ALL FORMS ARE SIGNED BY INVESTIGATORS, AS WELL AS MENTORS IN THE CASE OF YOUNG INVESTIGATORS AND POSTDOCTORAL FELLOWS, AND FINANCIAL/ADMINISTRATIVE OFFICERS DESIGNATED BY THE SUPPORTING INSTITUTION. PRIMARY INVESTIGATORS ALSO PROVIDE AFSP WITH A DETAILED BUDGET JUSTIFICATION. ONCE RECEIVED, REPORTS ARE THOROUGHLY REVIEWED BY AFSP'S RESEARCH AND MEDICAL DIRECTORS. ADDITIONAL INFORMATION IS REQUESTED WHEN NECESSARY.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

Part I Questions Regarding Compensation

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT GEBBIA	(i)	287,082.	15,000.	0.	27,643.	21,737.	351,462.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL KILLPACK	(i)	137,156.	0.	0.	0.	19,280.	156,436.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAULA CLAYTON	(i)	192,148.	0.	0.	17,258.	280.	209,686.	0.
MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL LAMMA	(i)	194,358.	5,000.	0.	18,924.	12,275.	230,557.	0.
SR DIR FOR DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN MADIGAN	(i)	151,934.	0.	0.	15,872.	17,047.	184,853.	0.
SR DIR OF PUBLIC POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANN HAAS	(i)	141,184.	0.	0.	14,132.	0.	155,316.	0.
SR PROJECT SPECIALIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7: THE FOLLOWING INDIVIDUALS, LISTED ON PART VII,

RECEIVED NON-FIXED PAYMENTS IN THE FORM OF A BONUS DURING THE YEAR:

ROBERT GEBBIA - $15,000

MICHAEL LAMMA - $5,000

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	4	31,624.	FMV WHEN CONTRIBUTED
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AUCTION ITEMS)	X	53	36,545.	RETAIL VALUE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) (2012)**

232141
12-20-12

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN FOUNDATION FOR SUICIDE PREVENTION	13-3393329

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY: WE ADVOCATE AT THE FEDERAL, STATE AND LOCAL LEVELS TO URGE LAWMAKERS TO DO ALL THEY CAN TO PREVENT SUICIDE, AND TO SUPPORT AND CARE FOR THOSE AT RISK.

EXPENSES $ 1,069,695. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FEDERAL EMPLOYMENT TAX FILINGS

AMERICAN FOUNDATION FOR SUICIDE PREVENTION (AFSP) USES THE SERVICES OF A PROFESSIONAL EMPLOYER ORGANIZATION (PEO). THE PEO LEASES EMPLOYEES TO AFSP AND COVERS ALL HUMAN RESOURCE AND PAYROLL FUNCTIONS. THE W-2S AND ALL EMPLOYMENT TAX RETURNS ARE FILED BY THE PEO.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE REVIEWED BY THE CFO AND THE EXECUTIVE DIRECTOR. IT WILL THEN BE PRESENTED TO THE FINANCE COMMITTEE FOR APPROVAL. FINALLY, THE FORM 990 WILL BE DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12: THE GOVERNANCE AND NOMINATING COMMITTEE ASKS IF THERE ARE ANY CONFLICTS OF INTEREST BEFORE NOMINATING OR RE-NOMINATING SOMEONE TO THE BOARD. CURRENTLY, STEPS ARE IN PLACE TO REQUIRE ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES TO SIGN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS. STEPS ARE ALSO IN PLACE TO REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

Name of the organization AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S AND MEDICAL DIRECTOR'S COMPENSATION ARE REVIEWED AND DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE FOUNDATION. THE EXECUTIVE COMMITTEE USES COMPENSATION DATA FROM COMPARABLE ORGANIZATIONS AND/OR OUTSIDE COMPENSATION SURVEY DATA FROM TIME TO TIME AS PART OF ITS REVIEW. THE EXECUTIVE COMMITTEE IS COMPRISED OF BETWEEN 10 AND 12 INDEPENDENT BOARD MEMBERS ELECTED BY THE BOARD OF DIRECTORS EACH YEAR AND CHAIRED BY THE BOARD CHAIR. FURTHER, AS A MATTER OF PRACTICE, THE EXECUTIVE DIRECTOR PRESENTS, TO THE EXECUTIVE COMMITTEE FOR APPROVAL, HIS ANNUAL COMPENSATION RECOMMENDATIONS FOR ALL SENIOR LEVEL STAFF. THE FOLLOWING IS THE BOARD POLICY ON EXECUTIVE COMPENSATION THAT WAS RECOMMENDED BY AFSP'S GOVERNANCE COMMITTEE OF THE BOARD AND WAS ADOPTED BY THE BOARD OF DIRECTORS.

"THE EXECUTIVE COMMITTEE SHOULD SERVE AS THE COMPENSATION COMMITTEE FOR THE REVIEW AND DETERMINATION OF EXECUTIVE STAFF COMPENSATION (EXECUTIVE DIRECTOR AND MEDICAL DIRECTOR). THE COMMITTEE SHOULD PERIODICALLY REVIEW COMPARATIVE MARKET DATA ON NONPROFIT EXECUTIVE COMPENSATION, AS WELL AS TRENDS IN THE NONPROFIT FIELD HAVING TO DO WITH EXECUTIVE COMPENSATION. THIS ANALYSIS SHOULD TAKE PLACE WHEN THERE IS A NEW HIRE AND WHEN DECISIONS ON EXECUTIVE STAFF COMPENSATION ARE TO TAKE PLACE. THE EXECUTIVE COMMITTEE SHOULD CONTINUE TO BE RESPONSIBLE FOR THE EXECUTIVE DIRECTOR'S PERFORMANCE. ALL STAFF PERFORMANCE APPRAISALS SHOULD CONTINUE TO BE THE RESPONSIBILITY OF THE IMMEDIATE SUPERVISOR. THE PERFORMANCE APPRAISALS OF THE TOP MANAGEMENT POSITIONS REPORTING TO THE EXECUTIVE DIRECTOR, INCLUDING THE MEDICAL DIRECTOR POSITION, SHOULD CONTINUE TO BE THE RESPONSIBILITY OF THE EXECUTIVE DIRECTOR, WITH INPUT PROVIDED BY THE VOLUNTEER OFFICERS AND/OR COMMITTEE CHAIRS THAT WORK CLOSELY WITH THESE TOP MANAGEMENT POSITIONS."

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Name of the organization AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MS,MN MO,MT,NC,ND,NE,NJ,NH,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WI,WV, WY

FORM 990, PART VI, SECTION C, LINE 19: AFSP'S FINANCIAL REPORTS ARE PUBLISHED IN THE ANNUAL REPORT, WHICH IS POSTED EACH YEAR ON THE AFSP WEBSITE, SENT TO THE BOARD OF DIRECTORS, OTHER AFSP NATIONAL AND CHAPTER VOLUNTEER LEADERS, AND THE MAJOR DONORS TO THE ORGANIZATION. THE INFORMATION IS ALSO SENT TO ANYONE FROM THE PUBLIC REQUESTING A COPY. THE FINANCIAL REPORTS ARE ALSO PROVIDED AS PART OF FILINGS SUBMITTED TO STATES AS PART OF AFSP'S CHARITABLE SOLICITATION FILINGS AND TO CORPORATIONS, FOUNDATIONS AND OTHER GRANT MAKING INSTITUTIONS AS PART OF REQUESTS FOR FUNDING. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST.

FORM 990, PART VII

THE ORGANIZATION, IN A FULL TRANSPARENCY POSTURE TO REPORTING, IS REPORTING ALL BENEFITS IN FULL IN PART VII, COLUMN F, AND NOT APPLYING THE $10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFITS.

Depreciation and Amortization Detail FORM 990 PAGE 10 990

Asset Number	Description of property / Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	FURNITURE & EQUIPMENT							
	VARIES	SL	.000	16	267,723.		149,124.	23,485.
2	LEASEHOLD IMPROVEMENTS							
	VARIES	SL	.000	16	114,497.		96,165.	2,317.
	* TOTAL 990 PAGE 10 DEPR							
					382,220.	0.	245,289.	25,802.

216261
05-01-12

- Current year section 179 (D) - Asset disposed

Form **8868**
(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I — Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	AMERICAN FOUNDATION FOR SUICIDE PREVENTION	13-3393329
	Number, street, and room or suite no. If a P.O. box, see instructions. 120 WALL STREET - 22ND FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10005	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ DANIEL KILLPACK
120 WALL STREET-29TH FLOOR - NEW YORK, NY 10005
Telephone No. ▶ 212-363-3500 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 18, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2012 , and ending JUN 30, 2013 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2013)

223841
01-21-13

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.		
	Name of exempt organization or other filer, see instructions AMERICAN FOUNDATION FOR SUICIDE PREVENTION	Employer identification number (EIN) or 13-3393329
	Number, street, and room or suite no. If a P.O. box, see instructions. 120 WALL STREET - 22ND FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10005	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ DANIEL KILLPACK 120 WALL STREET-29TH FLOOR - NEW YORK, NY 10005

Telephone No. ▶ 212-363-3500 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2014 .

5 For calendar year ______ , or other tax year beginning JUL 1, 2012 , and ending JUN 30, 2013 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2013

Prepared for	AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005
Prepared by	MCGLADREY LLP 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE FTB.

022

Date Accepted ______________________

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR **2012**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
AMERICAN FOUNDATION FOR SUICIDE PREVENTION	13-3393329

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	15,674,670 .00
2	Total gross income (Form 199, line 8)	2	15,665,243 .00
3	Total expenses and disbursements (Form 199, line 9)	3	13,126,244 .00

Part II Settle Your Account Electronically for Taxable Year 2012

4 ☐ Electronic funds withdrawal 4a Amount 4b Withdrawal date (MM/DD/YYYY)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number

6 Account number 7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2012 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here ▶ [signature] Signature of Officer | 4/29/14 Date | ▶ EXECUTIVE DIRECTOR Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2012 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ [signature]	Date 4/29/14	Check if also paid preparer ☐ / Check if self-employed ☐ / ERO's PTIN
Firm's name (or yours if self-employed) and address ▶ MCGLADREY LLP, 1185 AVENUE OF THE AMERICAS, NEW YORK, NY		FEIN 42-0714325 / ZIP Code 10036-2602

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ [signature]	Date 4/29/14	Check if self-employed ☐ / Paid preparer's PTIN P00029738
Firm's name (or yours if self-employed) and address ▶ MCGLADREY LLP, 1185 AVENUE OF THE AMERICAS, NEW YORK, NY		FEIN 42-0714325 / ZIP Code 10036-2602

For Privacy Notice, get form FTB 1131.

TAXABLE YEAR 2012

California Exempt Organization Annual Information Return

FORM 199

Calendar Year 2012 or fiscal year beginning month JULY day 1 year 2012, and ending month JUNE day 30 year 2013.

Corporation/Organization Name: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

California corporation number: C1881013

Address (suite, room, or PMB no.): 120 WALL STREET - 29TH FLOOR

FEIN: 13-3393329

City: NEW YORK State: NY ZIP Code: 10005

A First Return ☐ Yes ☒ No

B Amended Return • ☐ Yes ☒ No

C IRC Section 4947(a)(1)trust ☐ Yes ☒ No

D Final Return?
• ☐ Dissolved • ☐ Surrendered (Withdrawn)
• ☐ Merged/Reorganized Enter date: •

E Check accounting method:
(1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed?
(1)• ☐ 990T (2)• ☐ 990(PF) (3)• ☐ Sch H (990)

G Is this a group filing for the subordinates/affiliates? • ☐ Yes ☒ No
If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? • ☐ Yes ☒ No
If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? • ☐ Yes ☒ No
If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? • ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. • ☒

M Is the organization a Limited Liability Company? • ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? • ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? • ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 •		1	350,461. 00
	2 Gross dues and assessments from members and affiliates •		2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1 •		3	15,324,209. 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Instruction B •		4	15,674,670. 00
	5 Cost of goods sold STMT 3 STMT 2 •	5 9,427. 00		
	6 Cost or other basis, and sales expenses of assets sold •	6 00		
	7 Total costs. Add line 5 and line 6		7	9,427. 00
	8 Total gross income. Subtract line 7 from line 4 •		8	15,665,243. 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 •		9	13,126,244. 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 •		10	2,538,999. 00
Filing Fee	11 Filing fee $10 or $25. See General Instruction F		11	N/A 00
	12 Total payments		12	00
	13 Penalties and Interest. See General Instruction J		13	00
	14 Use tax. See General Instruction K •		14	00
	15 **Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result		15	00

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

Sign Here Signature of officer ▶ Title: EXECUTIVE DIRE Date • Telephone

Paid Preparer's Use Only
Preparer's signature ▶ Date Check if self-employed ▶ ☐ • PTIN P00029738
Firm's name (or yours, if self-employed) and address ▶ MCGLADREY LLP, 1185 AVENUE OF THE AMERICAS, NEW YORK, NY 10036-2602
• FEIN 42-0714325
• Telephone 212-372-1000

May the FTB discuss this return with the preparer shown above? See instructions • ☒ Yes ☐ No

AMERICAN FOUNDATION FOR SUICIDE PREVENTION 13-3393329

228951 12-18-12

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	81,772. 00
	2	Interest	2	60,994. 00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions)	6	00
	7	Other income SEE STATEMENT 4	7	207,695. 00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	350,461. 00
Expenses and Disburse-ments	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 5	9	1,576,113. 00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 6	11	1,208,533. 00
	12	Other salaries and wages	12	2,696,002. 00
	13	Interest	13	00
	14	Taxes	14	379,158. 00
	15	Rents	15	364,364. 00
	16	Depreciation and depletion (See instructions)	16	25,802. 00
	17	Other Expenses and Disbursements SEE STATEMENT 7	17	6,876,272. 00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	13,126,244. 00

Schedule L **Balance Sheets**

	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
Assets				
1 Cash		3,047,029.		5,457,835.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				223,419.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 8		2,169,096.		2,429,207.
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	351,076.		382,220.	
b Less accumulated depreciation	(219,487.)	131,589.	(245,289.)	136,931.
11 Land				
12 Other assets STMT 9		528,329.		744,033.
13 Total assets		5,876,043.		8,991,425.
Liabilities and net worth				
14 Accounts payable		609,411.		844,580.
15 Contributions, gifts, or grants payable		1,379,939.		1,515,037.
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 10		168,061.		174,972.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,718,632.		6,456,836.
22 Total liabilities and net worth		5,876,043.		8,991,425.

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	2,738,204.	7 Income recorded on books this year not included in this return. STMT 12	224,205.
2 Federal income tax			
3 Excess of capital losses over capital gains		8 Deductions in this return not charged against book income this year	
4 Income not recorded on books this year			
5 Expenses recorded on books this year not deducted in this return STMT 11	25,000.	9 Total. Add line 7 and line 8	224,205.
6 Total. Add line 1 through line 5	2,763,204.	10 Net income per return. Subtract line 9 from line 6	2,538,999.

FORM 199 CASH CONTRIBUTIONS OF $5000 OR MORE INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CONTRIBUTIONS < 2% OF PAGE 9, LINE 1H	C/O AFSP, 120 WALL STREET, 29TH FLOOR NEW YORK, NY 10005	06/30/13	15,324,209.
TOTAL INCLUDED ON LINE 3			15,324,209.

FORM 199 COST OF GOODS SOLD STATEMENT 2
INCLUDED ON PART I, LINE 5

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED.		
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.	9,427	
6. ADD LINES 1 THROUGH 5		9,427
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		9,427

FORM 199 COST OF GOODS SOLD - OTHER COSTS STATEMENT 3

DESCRIPTION	AMOUNT
JEWELRY AND VIDEO COSTS	9,427.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5	9,427.

FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
INCOME FROM FUNDRAISING EVENTS	89,055.
SURVIVORS CONFERENCE	118,640.
TOTAL TO FORM 199, PART II, LINE 7	207,695.

FORM 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 5

ACTIVITY CLASSIFICATION: RESEARCH GRANT

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EMMA PENDLETON BRADLEY HOSPITAL	ALDRICH BLDG 593 EDDY STREET, 3RD FLOOR - PROVIDENCE, RI 02903	NONE	98,741.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BOSTON VA REASEARCH INSTITUTE INC	150 S HUNTINGTON AVENUE - BOSTON, MA 02130	NONE	82,854.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BUTLER HOSPITAL	345 BLACKSTONE BOULEVARD - PROVIDENCE, RI 02906	NONE	82,969.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GROUP HEALTH COOPERATIVE	P.O.BOX 34587 - SEATTLE, WA 98124	NONE	171,493.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MASS GENERAL HOSPITAL RESEARCH	101 HUNTINGON AVENUE - BOSTON, MA 02199	NONE	177,503.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MEDICAL COLLEGE OF GEORGIA	1120 15TH STREET - AUGUSTA, GA 30912	NONE	29,592.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE	P.O.BOX 415026 - BOSTON, MA 02241	NONE	74,056.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RUTGERS UNIVERSITY-RIZVI SHIREEN	152 FRELINGHUYSEN RD - PISCATAWAY, NJ 08854	NONE	71,133.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
TEXAS TECH UNIVERSITY	P.O.BOX 41105 - LUBBOCK, TX 79409	NONE	29,622.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MOUNT SINAI SCHOOL OF MEDICINE	ONE GUSTAVE LEVY PLACE BOX 3500 - NEW YORK, NY 10029	NONE	74,056.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
COLUMBIA UNIVERSITY OF THE CITY OF NEW Y	P.O.BOX 28789 - NEW YORK, NY 10087	NONE	113,605.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO	1855 FOLSOM STREET MCB 425 - SAN FRANCISCO, CA 94143	NONE	74,056.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF ARIZONA	P.O.BOX 3520 - TUCSON, AZ 85722	NONE	29,622.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF CALIFORNIA LOS ANGELES	BOX 951432 1125 MURPHY HALL, 405 HILGARD AVENUE - LOS ANGELES, CA 90095	NONE	83,930.
UNIVERSITY OF CONNECTICUT HEALTH CENTER	263 FARMINGTON AVENUE - FARMINGTON, CT 06030	NONE	74,056.
UNIVERSITY OF ILLINOIS AT CHICAGO	P.O.BOX 20787 - SPRINGFIELD, IL 62708	NONE	83,930.
UNIVERSITY OF PITTSBURGH	P.O.BOX 371220 - PITTSBURGH, PA 15251	NONE	29,622.
UNIVERSITY OF UTAH	201 SOUTH PRESIDENT'S CIRCLE RM 406 - SALT LAKE CITY, UT 84112	NONE	29,622.
VETERANS MEDICAL RESEARCH	3350 LA JOLLA VILLAGE DRIVE (151A) - SAN DIEGO, CA 92161	NONE	29,622.
VARIOUS GRANT REFUNDS	C/O AFSP, 120 WALL ST - NEW YORK, NY 10005	NONE	-19,802.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ASTON UNIVERSITY	ASTON TRIANGEL BIRMINGHAM, OTHER B4 7ET, GB - UNITED KINGDOM	NONE	71,901.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF TORONTO SCARBOROUGH	12 QUEEN'S PARK CRESCENT WEST 3RD FLOOR - TORONTO, CANADA	NONE	83,930.

TOTAL FOR THIS ACTIVITY	1,576,113.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9	1,576,113.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DAVID NORTON 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	CHAIR 1.00	0.
NANCY FARRELL 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	VICE CHAIR 1.00	0.
JOHN F. GREEDEN, M.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	PRESIDENT 1.00	0.
JERROLD ROSENBAUM, M.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	VICE PRESIDENT 1.00	0.
ANDREW R. ROGOFF, ESQ. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	SECRETARY 1.00	0.

NORMAN FINE 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	TREASURER 1.00	0.
MICHAEL BALLARD 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
J. THOMAS BENTLEY 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
LOUIS BRADBURY (THRU 2/13) 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
MARK BROOKSHIRE 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
PHILIP CHAPPELL (FROM 1/13) 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
KEITH CHERRY, PH.D 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
JAMES COMPTON (FROM 1/13) 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
YEATES CONWELL, M.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
CHARLEY CURIE 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
DAVID A. DODD 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
DWIGHT L. EVANS, M.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
KAY REDFIELD JAMISON, PH.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR (THRU 12/12) 1.00	0.

RICHARD B. KIRCHHOFF 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
J. JOHN MANN, M.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
ERIC MARCUS 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
ROBERT NAU 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
CHARLES B. NEMEROFF, M.D., PH.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
PHILIP T. NINAN 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
PAUL PERRYMORE 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
KELLY POSNER, PH.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
WALTRAUD PRECHTER 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
CHARLES F. REYNOLDS, M.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR (FROM 1/13) 1.00	0.
PHILLIP SATOW 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
STEVE SIPLE 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
ANDREW SLABY, M.D., PH.D., M.P.H 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.

LAWRENCE SPRUNG 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
MARCO TAGLIETTI, M.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR (FROM 1/13) 1.00	0.
ALAN WEEKS 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
DAVID WHITEHOUSE, M.D. 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR (THRU 12/12) 1.00	0.
ELINOR WOHL 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	DIRECTOR 1.00	0.
ROBERT GEBBIA 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	EXECUTIVE DIRECTOR 40.00	344,447.
DANIEL KILLPACK 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	CFO 40.00	166,201.
PAULA CLAYTON 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	MEDICAL DIRECTOR 40.00	284,459.
MICHAEL LAMMA 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	SR DIR FOR DEVELOPMENT 40.00	228,827.
JOHN MADIGAN 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005	SR DIR OF PUBLIC POLICY 40.00	184,599.
TOTAL TO FORM 199, PART II, LINE 11		1,208,533.

FORM 199 OTHER EXPENSES STATEMENT 7

DESCRIPTION	AMOUNT
OUT OF DARKNESS PROGRAM	826,638.
CONFERENCES & PROGRAMS	549,310.
EQUIP RENTAL & MAINT	160,686.
DIRECT EXPENSES OF FUNDRAISING EVENTS	2,693,526.
PENSION PLAN CONTRIBUTIONS	164,807.
OTHER EMPLOYEE BENEFITS	236,855.
ACCOUNTING FEES	33,130.
LOBBYING FEES	231,966.
OTHER PROFESSIONAL FEES	463,108.
OFFICE EXPENSES	640,278.
INFORMATION TECHNOLOGY	200,814.
TRAVEL	674,343.
INSURANCE	811.
TOTAL TO FORM 199, PART II, LINE 17	6,876,272.

FORM 199 INVESTMENTS IN STOCK STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	2,169,096.	2,429,207.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	2,169,096.	2,429,207.

FORM 199 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	178,085.	312,750.
PREPAID EXPENSES AND DEFERRED CHARGES	74,866.	178,038.
DEFERRED EDUCATIONAL COST	191,856.	178,350.
RESTRICTED CERTIFICATE OF DEPOSIT	68,107.	68,118.
SECURITY DEPOSIT	15,415.	6,777.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	528,329.	744,033.

FORM 199 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED RENT CREDIT	168,061.	168,774.
DEFERRED EVENT REVENUE	0.	6,198.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	168,061.	174,972.

FORM 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN STATEMENT 11

DESCRIPTION	AMOUNT
DONATED SERVICES AND USE OF FACILITIES	25,000.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	25,000.

FORM 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN STATEMENT 12

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	199,205.
DONATED SERVICES AND USE OF FACILITIES	25,000.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	224,205.

TAXABLE YEAR 2012

Corporation Depreciation and Amortization

CALIFORNIA FORM 3885

Attach to Form 100 or Form 100W. FORM 199 FEIN 13-3393329

Corporation name: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

California corporation number: C1881013

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 FURNITURE & EQUIPMENT							
	VARIOUS	267,723.	149,124.	SL	.000	23,485.	
2 LEASEHOLD IMPROVEMENTS							
	VARIOUS	114,497.	96,165.	SL	.000	2,317.	
TOTALS		382,220.	245,289.				

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	25,802.	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	25,802.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	25,802.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22	

Date Accepted ______________

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR **2012**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Identifying number: 13-3393329

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	15,674,670 .00
2	Total gross income (Form 199, line 8)	2	15,665,243 .00
3	Total expenses and disbursements (Form 199, line 9)	3	13,126,244 .00

Part II Settle Your Account Electronically for Taxable Year 2012

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (MM/DD/YYYY)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number

6 Account number **7** Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2012 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here

Signature of Officer ______ Date ______ Title: EXECUTIVE DIRECTOR

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2012 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's-signature ______ Date ______ Check if also paid preparer ☐ Check if self-employed ☐ ERO's PTIN

Firm's name (or yours if self-employed) and address: MCGLADREY LLP, 1185 AVENUE OF THE AMERICAS, NEW YORK, NY

FEIN 42-0714325

ZIP Code 10036-2602

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ______ Date ______ Check if self-employed ☐ Paid preparer's PTIN P00029738

Firm's name (or yours if self-employed) and address: MCGLADREY LLP, 1185 AVENUE OF THE AMERICAS, NEW YORK, NY

FEIN 42-0714325

ZIP Code 10036-2602

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

JUNE 30, 2013

Prepared for	AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET - 29TH FLOOR NEW YORK, NY 10005
Prepared by	MCGLADREY LLP 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	MAY 15, 2014
Special Instructions	NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR $275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Form **CHAR500**

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271
http://www.charitiesnys.com

2012

Open to Public Inspection

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2012 and ending (mm/dd/yyyy) 06/30/2013

b. Check if applicable for NYS:
- ☐ Address change
- ☐ Name change
- ☐ Initial filing
- ☐ Final filing
- ☐ Amended filing
- ☐ NY registration pending

c. Name of organization: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Number and street (or P.O. box if mail not delivered to street address): 120 WALL STREET - 29TH FLOOR

Room/suite:

City or town, state or country and ZIP + 4: NEW YORK, NY 10005

d. Fed. employer ID no. (EIN): 13-3393329

e. NY State registration no.: 04-35-92

f. Telephone number: 212 363-3500

g. Email: DKILLPACK@AFSP.ORG

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

	Signature	Printed Name	Title	Date
a. President or Authorized Officer		ROBERT GEBBIA	EXECUTIVE DIRECTOR	
b. Chief Financial Officer or Treas.		DANIEL KILLPACK	CFO	

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)

Check ➡ ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed $25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)

Check ➡ ☐ if gross receipts did not exceed $25,000 **and** assets (market value) did not exceed $25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. *Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.*

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ☐ **Yes*** ☒ **No**
*** If "Yes", complete Schedule 4a.**

b. Did the organization receive government contributions (grants)? ☒ **Yes*** ☐ **No**
*** If "Yes", complete Schedule 4b.**

5. Fee Submitted: See last page for **summary of fee requirements**.

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee	$	25.
b. EPTL filing fee	$	250.
c. **Total fee**	**$**	275.

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ➡➡➡

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
EDUCATION DEVELOPMENT CENTER	$ 151,600.
MA DEPARTMENT OF PUBLIC HEALTH	$ 34,500.
LOUISVILLE METRO COUNCIL	$ 10,000.
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Total Government Contributions (Grants)	**$** 196,100.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• **Article 7-A**	Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is $0.
• **EPTL**	Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is $0.
• **Dual**	Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than $250,000	$25
up to $250,000 *	$10

* *Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.*

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than $50,000	$25
$50,000 or more, but less than $250,000	$50
$250,000 or more, but less than $1,000,000	$100
$1,000,000 or more, but less than $10,000,000	$250
$10,000,000 or more, but less than $50,000,000	$750
$50,000,000 or more	$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

[X] Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

[X] **IRS Form 990**
[X] All required schedules (including Schedule B)
[ ] IRS Form 990-T

[ ] **IRS Form 990-EZ**
[ ] All required schedules (including Schedule B)
[ ] IRS Form 990-T

[ ] **IRS Form 990-PF**
[ ] All required schedules (including Schedule B)
[ ] IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

[X] Audit Report *(total support & revenue more than $250,000)*
[ ] Review Report *(total support & revenue $100,001 to $250,000)*
[ ] No Accountant's Report Required *(total support & revenue not more than $100,000)*

American Foundation for Suicide Prevention

Financial Report

June 30, 2013

Contents

McGladrey

Independent Auditor's Report

To the Board of Directors
American Foundation for Suicide Prevention
New York, New York

Report on the Financial Statements

We have audited the accompanying financial statements of the American Foundation for Suicide Prevention (the "Foundation"), which comprise the statement of financial position as of June 30, 2013, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation as of June 30, 2013, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

McGladrey LLP

New York, New York
January 30, 2014

American Foundation for Suicide Prevention

Statement of Financial Position
June 30, 2013

ASSETS	
Current Assets:	
Cash (Note 2)	$ 2,126,317
Investments (Note 3)	3,036,547
Unconditional promises to give and other receivables	312,750
Prepaid expenses and other	401,457
Total current assets	5,877,071
Equipment, at cost:	
Furniture, fixtures and computer equipment	382,220
Less accumulated depreciation	245,289
Equipment, at cost less depreciation	136,931
Other Assets:	
Restricted investments (Notes 3 and 5)	1,130,179
Investments - board-designated (Notes 3 and 5)	1,593,999
Restricted certificate of deposit (Note 9)	68,118
Educational films	178,350
Security deposits	6,777
Total other assets	2,977,423
Total assets	$ 8,991,425
LIABILITIES AND NET ASSETS	
Current Liabilities:	
Grants payable (Note 4)	$ 1,327,131
Accounts payable and accrued expenses	844,580
Total current liabilities	2,171,711
Noncurrent Liabilities and Deferred Credits:	
Grants payable (Note 4)	187,906
Deferred event revenue	6,198
Deferred rent credit (Note 9)	168,774
Total liabilities	2,534,589
Commitments (Notes 4, 8 and 9)	
Net Assets:	
Unrestricted:	
General operating	3,316,989
Board-designated (Notes 5 and 6)	1,593,999
	4,910,988
Temporarily restricted (Notes 5 and 6)	597,008
Permanently restricted (Notes 5 and 6)	948,840
Total net assets	6,456,836
Total liabilities and net assets	$ 8,991,425

See Notes to Financial Statements.

American Foundation for Suicide Prevention

Statement of Activities
Year Ended June 30, 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues, gains and other support:				
Functions (Note 10):				
Revenues	$ 13,617,911	$ -	$ -	$ 13,617,911
Direct expenses	(2,693,526)	-	-	(2,693,526)
Net function income	10,924,385	-	-	10,924,385
Donations	1,213,654	410,295	-	1,623,949
Other revenues	331,484	-	-	331,484
Investment income (Note 3)	157,018	103,181	-	260,199
Net assets released from restrictions	36,500	(36,500)	-	-
Total revenues, gains and other support	12,663,041	476,976	-	13,140,017
Expenses:				
Program services	8,465,742	-	-	8,465,742
Management and general	717,170	-	-	717,170
Fund-raising	1,218,901	-	-	1,218,901
Total expenses	10,401,813	-	-	10,401,813
Increase in net assets	2,261,228	476,976	-	2,738,204
Net Assets:				
Beginning, as previously reported	2,644,234	1,074,398	-	3,718,632
Reclassification	5,526	(954,366)	948,840	-
Balance, beginning of year, as reclassified	2,649,760	120,032	948,840	3,718,632
Ending	$ 4,910,988	$ 597,008	$ 948,840	$ 6,456,836

See Notes to Financial Statements.

American Foundation for Suicide Prevention

Statement of Functional Expenses
Year Ended June 30, 2013

	Program Services					Supporting Services		Total
	Research	Prevention and Education	Survivors' Programs	Advocacy Programs	Total Program Services	Management and General	Fund-Raising	Total Program and Supporting Services
Grants	$ 1,576,113	$ -	$ -	$ -	$ 1,576,113	$ -	$ -	$ 1,576,113
Salaries and wages	342,724	1,608,166	758,771	493,130	3,202,791	398,746	519,853	4,121,390
Employee health and retirement benefits	46,898	220,059	103,829	67,479	438,265	54,564	71,136	563,965
Research, educational and survivor conferences and programs	61,881	264,168	106,674	24,667	457,390	18,612	74,421	550,423
Out of Darkness programs	-	307,163	368,595	-	675,758	-	150,880	826,638
Office	39,673	186,156	87,833	57,083	370,745	46,157	60,176	477,078
Occupancy	31,461	121,743	61,143	101,158	315,505	35,593	44,098	395,196
Telecommunications and Internet	27,638	129,683	61,188	39,766	258,275	32,155	41,921	332,351
Equipment rental and maintenance	13,914	65,288	30,805	20,020	130,027	16,188	21,105	167,320
Travel	123,153	168,921	99,627	222,362	614,063	94,863	126,304	835,230
Consultants	24,981	210,775	130,061	40,943	406,760	17,796	47,621	472,177
Professional fees	-	-	-	-	-	-	58,130	58,130
Depreciation	2,145	10,068	4,750	3,087	20,050	2,496	3,256	25,802
	$ 2,290,581	$ 3,292,190	$ 1,813,276	$ 1,069,695	$ 8,465,742	$ 717,170	$ 1,218,901	$ 10,401,813
Percentage to total program and supporting services expenses	22.0%	31.7%	17.4%	10.3%	81.4%	6.9%	11.7%	100.0%

See Notes to Financial Statements.

American Foundation for Suicide Prevention

Statement of Cash Flows
Year Ended June 30, 2013

Cash Flows From Operating Activities:	
Increase in net assets	$ 2,738,204
Adjustments to reconcile increase in net assets to net cash provided by operating activities:	
Depreciation	25,802
Amortization of educational film costs	85,841
Unrealized gains on investments	(199,205)
Deferred rent credit	713
Deferred event revenue	6,198
Changes in assets and liabilities:	
Increase in:	
Unconditional promises to give and other receivables	(134,665)
Prepaid expenses and other	(326,591)
Grants payable	135,098
Accounts payable and accrued expenses	235,169
Net cash provided by operating activities	2,566,564
Cash Flows From Investing Activities:	
Purchase of property and equipment	(31,144)
Acquisition of investments	(3,166,131)
Return of security deposits	8,638
Proceeds from sale of investments	105,105
Educational films	(72,335)
Net cash used in investing activities	(3,155,867)
Net decrease in cash	(589,303)
Cash:	
Beginning	2,715,620
Ending	$ 2,126,317

See Notes to Financial Statements.

Note 1. Summary of Significant Accounting Principles

Organization: American Foundation for Suicide Prevention (the "Foundation") is a not-for-profit organization incorporated under the laws of the State of Delaware. The Foundation was established in 1987 by concerned scientists, business and community leaders, and survivors of suicide in an effort to support the research and education needed to prevent suicide. The Foundation is dedicated to funding suicide prevention research, and to offering educational programs and conferences for survivors, mental health professionals, physicians, and the public.

Basis of Presentation: The financial statements have been prepared on an accrual basis and include the accounts of the New York National Office and the Foundation's 53 unincorporated chapters, including the two inactive international chapters.

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Unrestricted Net Assets: Net assets that are not subject to donor-imposed restrictions.

Temporarily Restricted Net Assets: Net assets subject to donor-imposed restrictions that expire by the passage of time or by actions of the Foundation. They are classified as temporarily restricted net assets until those amounts are appropriated for expenditures in a manner consistent with the donor's wishes.

Permanently Restricted Net Assets: Net assets subject to donor-imposed restrictions that are to be permanently maintained by the Foundation.

Endowment: When the Foundation receives a contribution and the donor restricts the Foundation from spending the principal, the contribution is classified as an endowment, with the amount of the gift recorded as permanently restricted. The Foundation is subject to the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") of the State of Delaware, and has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment fund absent explicit donor stipulations to the contrary. The remaining portion of the endowment fund that is not classified as permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Foundation in a manner consistent with the standard of prudence prescribed by UPMIFA.

Contributions: All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. However, if a restriction is fulfilled in the same time period in which the contribution is received, the Foundation reports the support as unrestricted.

Contributions of donated noncash assets are recorded at their fair values in the period received. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, provided by individuals possessing those skills and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received. A number of unpaid volunteers have made a contribution of their time to develop the Foundation's programs. The value of this contributed time is not reflected in the statements.

Promises to Give: Unconditional promises to give that are expected to be collected in future periods are recorded at their net realizable value. At June 30, 2013, all promises to give were expected to be collected within one year.

Note 1. Summary of Significant Accounting Principles (Continued)

Depreciation: Depreciation of equipment is provided for by straight-line methods over the estimated useful lives of the related assets ranging from three to ten years. Contributions of donated equipment are recorded at their estimated fair value at the date of receipt.

Investments: Investments are reported at fair value, as described in Note 3, and unrealized gains and losses are included in the statement of activities. Realized gains and losses on investments are determined using the specific-identification method.

Educational Films: Educational film production costs recorded as separate asset and amortized over the estimated use lives. Costs of $483,456 relating to the development of three educational films have been deferred. Use of the films began in fiscal 2010 and 2013, respectively, and is amortized over estimated useful lives of five years. Amortization expense in fiscal 2013 was $85,941.

Grants Payable: The Foundation recognizes a liability for grants when the grant is deemed to be unconditional and commitment has been made to the grantee.

Deferred Rent: Deferred rent credit results from the difference between rent expense being recorded on a straight-line basis over the lease term and rent payments made.

Functional Expenses: The Foundation allocates its expenses on a functional basis among its various programs and support services. Expenses that can be identified with a specific program and support services are allocated directly according to their natural expenditure classification. Other expenses that are common to several functions are allocated to each.

Tax-Exempt Status: The Foundation qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and is a publicly supported organization as described in Section 509(a).

Management evaluated the Foundation's tax positions for all open tax years and has concluded that the Foundation had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of these Internal Revenue Code sections. Generally, the Foundation is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before fiscal 2009, which is the standard statute of limitations look-back period.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on management's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

Recent Accounting Pronouncement: In October 2012, the Financial Accounting Standards Board (the “FASB”) issued Accounting Standards Update (“ASU”) 2012-04, *Technical Corrections and Improvements*. The amendments in this update cover a wide range of topics including technical corrections and improvements to the Accounting Standards Codification ("ASC") and conforming amendments related to fair value measurements. The amendments in this update will generally be effective for fiscal periods beginning after December 15, 2013 for nonpublic entities, except for amendments in this update where there was no transition guidance and which were immediately effective upon issuance. The impact of adopting ASU 2012-04 on the Foundation’s financial statements for subsequent periods has not yet been determined.

Subsequent Events: The Foundation evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluations are performed through the date the financial statements are available to be issued, which was January 30, 2014 for these financial statements.

Note 2. Cash

The Foundation maintains cash in bank accounts which, at times, may exceed federally insured limits.

Note 3. Investments and Fair Value Measurements

The *Fair Value Measurements* Topic of the FASB ASC defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy.

The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments in Level 1 include listed equities and listed derivatives.

Level 2: Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly, and fair value that is determined through the use of models or other valuation methodologies. Investments in this category generally include certain corporate bonds and loans, less liquid and restricted equity securities and certain over-the-counter derivatives. A significant adjustment to a Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.

Level 3: Inputs that are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. Investments in this category generally include equity and debt positions in private companies.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Foundation's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the investment.

Total investments included in the accompanying statement of financial position are as follows:

Investments	$ 3,036,547
Restricted investments	1,130,179
Investments - board-designated	1,593,999
	$ 5,760,725

Note 3. Investments and Fair Value Measurements (Continued)

The Foundation's investments, measured at fair value on a recurring basis, consist of the following as of June 30, 2013:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market funds	$ 3,331,518	$ -	$ -	$ 3,331,518
Mutual funds:				
Stock funds:				
Small-cap	206,287	-	-	206,287
Mid-cap	195,792	-	-	195,792
Large blend	1,105,709	-	-	1,105,709
Foreign large blend	2,201	-	-	2,201
Total stock funds	1,509,989	-	-	1,509,989
Bond funds:				
Intermediate government	919,218	-	-	919,218
Total mutual funds	2,429,207	-	-	2,429,207
Total	$ 5,760,725	$ -	$ -	$ 5,760,725

Following is a description of the valuation methodologies used for assets measured at fair value.

Money Market Funds: Money market funds are priced daily. The funds have relatively low risks compared to mutual funds and pay dividends that generally reflect short-term interest rates.

Mutual Funds: Shares of registered investment companies (mutual funds) are reported at fair value based on the quoted price of the fund.

Investment income and losses are reflected in unrestricted net assets unless there are explicit donor restrictions. Investment income reported in the statement of activities for the year ended June 30, 2013 is as follows:

Interest and dividend income	$ 60,994
Unrealized gains	199,205
	$ 260,199

Note 3. Investments and Fair Value Measurements (Continued)

Return Objective and Risk Parameters: The Foundation's objective is to earn a respectable, long-term, risk-adjusted total rate of return to support the designated programs. In establishing the investment objectives of the portfolio, the board of directors and the Investment Committee have taken into account the financial needs and circumstances of the Foundation, the time horizon available for investment, the nature of the Foundation's cash flow and liabilities and other factors that affect their risk tolerance. The intermediate government funds are subject to prepayment risk in addition to other bond market risks. The Foundation takes a risk-averse balanced approach that emphasizes a stable and substantial source of current income and some capital appreciation over the long term. The entity recognizes that investment results over the long term may lag those of the typical balanced portfolio since the typical balanced portfolio tends to be more aggressively invested. Nevertheless, the portfolio is expected to earn long-term return that compares favorably to appropriate market indexes.

Note 4. Grants Payable

Grants payable include grants awarded in prior years and not paid as of the end of the fiscal year. Grants that are expected to be paid in future years are recorded at the present value of their estimated cash flows, discounted at market rate. They are scheduled for payment as follows:

Year ending June 30,	
2014	$ 1,327,131
2015	187,906
	$ 1,515,037

The Foundation approved approximately $1,901,000 of new grants, which are effective on July 1, 2013.

Note 5. Net Assets

Board-Designated Funds: The Foundation's board of directors designated certain of the Foundation's unrestricted net assets as endowment funds for future projects and operational uses. The board appropriates for expenditure in its annual budget up to 5% of the ending market value of the board designated-funds as of a certain period-end date. Additional transfers maybe made to operating cash at board’s discretion. All board-designated funds are separately shown in the accompanying statement of financial position.

Temporarily Restricted Net Assets: Temporarily restricted net assets consist of investments expendable in accordance with the terms of the contributions (see Note 1). They are restricted for the following:

Mental health service in the State of California	$ 257,500
Clinical education	106,556
Suicide causes research	80,157
Other	152,795
Total temporarily restricted net assets	$ 597,008

Permanently Restricted Net Assets: Permanently restricted net assets as of June 30, 2013 represent the principal amounts of permanent endowments, all of which whose purpose is for research of causes of suicide.

Note 6. Endowments

The Foundation's endowment includes both donor-restricted endowment funds and funds designated by the board of directors to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the board of directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Foundation's endowment is invested in its investment pool (Note 3). The Foundation has a policy of appropriating for distribution each year, 5% of its endowment fund's average market value as of a certain period-end date. Through the combination of its investment strategy (Note 3) and spending policy, the Foundation strives to provide a reasonably consistent payout from endowment to support operations while preserving the purchasing power of the endowment assets.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Foundation to retain as a fund of perpetual duration. In accordance with generally accepted accounting principles, deficiencies of this nature are reported in unrestricted net assets. These deficiencies resulted from unfavorable market fluctuations in prior years, and at June 30, 2013 totaled $5,374. Future gains will be used to restore this reduction in unrestricted net assets before any net appreciation increases temporarily restricted assets.

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total Endowments
Balance as of June 30, 2013:				
Donor-restricted endowment funds	$ (5,374)	$ 186,713	$ 948,840	$ 1,130,179
Board-designated endowment funds	1,593,999	-	-	1,593,999
Total endowed funds	$ 1,588,625	$ 186,713	$ 948,840	$ 2,724,178

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total Endowments
Balance, beginning of year, as reclassified	$ 1,431,633	$ 120,032	$ 948,840	$ 2,500,505
Investment income	156,992	103,181	-	260,173
Appropriations for expenses	-	(36,500)	-	(36,500)
Balance, end of year	$ 1,588,625	$ 186,713	$ 948,840	$ 2,724,178

The original value of the endowment contribution of $948,840 was recorded as temporarily restricted net assets in the fiscal 2012 financial statements. In accordance with UPMIFA and the endowment accounting policy described in Note 1, the Foundation reclassified the $948,840 to permanently restricted net assets at July 1, 2012.

Note 7. Contributed Legal Services

The Foundation has received legal services approximating $25,000 during fiscal 2013, which has been reflected as a contribution and legal expense in the accompanying financial statements.

Note 8. Pension Plan

The Foundation sponsors a defined contribution retirement plan covering all employees meeting age and service requirements. Pension plan contributions are based on a percentage of an employee's salary. Pension plan contributions for the year ended June 30, 2013 amounted to $252,750.

Note 9. Leases

The Foundation is obligated under various leases, as amended during fiscal 2011, for office facilities extending through November 2021. Minimum annual rentals are as follows:

Year ending June 30,	
2014	$ 366,069
2015	293,300
2016	303,186
2017	303,186
2018	303,186
Thereafter	1,035,886
	$ 2,604,813

Rent expense (excluding rent allocated to events) is recorded on a straight-line basis and was approximately $395,000 for the year ended June 30, 2013.

In connection with one of the office leases, the Foundation has provided the landlord with a $68,118 standby letter of credit in lieu of a security deposit, which is collateralized by a certificate of deposit maintained at a bank.

Note 10. Special Events

The Foundation sponsors certain special events annually, among which, "Out of Darkness" events are 20-mile walks. The purpose of the "Out of Darkness" walks is to raise funds and increase public awareness of the various causes promoted by the Foundation. The Foundation held one "Out of Darkness" walk during fiscal year 2013. In addition, the Foundation has organized smaller scale "Out of Darkness" community walks and campus walks, which take place in various cities around the country.

The gross revenue and direct expenses of various special events are as follows:

	Revenues	Direct Expenses	Net Functional Income
"Out of Darkness" walks	$ 12,218,160	$ (2,206,109)	$ 10,012,051
Lifesavers' dinner	503,310	(253,939)	249,371
Other fund-raising events	896,441	(233,478)	662,963
	$ 13,617,911	$ (2,693,526)	$ 10,924,385

From:	Iris M. Bonilla on behalf of Charities Extensions
To:	Govind, Krupali
Subject:	RE: Request for Extension: American Foundation for Suicide Prevention; NY Reg #04-35-92
Date:	Tuesday, October 29, 2013 5:13:18 PM

We have received and are granting your request for an extension of time to file an annual financial report. If upon further review your organization is found to be delinquent in filing an annual report for any year prior to that for which the extension is requested, you will be contacted under separate cover.

Please make sure your organization is properly registered and up to date with filings by using our searchable registry at www.charitiesnys.com. Allow time for your extension request to be posted.

File Online: Visit Form990.org to learn how to file your IRS Form 990 and New York Form CHAR500 together electronically.

-

Thank you,

Charities Bureau
Registration Section

From: Govind, Krupali [mailto:Krupali.Govind@mcgladrey.com]
Sent: Tuesday, October 29, 2013 1:44 PM
To: 'Charities.Extensions@ag.ny.gov'
Cc: Ness, Tamar
Subject: Request for Extension: American Foundation for Suicide Prevention; NY Reg #04-35-92

October 29, 2013

Office of the Attorney General
New York State Department of Law
Charities Bureau
120 Broadway
New York, NY 10271

Re:	**Taxpayer:**	**American Foundation for Suicide Prevention**
	EIN:	**13-3393329**
	State Registration No.:	**04-35-92**
	Form:	**CHAR500**
	Year End:	**June 30, 2013**

Gentlemen:

On behalf of our client, the above-mentioned exempt organization, we respectfully request an extension of time to February 18, 2014 to file New York Form CHAR500, Annual Filing for Charitable Organizations.

This request is being made due to the fact that certain information necessary to complete an accurate tax return has not been received. Attached is a copy of the request for a Federal additional extension to February 18, 2014.

Regards,

Krupali Govind
LEAD Tax Intern

McGladrey LLP

1185 Avenue of the Americas, New York, NY 10036
P 212-372-1391
E Krupali.Govind@mcgladrey.com

McGladrey

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Circular 230 Disclosure: Any advice contained in this email (including any attachments unless expressly stated otherwise) is not intended or written to be used, and cannot be used, for purposes of avoiding tax penalties that may be imposed on any taxpayer.

From: Iris M. Bonilla on behalf of Charities Extensions
To: Govind, Krupali
Subject: RE: Request Extension: American Foundation for Suicide Prevention; NY Reg # 04-35-92
Date: Friday, February 07, 2014 2:30:01 PM

We have received and are granting your request for an extension of time to file an annual financial report. If upon further review your organization is found to be delinquent in filing an annual report for any year prior to that for which the extension is requested, you will be contacted under separate cover.

Please make sure your organization is properly registered and up to date with filings by using our searchable registry at www.CharitiesNYS.com. Allow time for your extension request to be posted.

File Online: Visit Form990.org to learn how to file your IRS Form 990 and New York Form CHAR500 together electronically.

Proposed Rule Change: On January 8, 2014, the Office of the Attorney General proposed new rules for submitting a request for an extension of time to file a CHAR500 Annual Filing. The new rule will provide for the submission of electronic or email requests only, requests by mail and IRS Form 8868 will no longer be required. Additionally, organizations may request an extension of time to file of up to 180 days. Two separate 90 extensions will no longer be required. It is anticipated that the rules will be in effect late February. New instructions will be posted on online at www.CharitiesNYS.com at that time.

Thank you,

Charities Bureau
Registration Section

From: Govind, Krupali [mailto:Krupali.Govind@mcgladrey.com]
Sent: Friday, February 07, 2014 8:28 AM
To: Charities Extensions
Cc: Ness, Tamar
Subject: Request Extension: American Foundation for Suicide Prevention; NY Reg # 04-35-92

February 6, 2014

Office of the Attorney General
New York State Department of Law
Charities Bureau
120 Broadway
New York, NY 10271

Re:	**Taxpayer:**	**American Foundation for Suicide Prevention**
	EIN:	**13-3393329**
	State Registration No.:	**04-35-92**
	Form:	**CHAR500**
	Year End:	**June 30, 2013**

Gentlemen:

On behalf of our client, the above-mentioned exempt organization, we respectfully request an additional extension of time to May 15, 2014 to file New York Form CHAR500, Annual Filing for Charitable Organizations.

This request is being made due to the fact that certain information necessary to complete an accurate tax return has not been received. Attached is a copy of the request for a Federal additional extension to May 15, 2014.

Regards,

Krupali Govind
LEAD Tax Intern

McGladrey LLP

1185 Avenue of the Americas, New York, NY 10036
P 212-372-1391
E Krupali.Govind@mcgladrey.com

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