

Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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)

120 WALL STREET - 29TH FLOOR

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10005

F Name and address of principal officer

ROBERT GEBBIA

120 WALL STREET - 29TH FLOOR

NEW YORK, NY 10005

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( )

☐ (insert no )

☐ 4947(a)(1) or

☐ 527

J Website:

WWW.AFSP.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1987

M State of legal domicile

DE

| Part I                      | Summary  |   |   |              |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|-----------------------------|--|---|---|--------------|--------------|----|---|---------------------------|-------------|-----|--|------------|------------|----|---|-----------|-----------|----|--|------------|------------|----|--|------------|------------|----|--|------------|------------|-----------------------------|--|----|---|----------|-----------|----|--------------------------------|---------------------------|-------------|----|-------------------------------------|------------|------------|----|---|-----------|-----------|--|--|-----------|-----------|
| Activities & Governance     | <div>1 Briefly describe the organization's mission or most significant activities</div> <div>TO PROMOTE UNDERSTANDING AND PREVENTION OF SUICIDE</div>  |   |   |              |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |   |   |              |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>27</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>27</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>83</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>2,500</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>   | 3   | Number of voting members of the governing body (Part VI, line 1a) | 3            | 27           | 4  | Number of independent voting members of the governing body (Part VI, line 1b)     | 4                         | 27          | 5   | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5          | 83         | 6  | Total number of volunteers (estimate if necessary)  | 6         | 2,500     | 7a | Total unrelated business revenue from Part VIII, column (C), line 12             | 7a         | 0          | 7b | Net unrelated business taxable income from Form 990-T, line 34   | 7b         | 0          |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 3  | Number of voting members of the governing body (Part VI, line 1a)                                       | 3   | 27           |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 4  | Number of independent voting members of the governing body (Part VI, line 1b)                           | 4   | 27           |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 5  | Total number of individuals employed in calendar year 2014 (Part V, line 2a)                            | 5   | 83           |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 6  | Total number of volunteers (estimate if necessary)  | 6   | 2,500        |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
| 7a                          | Total unrelated business revenue from Part VIII, column (C), line 12   | 7a  | 0   |              |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34   | 7b  | 0   |              |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
| Revenue                     | <table><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>16,196,086</td><td>22,955,313</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>241,560</td><td>222,428</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>78,346</td><td>94,456</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>-3,500,239</td><td>-3,877,382</td></tr><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>13,015,753</td><td>19,394,815</td></tr></table>  | 8   | Contributions and grants (Part VIII, line 1h)                     | Prior Year   | Current Year | 9  | Program service revenue (Part VIII, line 2g)                                      | 16,196,086                | 22,955,313  | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                | 241,560    | 222,428    | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                | 78,346    | 94,456    | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -3,500,239 | -3,877,382 | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 13,015,753 | 19,394,815 |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 8  | Contributions and grants (Part VIII, line 1h)   | Prior Year  | Current Year |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 9  | Program service revenue (Part VIII, line 2g)  | 16,196,086  | 22,955,313   |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 241,560   | 222,428      |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                | 78,346  | 94,456       |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
| 12                          | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | -3,500,239  | -3,877,382  |              |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
| 13                          | Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | 13,015,753  | 19,394,815  |              |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
| Expenses                    | <table><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>2,464,277</td><td>3,315,546</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>0</td><td>0</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>5,387,824</td><td>6,891,632</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 2,038,643</td><td>0</td><td>0</td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>0</td><td>0</td></tr><tr><td>18</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>5,558,302</td><td>7,500,890</td></tr><tr><td>19</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>13,410,403</td><td>17,708,068</td></tr><tr><td rowspan="4">Net Assets or Fund Balances</td><td><table><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-394,650</td><td>1,686,747</td></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>10,797,883</td><td>14,109,217</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>4,202,723</td><td>5,802,265</td></tr><tr><td></td><td></td><td>6,595,160</td><td>8,306,952</td></tr></table></td></tr></table> | 14  | Benefits paid to or for members (Part IX, column (A), line 4)     | 2,464,277    | 3,315,546    | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0                         | 0           | 16a | Professional fundraising fees (Part IX, column (A), line 11e)                | 5,387,824  | 6,891,632  | b  | Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 2,038,643 | 0         | 0         | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                     | 0          | 0          | 18 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)     | 5,558,302  | 7,500,890  | 19 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 13,410,403 | 17,708,068 | Net Assets or Fund Balances | <table><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-394,650</td><td>1,686,747</td></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>10,797,883</td><td>14,109,217</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>4,202,723</td><td>5,802,265</td></tr><tr><td></td><td></td><td>6,595,160</td><td>8,306,952</td></tr></table> | 19 | Revenue less expenses Subtract line 18 from line 12 | -394,650 | 1,686,747 | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year | 21 | Total liabilities (Part X, line 26) | 10,797,883 | 14,109,217 | 22 | Net assets or fund balances Subtract line 21 from line 20 | 4,202,723 | 5,802,265 |  |  | 6,595,160 | 8,306,952 |
|                             | 14   | Benefits paid to or for members (Part IX, column (A), line 4)   | 2,464,277   | 3,315,546    |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                       | 0   | 0            |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
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|                             | b  | Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 2,038,643 | 0   | 0            |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 17   | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | 0   | 0            |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 18   | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | 5,558,302   | 7,500,890    |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
| 19                          | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)   | 13,410,403  | 17,708,068  |              |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
| Net Assets or Fund Balances | <table><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-394,650</td><td>1,686,747</td></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>10,797,883</td><td>14,109,217</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>4,202,723</td><td>5,802,265</td></tr><tr><td></td><td></td><td>6,595,160</td><td>8,306,952</td></tr></table>   | 19  | Revenue less expenses Subtract line 18 from line 12               | -394,650     | 1,686,747    | 20 | Total assets (Part X, line 16)  | Beginning of Current Year | End of Year | 21  | Total liabilities (Part X, line 26)  | 10,797,883 | 14,109,217 | 22 | Net assets or fund balances Subtract line 21 from line 20   | 4,202,723 | 5,802,265 |    |  | 6,595,160  | 8,306,952  |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 19   | Revenue less expenses Subtract line 18 from line 12   | -394,650  | 1,686,747    |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 20   | Total assets (Part X, line 16)  | Beginning of Current Year   | End of Year  |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             | 21   | Total liabilities (Part X, line 26)   | 10,797,883  | 14,109,217   |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
| 22                          | Net assets or fund balances Subtract line 21 from line 20  | 4,202,723   | 5,802,265   |              |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |
|                             |  | 6,595,160   | 8,306,952   |              |              |    |   |                           |             |     |  |            |            |    |   |           |           |    |  |            |            |    |  |            |            |    |  |            |            |                             |  |    |   |          |           |    |                                |                           |             |    |                                     |            |            |    |   |           |           |  |  |           |           |

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

ROBERT GEBBIA CEO

Type or print name and title

2016-03-29

Date

Paid Preparer Use Only

Print/Type preparer's name

STEVEN LAPSKER

Firm's name ☒ RSM US LLP

Firm's address ☒ 1185 AVENUE OF THE AMERICAS

NEW YORK, NY 100362602

Preparer's signature

STEVEN LAPSKER

Date

Check ☐ if self-employed

PTIN P00850484

Firm's EIN ☒ 42-0714325

Phone no (212) 372-1000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

SAVES LIVES AND GIVE HOPE TO THOSE AFFECTED 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

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

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 \$ 4,272,204 including grants of \$ 3,315,546 ) (Revenue \$ )

RESEARCH FUNDS SCIENTIFIC RESEARCH INTO THE CAUSES AND PREVENTION OF SUICIDE

4b

(Code ) (Expenses \$ 5,254,338 including grants of \$ ) (Revenue \$ 222,428 )

PREVENTION EDUCATION 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 \$ 3,287,650 including grants of \$ ) (Revenue \$ 23,292 )

LOSS AND BEREAVEMENT PROGRAMS PROVIDES PROGRAMS AND INFORMATION FOR SURVIVING FAMILY AND FRIENDS AFTER A SUICIDE

See Additional Data

4d

Other program services (Describe in Schedule O )

(Expenses \$ 1,910,472 including grants of \$ ) (Revenue \$ )

4e
























Total program service expenses

14,724,664

Form 990 (2014)

Part IV

Checklist of Required Schedules

|   | Yes     | No |
|---|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | 1 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?    | 2 Yes   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3       | No |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II    | 4 Yes   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III    | 5       | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    | 8       | No |
| 9 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       | No |
| 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 Yes  |    |
| 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 Yes |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII    | 11b Yes |    |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c     | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d     | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    | 11e Yes |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a Yes |    |
| 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     | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a     | No |
| 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 Yes |    |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV    | 15 Yes  |    |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV    | 16      | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17      | No |
| 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 Yes  |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III    | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b     |    |

Part IV

Checklist of Required Schedules (continued)

|     |  |     |     |    |
|-----|--|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .  | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 36  |     | No |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☒

|   |  |     |    |
|---|--|-----|----|
|   |  | Yes | No |
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |  |     |    |
| 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   |  |     |    |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  |  | Yes |    |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |  |     |    |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                 |  | Yes |    |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  |  |     | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   |  |     |    |
| 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)? |  |     | No |
| b If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |  |     |    |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |  |     | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |  |     | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |  |     |    |
| 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?                                    |  |     | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |  |     |    |
| 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?   |  | Yes |    |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?   |  | Yes |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  |  |     | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year   |  |     |    |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |  |     | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |  |     | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |  |     |    |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |  |     |    |
| 8 Sponsoring organizations maintaining donor advised funds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |  |     |    |
| 9a Did the sponsoring organization make any taxable distributions under section 4966?   |  |     |    |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |  |     |    |
| 10 Section 501(c)(7) organizations. Enter   |  |     |    |
| a Initiation fees and capital contributions included on Part VIII, line 12  |  |     |    |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |  |     |    |
| 11 Section 501(c)(12) organizations. Enter  |  |     |    |
| a Gross income from members or shareholders   |  |     |    |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)   |  |     |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |  |     |    |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |  |     |    |
| 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?<br>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   |  |     |    |
| c Enter the amount of reserves on hand  |  |     |    |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  |  |     | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |  |     |    |

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

|  |   |     |     |
|--|---|-----|-----|
|  |   | Yes | No  |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year . . . . .   | 27  |     |
| 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 . . . . .  | 27  |     |
| 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   | No  |
| 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   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  | 4   | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  | 5   | No  |
| 6  | Did the organization have members or stockholders? . . . . .  | 6   | No  |
| 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  | No  |
| 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  | No  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |     |
| a  | The governing body? . . . . .   | 8a  | Yes |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .   | 8b  | Yes |
| 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   | No  |

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

|  |  |     |     |
|--|--|-----|-----|
|  |  | Yes | No  |
| 10a  | Did the organization have local chapters, branches, or affiliates? . . . . .   | 10a | Yes |
| b  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   | 10b | Yes |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | 11a | Yes |
| b  | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .   |     |     |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | 12a | Yes |
| b  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | 12b | Yes |
| c  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | 12c | Yes |
| 13   | Did the organization have a written whistleblower policy? . . . . .  | 13  | Yes |
| 14   | Did the organization have a written document retention and destruction policy? . . . . .   | 14  | Yes |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |     |
| a  | The organization's CEO, Executive Director, or top management official . . . . .   | 15a | Yes |
| b  | Other officers or key employees of the organization . . . . .  | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) |  |     |     |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | 16a | No  |
| b  | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b |     |

Section C. Disclosure

|    |   |  |
|----|---|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed  | 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 |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |  |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  |  |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records  | DANIEL KILLPACK  |

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |

## Part VII

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |

|           |  |           |   |         |
|-----------|--|-----------|---|---------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>   |           |   |         |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> |           |   |         |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | 1,738,600 | 0 | 326,507 |

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 ▶10

|          |   | Yes      | No  |
|----------|---|----------|-----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  | <b>3</b> | No  |
| <b>4</b> | 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> | Yes |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b> | No  |

## Section B. Independent Contractors

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

| (A)   | (B)                      | (C)          |
|---|--------------------------|--------------|
| Name and business address   | Description of services  | Compensation |
| BULLPEN INTEGRATED MARKETING LLC<br>116131 VENTURA BLVD SUITE 400<br>ENCINO, CA 91436 | EVENT MARKETING          | 600,495      |
| OP3<br>915 MARINE STREET 2<br>SANTA MONICA, CA 90405                                  | EVENT PRODUCTIONS        | 527,314      |
| FRONTLINE GRAPHICS INC<br>200 BARR HARBOR DR<br>WEST CONSHOHOCKEN, PA 19428           | PRINTING AND FULFILLMENT | 507,582      |
| BUFFALO SPECIALTIES<br>PO BOX 35809<br>HUDSON, TX 77236                               | EVENT T-SHIRTS           | 447,298      |
| GLOBAL CLOUD<br>30 W THIRD ST<br>CINCINNATI, OH 45202                                 | ONLINE EVENT SOFTWARE    | 174,469      |

**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 ▶8



Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

|   |                       |  | (A)<br>Total revenue    | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|---|-----------------------|--|-------------------------|--|---|---|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                    | Federated campaigns . . . . .  | 1a                      |  |   |   |
|   | b                     | Membership dues . . . . .  | 1b                      |  |   |   |
|   | c                     | Fundraising events . . . . .   | 1c                      | 19,988,254   |   |   |
|   | d                     | Related organizations . . . . .  | 1d                      |  |   |   |
|   | e                     | Government grants (contributions)  | 1e                      | 43,250   |   |   |
|   | f                     | All other contributions, gifts, grants, and<br>similar amounts not included above  | 1f                      | 2,923,809  |   |   |
|   | g                     | Noncash contributions included in lines<br>1a-1f \$  |                         | 23,295   |   |   |
|   | h                     | Total. Add lines 1a-1f . . . . .   |                         | 22,955,313   |   |   |
| Program Service Revenue                                   | 2a                    | INTERACTIVE SCREEN PROGRAM   | Business Code<br>900099 | 222,428  | 222,428                                 |   |
|   | b                     |  |                         |  |   |   |
|   | c                     |  |                         |  |   |   |
|   | d                     |  |                         |  |   |   |
|   | e                     |  |                         |  |   |   |
|   | f                     | All other program service revenue  |                         |  |   |   |
|   | g                     | Total. Add lines 2a-2f . . . . .   |                         | 222,428  |   |   |
| Other Revenue   | 3                     | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .  |                         | 85,954   |   | 85,954  |
|   | 4                     | Income from investment of tax-exempt bond proceeds . . . . .   |                         |  |   |   |
|   | 5                     | Royalties . . . . .  |                         |  |   |   |
|   | 6a                    | Gross rents  | (i) Real                | (ii) Personal                                      |   |   |
|   |                       |  |                         |  |   |   |
|   |                       |  |                         |  |   |   |
|   |                       |  |                         |  |   |   |
|   | b                     | Less rental expenses   |                         |  |   |   |
|   | c                     | Rental income or (loss)  |                         |  |   |   |
|   | d                     | Net rental income or (loss) . . . . .  |                         |  |   |   |
|   | 7a                    | Gross amount from sales of<br>assets other than inventory  | (i) Securities          | (ii) Other   |   |   |
|   |                       |  | 3,918,149               |  |   |   |
|   |                       |  |                         |  |   |   |
|   |                       |  |                         |  |   |   |
|   | b                     | Less cost or other basis and sales expenses  | 3,909,647               |  |   |   |
|   | c                     | Gain or (loss)   | 8,502                   |  |   |   |
|   | d                     | Net gain or (loss) . . . . .   |                         | 8,502  |   | 8,502   |
|   | 8a                    | Gross income from fundraising events (not including<br>\$ 19,988,254 of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                       | 57,500   |   |   |
|   | b                     | Less direct expenses . . . . .   | b                       | 3,958,174  |   |   |
|   | c                     | Net income or (loss) from fundraising events . . . . .   |                         | -3,900,674   |   | -3,900,674  |
|   | 9a                    | Gross income from gaming activities<br>See Part IV, line 19 . . . . .  | a                       |  |   |   |
|   | b                     | Less direct expenses . . . . .   | b                       |  |   |   |
|   | c                     | Net income or (loss) from gaming activities . . . . .  |                         |  |   |   |
|   | 10a                   | Gross sales of inventory, less<br>returns and allowances . . . . .   | a                       | 81,161   |   |   |
|   | b                     | Less cost of goods sold . . . . .  | b                       | 57,869   |   |   |
|   | c                     | Net income or (loss) from sales of inventory . . . . .   |                         | 23,292   | 23,292                                  |   |
|   | Miscellaneous Revenue |  | Business Code           |  |   |   |
|   | 11a                   |  |                         |  |   |   |
|   | b                     |  |                         |  |   |   |
|   | c                     |  |                         |  |   |   |
|   | d                     | All other revenue . . . . .  |                         |  |   |   |
|   | e                     | Total. Add lines 11a-11d . . . . .   |                         |  |   |   |
|   | 12                    | Total revenue. See Instructions . . . . .  |                         | 19,394,815   | 245,720                                 | -3,806,218  |

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 or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.   | 2,945,183             | 2,945,183                       |  |                             |
| 2  | Grants and other assistance to domestic individuals. See Part IV, line 22.  |                       |                                 |  |                             |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   | 370,363               | 370,363                         |  |                             |
| 4  | Benefits paid to or for members.  |                       |                                 |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees.   | 1,481,465             | 1,119,472                       | 122,020                                | 239,973                     |
| 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.   | 3,323,049             | 2,509,024                       | 277,954                                | 536,071                     |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).   | 173,340               | 131,686                         | 12,818                                 | 28,836                      |
| 9  | Other employee benefits.  | 412,989               | 313,748                         | 30,538                                 | 68,703                      |
| 10   | Payroll taxes.  | 1,500,789             | 1,133,150                       | 125,533                                | 242,106                     |
| 11   | Fees for services (non-employees):  |                       |                                 |  |                             |
| a  | Management.   |                       |                                 |  |                             |
| b  | Legal.  |                       |                                 |  |                             |
| c  | Accounting.   | 43,582                |                                 | 43,582                                 |                             |
| d  | Lobbying.   | 37,199                | 37,199                          |  |                             |
| 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 Schedule O).   | 1,016,123             | 896,248                         | 30,860                                 | 89,015                      |
| 12   | Advertising and promotion.  |                       |                                 |  |                             |
| 13   | Office expenses.  | 1,127,523             | 1,041,697                       | 18,471                                 | 67,355                      |
| 14   | Information technology.   | 281,248               | 231,487                         | 5,049                                  | 44,712                      |
| 15   | Royalties.  |                       |                                 |  |                             |
| 16   | Occupancy.  | 612,873               | 465,600                         | 45,318                                 | 101,955                     |
| 17   | Travel.   | 1,499,305             | 1,002,722                       | 170,889                                | 325,694                     |
| 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.  | 51,460                |                                 | 51,460                                 |                             |
| 23   | Insurance.  | 13,616                | 12,305                          | 203                                    | 1,108                       |
| 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   | 1,422,458             | 1,171,036                       |  | 251,422                     |
| b  | CONFERENCES & PROGRAMS  | 1,178,893             | 1,178,893                       |  |                             |
| c  | EQUIP. RENTAL & MAINTEN.  | 216,610               | 164,851                         | 10,066                                 | 41,693                      |
| d  |   |                       |                                 |  |                             |
| e  | All other expenses.   |                       |                                 |  |                             |
| 25   | Total functional expenses. Add lines 1 through 24e.   | 17,708,068            | 14,724,664                      | 944,761                                | 2,038,643                   |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

|                             |   |  |     |         | (A)               |     | (B)         |
|-----------------------------|---|--|-----|---------|-------------------|-----|-------------|
|                             |   |  |     |         | Beginning of year |     | End of year |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .  |     |         | 990,287           | 1   | 2,194,845   |
|                             | 2   | Savings and temporary cash investments . . . . .   |     |         | 3,659,124         | 2   | 3,061,369   |
|                             | 3   | Pledges and grants receivable, net . . . . .   |     |         | 949,015           | 3   | 696,741     |
|                             | 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 instructions) Complete Part II of Schedule L . . . . . |     |         |                   | 6   |             |
|                             | 7   | Notes and loans receivable, net . . . . .  |     |         |                   | 7   |             |
|                             | 8   | Inventories for sale or use . . . . .  |     |         | 194,305           | 8   | 424,629     |
|                             | 9   | Prepaid expenses and deferred charges . . . . .  |     |         | 117,091           | 9   | 647,297     |
|                             | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a | 538,075 | 237,526           | 10c | 208,648     |
|                             | b   | Less accumulated depreciation . . . . .  | 10b | 329,427 |                   |     |             |
|                             | 11  | Investments—publicly traded securities . . . . .   |     |         | 808,499           | 11  | 989,970     |
|                             | 12  | Investments—other securities See Part IV, line 11 . . . . .  |     |         | 3,603,081         | 12  | 5,694,356   |
|                             | 13  | Investments—program-related See Part IV, line 11 . . . . .   |     |         |                   | 13  |             |
|                             | 14  | Intangible assets . . . . .  |     |         |                   | 14  |             |
|                             | 15  | Other assets See Part IV, line 11 . . . . .  |     |         | 238,955           | 15  | 191,362     |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .  |     |         | 10,797,883        | 16  | 14,109,217  |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .  |     |         | 1,054,360         | 17  | 1,453,239   |
|                             | 18  | Grants payable . . . . .   |     |         | 2,244,000         | 18  | 3,134,564   |
|                             | 19  | Deferred revenue . . . . .   |     |         | 709,434           | 19  | 946,281     |
|                             | 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 . . . . .   |     |         | 194,929           | 25  | 268,181     |
|                             | 26  | Total liabilities. Add lines 17 through 25 . . . . .   |     |         | 4,202,723         | 26  | 5,802,265   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |  |     |         |                   |     |             |
|                             | 27  | Unrestricted net assets . . . . .  |     |         | 4,564,127         | 27  | 6,065,625   |
|                             | 28  | Temporarily restricted net assets . . . . .  |     |         | 1,197,193         | 28  | 1,407,487   |
|                             | 29  | Permanently restricted net assets . . . . .  |     |         | 833,840           | 29  | 833,840     |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 . . . . .  |     |         | 6,595,160         | 33  | 8,306,952   |
|                             | 34  | Total liabilities and net assets/fund balances . . . . .   |     |         | 10,797,883        | 34  | 14,109,217  |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

|    |   |    |            |
|----|---|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 19,394,815 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 17,708,068 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | 1,686,747  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 6,595,160  |
| 5  | Net unrealized gains (losses) on investments  | 5  | 25,045     |
| 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 | 8,306,952  |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

|    |  | Yes | No  |
|----|--|-----|-----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | 2c  | Yes |
| 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  | No  |
| 3b | 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  |     |

Additional Data

Software ID:  
Software Version:  
EIN: 13-3393329  
Name: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

|  |                |           |                        |               |   |
|--|----------------|-----------|------------------------|---------------|---|
| (Code  | ) (Expenses \$ | 1,910,472 | including grants of \$ | ) (Revenue \$ | ) |
| 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 |                |           |                        |               |   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |  |   |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) NANCY FARRELL<br>CHAIR  | 1 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (1) YEATES CONWELL<br>PRESIDENT   | 1 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) MARIA OQUENDO<br>VICE PRESIDENT   | 1 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) JAMES COMPTON<br>TREASURER  | 1 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) ALAN WEEKS<br>SECRETARY   | 1 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (5) MICHAEL BALLARD<br>DIRECTOR   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) THOMAS BENTLEY<br>DIRECTOR (THRU DEC '14)   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) MARK BROOKSHIRE<br>DIRECTOR (THRU DEC '14)  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) PHILLIP CHAPPELL<br>DIRECTOR  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) KEITH CHERRY<br>DIRECTOR (THRU DEC '14)   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) DAVID DODD<br>DIRECTOR   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) DWIGHT EVANS<br>DIRECTOR   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) NORMAN FINE<br>DIRECTOR (THRU MAY '15)   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) JOHN GREDEN<br>DIRECTOR  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) KAY REDFIELD JAMISON<br>DIRECTOR (THRU DEC '14)  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (15) SHIRLEY KAMINSKY<br>DIRECTOR   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (16) RICHARD KIRCHHOFF<br>DIRECTOR  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (17) JOHN MANN<br>DIRECTOR  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (18) ROBERT NAU<br>DIRECTOR (THRU DEC '14)  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (19) CHARLES NEMEROFF<br>DIRECTOR   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (20) PHILLIP NINAN<br>DIRECTOR  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (21) DAVID NORTON<br>DIRECTOR   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (22) RAY PAUL JR FROM DEC '14<br>DIRECTOR   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (23) KELLY POSNER<br>DIRECTOR   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (24) ANDREW ROGOFF<br>DIRECTOR  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |  |   |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (26) JERROLD ROSENBAUM<br>.....<br>DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (1) PHILLIP SATOW<br>.....<br>DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) STEVEN SIPLE<br>.....<br>DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) ANDREW SLABY<br>.....<br>DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) LAWRENCE SPRUNG<br>.....<br>DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) MARCO TAGLIETTI<br>.....<br>DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) MARY WEILER FROM DEC '14<br>.....<br>DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) MICHAEL STUDENT<br>.....<br>DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) ROBERT GEBBIA<br>.....<br>CEO   | 35 00<br>.....   |   |                       | X       |              |                              |        | 335,320  | 0   | 52,048  |
| (9) DANIEL KILLPACK<br>.....<br>CHIEF FINANCIAL OFFICER   | 35 00<br>.....   |   |                       | X       |              |                              |        | 166,292  | 0   | 41,247  |
| (10) CHRISTINE MOUTIER<br>.....<br>CHIEF MEDICAL OFFICER  | 35 00<br>.....   |   |                       |         | X            |                              |        | 332,934  | 0   | 54,904  |
| (11) MIKE LAMMA<br>.....<br>VP DEVELOPMENT & FIELD MGR  | 35 00<br>.....   |   |                       |         | X            |                              |        | 215,153  | 0   | 31,491  |
| (12) JOHN MADIGAN<br>.....<br>VP PUBLIC POLICY  | 35 00<br>.....   |   |                       |         | X            |                              |        | 173,880  | 0   | 33,121  |
| (13) STEPHANIE COGGIN<br>.....<br>VP COMMUNICATIONS   | 35 00<br>.....   |   |                       |         |              | X                            |        | 100,036  | 0   | 4,375   |
| (14) JILL HARKAVEY-FRIEDMAN<br>.....<br>VP RESEARCH   | 35 00<br>.....   |   |                       |         |              | X                            |        | 110,165  | 0   | 33,392  |
| (15) MARY JEAN COLEMAN<br>.....<br>DIVISION DIRECTOR  | 35 00<br>.....   |   |                       |         |              | X                            |        | 103,600  | 0   | 13,257  |
| (16) JANICE HURTADO<br>.....<br>DIVISION DIRECTOR   | 35 00<br>.....   |   |                       |         |              | X                            |        | 100,839  | 0   | 30,866  |
| (17) VALERIE KOVACOVICH<br>.....<br>DIVISION DIRECTOR   | 35 00<br>.....   |   |                       |         |              | X                            |        | 100,381  | 0   | 31,806  |

SCHEDULE A  
(Form 990 or 990EZ)

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

OMB No 1545-0047

2014

Open to Public Inspection

|  |  |
|--|--|
| Name of the organization<br>AMERICAN FOUNDATION FOR SUICIDE PREVENTION | Employer identification number<br>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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

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 listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|--|---|----|---|---|
|                                   |          |  | Yes   | No |   |   |
|                                   |          |  |   |    |   |   |
|                                   |          |  |   |    |   |   |
| 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) 2010   | (b) 2011   | (c) 2012   | (d) 2013   | (e) 2014   | (f) Total  |
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")   | 11,111,013 | 12,144,870 | 15,324,209 | 16,196,086 | 22,953,378 | 77,729,556 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |            |            |            |            |            |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |            |            |            |            |            |            |
| <b>4 Total.</b> Add lines 1 through 3  | 11,111,013 | 12,144,870 | 15,324,209 | 16,196,086 | 22,953,378 | 77,729,556 |
| <b>5</b> 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) |            |            |            |            |            |            |
| <b>6 Public support.</b> Subtract line 5 from line 4   |            |            |            |            |            | 77,729,556 |

| Section B. Total Support                      |   |            |            |            |            |            |            |
|---|---|------------|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶ |   | (a) 2010   | (b) 2011   | (c) 2012   | (d) 2013   | (e) 2014   | (f) Total  |
| 7   | Amounts from line 4   | 11,111,013 | 12,144,870 | 15,324,209 | 16,196,086 | 22,953,378 | 77,729,556 |
| 8   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 70,545     | 66,682     | 60,994     | 78,346     | 85,954     | 362,521    |
| 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 VI )  | 35,183     | 59,750     | 89,055     | 72,094     | 57,500     | 313,582    |
| 11  | <b>Total support</b> Add lines 7 through 10   |            |            |            |            |            | 78,405,659 |
| 12  | Gross receipts from related activities, etc (see instructions)  |            |            |            |            | 12         | 854,596    |
| 13  | <b>First five years.</b> 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 <b>stop here</b> . . . . .  |            |            |            |            |            |            |

| Section C. Computation of Public Support Percentage |   |    |          |
|---|---|----|----------|
| 14  | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  | 14 | 99 140 % |
| 15  | Public support percentage for 2013 Schedule A, Part II, line 14   | 15 | 99 240 % |
| 16a   | <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  |    |          |
| b   | <b>33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization   |    |          |
| 17a   | <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization      |    |          |
| b   | <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |    |          |
| 18  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |    |          |

Part IIISupport 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI.)   |          |          |          |          |          |           |
| 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 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage   |    |  |
|--|----|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))   | 17 |  |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17  | 18 |  |
| 19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 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 Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|  | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  |     |    |

Section C. Type II Supporting Organizations

|   | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

Section D. All Type III Supporting Organizations

|   | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.   |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|  |  |  |  |
|--|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |  |  |  |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |  |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |  |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |  |
| 2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>  |  |  |  |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |  |
| 3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>  |  |  |  |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.   |  |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |  |  |  |

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

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

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

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

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

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI) See instructions   |              |
| 7 Total annual distributions. Add lines 1 through 6  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2014 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2014   |                             |  |   |
| a From 2009. . . . .  |                             |  |   |
| b From 2010. . . . .  |                             |  |   |
| c From 2011. . . . .  |                             |  |   |
| d From 2012. . . . .  |                             |  |   |
| e From 2013. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2014 distributable amount  |                             |  |   |
| i Carryover from 2009 not applied (see instructions)  |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4 Distributions for 2014 from Section D, line 7<br>\$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2014 distributable amount  |                             |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |  |   |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |  |   |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7   |                             |  |   |
| a From 2010. . . . .  |                             |  |   |
| b From 2011. . . . .  |                             |  |   |
| c From 2012. . . . .  |                             |  |   |
| d From 2013. . . . .  |                             |  |   |
| e From 2014. . . . .  |                             |  |   |

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

**Facts And Circumstances Test**

| Return Reference  | Explanation                  |
|---|------------------------------|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME | MISCELLANEOUS SPECIAL EVENTS |

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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

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

|  |  |
|--|--|
| Name of the organization<br>AMERICAN FOUNDATION FOR SUICIDE PREVENTION | Employer identification number<br>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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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<br>(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   |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |   | 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 |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000   | 20% of the amount on line 1e                      |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000 |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000  |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000  | \$1,000,000                                       |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)  |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -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?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

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

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. |  | (a) |    | (b)     |
|---|--|-----|----|---------|
|   |  | Yes | No | 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?  | Yes |    |         |
| b   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | Yes |    |         |
| c   | Media advertisements?  | Yes |    | 16,718  |
| d   | Mailings to members, legislators, or the public?   | Yes |    | 84,488  |
| e   | Publications, or published or broadcast statements?  | Yes |    | 168,975 |
| f   | Grants to other organizations for lobbying purposes?   |     | No |         |
| g   | Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes |    | 220,968 |
| h   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  | Yes |    | 175,475 |
| i   | Other activities?  |     | No |         |
| j   | Total. Add lines 1c through 1i.  |     |    | 666,624 |
| 2a  | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | No |         |
| 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 |     |    |
| 2 |     |    |
| 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

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference  | Explanation   |
|-------------------|---|
| PART II-B, LINE 1 | LINE C - MEDIA ADVERTISEMENTS AFSP PLACED INFORMATIONAL ADS IN A CONGRESSIONAL NEWSPAPER TO IDENTIFY THE 5 WARNING SIGNS OF MENTAL ILLNESS<br>LINE D - 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 AFSP ALSO EMAILS LEGISLATORS AND THEIR STAFF URGING THEM TO VOTE FOR LEGISLATION THAT ADVANCES THE CAUSE OF SUICIDE PREVENTION AND SUICIDE RELATED RESEARCH<br>LINE E - PUBLICATIONS OR PUBLISHED OR BROADCAST STATEMENTS AFSP COMPILES INFORMATION ABOUT PENDING LEGISLATION RELEVANT TO OUR STRATEGIC PRIORITIES AND PREPARES BRIEFING STATEMENTS FOR FIELD ADVOCATES<br>LINE G - 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<br>LINE H - 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 |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2014

Open to Public Inspection

|  |  |
|--|--|
| Name of the organization<br>AMERICAN FOUNDATION FOR SUICIDE PREVENTION | Employer identification number<br>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 value of contributions to (during year)   |                              |
| 3 | Aggregate value of grants from (during year)  |                              |
| 4 | Aggregate value at end of year  |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>  |                              |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

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) Revenue 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

Revenue included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2014

**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 |
| 1c Beginning balance             |        |
| 1d Additions during the year     |        |
| 1e Distributions during the year |        |
| 1f Ending balance                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 

☐ 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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 3,038,693       | 2,724,178     |                     |                     |                    |
| b Contributions . . . . .                                  |                 |               | 2,500,505           |                     |                    |
| c Net investment earnings, gains, and losses               | 105,218         | 429,515       | 260,173             |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               | 36,500              |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 | 115,000       |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 3,143,911       | 3,038,693     | 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 ▶ 61 110 %

b Permanent endowment ▶ 26 520 %

c Temporarily restricted endowment ▶ 12 370 %

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  |     | No |
| 3a(ii) |     | No |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 . . . . .   |                                      | 117,447                        | 101,250                      | 16,197         |
| d Equipment . . . . .  |                                      |                                |                              |                |
| e Other . . . . .  |                                      | 420,628                        | 228,177                      | 192,451        |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                |                              | 208,648        |



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |  |    |            |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 19,516,943 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       | 2e |            |
| a | Net unrealized gains (losses) on investments . . . . .                                   | 2a | 25,045     |
| b | Donated services and use of facilities . . . . .   | 2b | 39,214     |
| c | Recoveries of prior year grants . . . . .  | 2c |            |
| d | Other (Describe in Part XIII ) . . . . .   | 2d | 57,869     |
| e | Add lines 2a through 2d . . . . .  | 2e | 122,128    |
| 3 | Subtract line 2e from line 1 . . . . .   | 3  | 19,394,815 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                      | 4c |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a |            |
| b | Other (Describe in Part XIII ) . . . . .   | 4b |            |
| c | Add lines 4a and 4b . . . . .  | 4c | 0          |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 19,394,815 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |   |    |            |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 17,805,151 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          | 2e |            |
| a | Donated services and use of facilities . . . . .  | 2a | 39,214     |
| b | Prior year adjustments . . . . .  | 2b |            |
| c | Other losses . . . . .  | 2c |            |
| d | Other (Describe in Part XIII ) . . . . .  | 2d |            |
| e | Add lines 2a through 2d . . . . .   | 2e | 39,214     |
| 3 | Subtract line 2e from line 1 . . . . .  | 3  | 17,765,937 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        | 4c |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |            |
| b | Other (Describe in Part XIII ) . . . . .  | 4b | -57,869    |
| c | Add lines 4a and 4b . . . . .   | 4c | -57,869    |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 17,708,068 |

Part XIII

Supplemental Information

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

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| 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 UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIBED IN SECTION 509(A). IN ADDITION, THE FOUNDATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. 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 OR DISCLOSURE TO THESE FINANCIAL STATEMENTS. 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 2012, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS  | JEWELRY & VIDEO COSTS NETTED AGAINST INCOME 57,869   |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | JEWELRY & VIDEO COSTS NETTED AGAINST INCOME -57,869  |
|                                       |  |
|                                       |  |
|                                       |  |

[illegible]



SCHEDULE F  
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2014

Open to Public  
Inspection

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

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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? . . . . .

☒ 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

Activites 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 |
|--|-------------------------------------|--|---|--|--|
| ( 1 ) EAST ASIA AND THE PACIFIC            | 0                                   | 0  | GRANTS TO RECIPIENTS LOCATED IN THE REGION  |  | 89,221   |
| ( 2 ) SUB-SAHARAN AFRICA                   | 0                                   | 0  | GRANTS TO RECIPIENTS LOCATED IN THE REGION  |  | 89,221   |
| ( 3 ) NORTH AMERICA                        | 0                                   | 0  | GRANTS TO RECIPIENTS LOCATED IN THE REGION  |  | 191,921  |
| ( 4 )                                      |                                     |  |   |  |  |
| ( 5 )                                      |                                     |  |   |  |  |
| 3a Sub-total                               | 0                                   | 0  |   |  | 370,363  |
| b Total from continuation sheets to Part I | 0                                   | 0  |   |  | 0  |
| c Totals (add lines 3a and 3b)             | 0                                   | 0  |   |  | 370,363  |

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) |
|--------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| ( 1 )  | See Add'l Data           |  |            |                      |                          |                                 |                                   |  |   |
| ( 2 )  |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 3 )  |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 4 )  |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 5 )  |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 6 )  |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 7 )  |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 8 )  |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 9 )  |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 10 ) |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 11 ) |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 12 ) |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 13 ) |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 14 ) |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 15 ) |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 16 ) |                          |  |            |                      |                          |                                 |                                   |  |   |

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 . . . . ▶

0

3

Enter total number of other organizations or entities . . . . . ▶

6

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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| ( 1 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 2 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 3 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 4 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 5 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 6 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 7 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 8 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 9 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 10 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 11 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 12 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 13 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 14 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 15 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 16 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 17 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 18 )                          |            |                          |                          |                                 |                                   |  |   |

**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; do not file with Form 990)*

☐ 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; do not file with Form 990)*

☐ Yes

☒ No

Part V

Supplemental Information

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 (see instructions).

990 Schedule F, Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 2   | GRANTS ARE AWARDED BASED UPON AN APPROVED SCOPE OF WORK AND BUDGET GRANTEES MUST SUBMIT WRITTEN NARRATIVE REPORTS ON THEIR RESEARCH PROGRESS AS WELL AS EXPENDITURE REPORTS GRANT PAYMENTS ARE MADE ONLY AFTER THE SUCCESSFUL COMPLETION OF WORK FOR THE PERIOD AND SUBMISSION OF EVIDENCE OF EXPENDITURE PAYMENTS ARE HELD UNTIL SATISFACTORY EVIDENCE IS SUPPLIED |

Additional Data

Software ID:  
Software Version:  
EIN: 13-3393329  
Name: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | EAST ASIA AND THE PACIFIC | SCIENTIFIC RESEARCH  | 89,221                   | CHECK                           |                                   |  |   |
|                          |   | SUB-SAHARAN AFRICA        | SCIENTIFIC RESEARCH  | 89,221                   | CHECK                           |                                   |  |   |
|                          |   | NORTH AMERICA             | SCIENTIFIC RESEARCH  | 103,100                  | CHECK                           |                                   |  |   |
|                          |   | NORTH AMERICA             | SCIENTIFIC RESEARCH  | 29,740                   | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | NORTH AMERICA | SCIENTIFIC RESEARCH  | 81,716                   | CHECK                           |                                   |  |   |
|                          |   | NORTH AMERICA | SCIENTIFIC RESEARCH  | -22,635                  | GRANT REFUND                    |                                   |  |   |

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

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? |    | (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 |
|---|---------------|--|----|-----------------------------------|--|---|
|   |               | Yes  | No |                                   |  |   |
| 1   |               |  |    |                                   |  |   |
| 2   |               |  |    |                                   |  |   |
| 3   |               |  |    |                                   |  |   |
| 4   |               |  |    |                                   |  |   |
| 5   |               |  |    |                                   |  |   |
| 6   |               |  |    |                                   |  |   |
| 7   |               |  |    |                                   |  |   |
| 8   |               |  |    |                                   |  |   |
| 9   |               |  |    |                                   |  |   |
| 10  |               |  |    |                                   |  |   |
| 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.

| Revenue         |  |   | (a) Event #1                     | (b) Event #2             | (c) Other events | (d) Total events              |             |
|-----------------|--|---|----------------------------------|--------------------------|------------------|-------------------------------|-------------|
|                 |  |   | <u>OUT OF THE DARKNESS WALKS</u> | <u>LIFESAVERS DINNER</u> | <u>78</u>        | (add col (a) through col (c)) |             |
|                 |  |   | (event type)                     | (event type)             | (total number)   |                               |             |
|                 | 1  | Gross receipts . . . .  | 18,334,798                       | 342,395                  | 1,368,561        | 20,045,754                    |             |
|                 | 2  | Less Contributions . . .  | 18,334,798                       | 284,895                  | 1,368,561        | 19,988,254                    |             |
| 3               | Gross income (line 1 minus line 2) . . . . |   | 57,500                           |                          | 57,500           |                               |             |
| Direct Expenses | 4  | Cash prizes . . . .   |                                  |                          |                  |                               |             |
|                 | 5  | Noncash prizes . . .  | 779,297                          | 11,278                   | 115,255          | 905,830                       |             |
|                 | 6  | Rent/facility costs . . .   | 138,181                          | 46,079                   | 23,044           | 207,304                       |             |
|                 | 7  | Food and beverages .  | 127,028                          | 57,605                   | 59,354           | 243,987                       |             |
|                 | 8  | Entertainment . . . .   | 42,854                           |                          |                  | 42,854                        |             |
|                 | 9  | Other direct expenses .   | 2,340,438                        | 78,406                   | 139,355          | 2,558,199                     |             |
|                 | 10   | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►  |                                  |                          |                  |                               | (3,958,174) |
|                 | 11   | Net income summary Subtract line 10 from line 3, column (d) . . . . . ► |                                  |                          |                  |                               | -3,900,674  |

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.

| Revenue         |   | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive bingo  | (c) Other gaming  | (d) Total gaming (add<br>col (a) through col<br>(c)) |
|-----------------|---|---|---|---|--|
|                 | 1 Gross revenue . . . . .   |   |   |   |  |
| Direct Expenses | 2 Cash prizes . . . . .   |   |   |   |  |
|                 | 3 Non-cash prizes . . . . .   |   |   |   |  |
|                 | 4 Rent/facility costs . . . . .   |   |   |   |  |
|                 | 5 Other direct expenses . . . . .   |   |   |   |  |
|                 |   |   |   |   |  |
|                 | 6 Volunteer labor . . . . .   | <div><input type="checkbox"/> <b>Yes</b> _____ %<br/><input type="checkbox"/> <b>No</b></div> | <div><input type="checkbox"/> <b>Yes</b> _____ %<br/><input type="checkbox"/> <b>No</b></div> | <div><input type="checkbox"/> <b>Yes</b> _____ %<br/><input type="checkbox"/> <b>No</b></div> |  |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                 | 8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct 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 conduct 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 activities conducted 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information. 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 provide any additional information (see instructions).

| Return Reference              | Explanation   |
|-------------------------------|---|
| FORM 990, SCHEDULE G, PART II | 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.

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

OMB No 1545-0047

2014

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?

☒ 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 Domestic Organizations and Domestic Governments. 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.

| (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 |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table                          |         |                               |                          |                                   |   |  |                                    |

2

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

21

3

Enter total number of other organizations listed in the line 1 table

0

**Part III**

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

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

| Return Reference | Explanation  |
|------------------|--|
| 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 |

Additional Data

Software ID:  
Software Version:  
EIN: 13-3393329  
Name: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| GROUP HEALTH COOPERATIVE1730 MINOR AVENUE- SUITE 1600 SEATTLE,WA 981011466               | 91-0511770 | 501C3                              | 89,221                   |                                   |  |  | SUICIDE RELATED RESEARCH           |
| HARVARD UNIVERSITY 1350 MASSACHUSETTS AVENUE HOLYOKE CENTER SUITE 600 CAMBRIDGE,MA 02138 | 04-2103580 | 501C3                              | 1,091,839                |                                   |  |  | SUICIDE RELATED RESEARCH           |
| JOHN HOPKINS UNIVERSITY3910 KESWICK ROAD BALTMORE,MD 21211                               | 52-0595110 | 501C3                              | 74,351                   |                                   |  |  | SUICIDE RELATED RESEARCH           |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR1124 W CARSON STREET BLDG N-14 TORARNCE,CA 90502 | 95-2138184 | 501C3                              | 11,890                   |                                   |  |  | SUICIDE RELATED RESEARCH           |
| NORTHWESTERN UNIVERSITY FEINBERG750 N LAKE SHORE DRIVE 7TH FLOOR CHICAGO,IL 60611                   | 36-2167817 | 501C3                              | 99,134                   |                                   |  |  | SUICIDE RELATED RESEARCH           |
| PENNSYLVANIA STATE UNIVERSITY243 CHAMBERS BUILDING UNIVERSITY PARK,PA 16802                         | 23-6000376 | 501C3                              | 85,869                   |                                   |  |  | SUICIDE RELATED RESEARCH           |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| RESEARCH FOUNDATION FOR MENTAL HYGIENE<br>1051 RIVERSIDE DRIVE<br>UNIT 33 SUITE 1914<br>NEW YORK,NY 10032 | 14-1410842 | 501C3                              | 173,485                  |                                   |  |  | SUICIDE RELATED RESEARCH           |
| RUTGERS UNIVERSITY NEW BRUNSWICK3 RUTGERS PLAZA<br>NEW BRUNSWICK,NJ 08901                                 | 22-6001086 | 501C3                              | 86,762                   |                                   |  |  | SUICIDE RELATED RESEARCH           |
| SIMMONS COLLEGE300 THE FENWAY<br>BOSTON,MA 021155898  | 04-2103629 | 501C3                              | 84,248                   |                                   |  |  | SUICIDE RELATED RESEARCH           |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| THE MEDICAL COLLEGE OF GEORGIA1120 15TH STREET AUGUST,GA 30912                                 | 58-1418202 | 501C3                              | 99,134                   |                                   |  |  | SUICIDE RELATED RESEARCH           |
| THE REGENTS OF UNIVERSITY OF MICHIGAN 1054 WOLVERINE TOWER ANN ARBOR, MI 481091274             | 38-6006309 | 501C3                              | 74,351                   |                                   |  |  | SUICIDE RELATED RESEARCH           |
| THE RESEARCH INSTITUTE AT NATION WIDE CHILDREN'S HOSPITAL700 CHILDRENS DRIVE COLUMBUS,OH 43205 | 31-6056230 | 501C3                              | 74,304                   |                                   |  |  | SUICIDE RELATED RESEARCH           |



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| UC REGENTS11000 KINROSS AVENUE SUITE 211 LOS ANGELES, CA 900951406                 | 95-6006143 | 501C3                              | 106,322                  |                                   |  |  | SUICIDE RELATED RESEARCH           |
| UNIVERSITY OF CALIFORNIA SAN FRANCISCO401 PARNASSUS AVENUE SAN FRANCISCO, CA 94143 | 94-6036493 | 501C3                              | 103,100                  |                                   |  |  | SUICIDE RELATED RESEARCH           |
| UNIVERSITY OF IOWA2 GILMORE HALL IOWA CITY,IA 52242                                | 42-6004813 | 115                                | 110,805                  |                                   |  |  | SUICIDE RELATED RESEARCH           |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code 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 PENNSYLVANIA SCHOOL OF MEDICINE3535 MARKET STREET RM 2034 PHILADELPHIA,PA 19104 | 23-1352685 | 501C3                              | 84,264                   |                                   |  |  | SUICIDE RELATED RESEARCH           |
| UNIVERSITY OF PITTSBURGH3100 CATHEDRAL OF LEARNING PITTSBURGH,PA 15260                        | 25-0965591 | 115                                | 163,289                  |                                   |  |  | SUICIDE RELATED RESEARCH           |
| UNIVERSITY OF WASHINGTON3935 UNIVERSITY WAY NE STE 102A BOX 355915 SEATTLE,WA 98195           | 91-6001537 | 501C3                              | 104,835                  |                                   |  |  | SUICIDE RELATED RESEARCH           |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY830 CHALKSTONE AVENUE BLDG 35 PROVIDENCE, RI 029084734 | 05-0440574 | 501C3                              | 103,100                  |                                   |   |  | SUICIDE RELATED RESEARCH           |
| WESTERN KENTUCKY UNIVERSITY1906 COLLEGE HEIGHTS BLVD 11016 BOWLING GREEN, KY 421011002                 | 61-1358086 | 501C3                              | 81,578                   |                                   |   |  | SUICIDE RELATED RESEARCH           |
| YALE SCHOOL OF MEDICINE NEW HAVEN CT 47 COLLEGE STREET SUITE 216 NEW HAVEN, CT 065103209               | 06-0646973 | 501C3                              | 89,221                   |                                   |   |  | SUICIDE RELATED RESEARCH           |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| VARIOUS GRANT REFUNDS                              |         | 501C3                              | -45,919                  |                                   |   |  | SUICIDE RELATED RESEARCH           |

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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  |
|---|-----|-----|
| <div><div>1a</div><div>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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |     |
| <div><div>b</div><div>If any of the boxes in 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.</div></div>   | 1b  |     |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>  | 2   |     |
| <div><div>3</div><div>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.</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>  |     |     |
| <div><div>4</div><div>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:</div></div>   |     |     |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>   | 4a  | No  |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>   | 4b  | No  |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>   | 4c  | No  |
| <div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>   |     |     |
| <div><div>5</div><div>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:</div></div>  |     |     |
| <div><div>a</div><div>The organization?</div></div>   | 5a  | No  |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>  | 5b  | No  |
| <div><div>6</div><div>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:</div></div>  |     |     |
| <div><div>a</div><div>The organization?</div></div>   | 6a  | No  |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>  | 6b  | No  |
| <div><div>7</div><div>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.</div></div>   | 7   | Yes |
| <div><div>8</div><div>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.</div></div>  | 8   | No  |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>  | 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 in column(B) reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| <b>1</b> ROBERT GEBBIA, CEO                       | (i)  | 305,320  | 30,000                              | 0                                   | 30,532   | 21,516                  | 387,368                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| <b>2</b> DANIEL KILLPACK, CHIEF FINANCIAL OFFICER | (i)  | 156,292  | 10,000                              | 0                                   | 15,629   | 25,618                  | 207,539                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| <b>3</b> CHRISTINE MOUTIER, CHIEF MEDICAL OFFICER | (i)  | 317,934  | 15,000                              | 0                                   | 31,793   | 23,111                  | 387,838                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| <b>4</b> MIKE LAMMA, VP DEVELOPMENT & FIELD MGR   | (i)  | 200,153  | 15,000                              | 0                                   | 20,015   | 11,476                  | 246,644                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| <b>5</b> JOHN MADIGAN, VP PUBLIC POLICY           | (i)  | 168,880  | 5,000                               | 0                                   | 16,889   | 16,232                  | 207,001                         | 0  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |

Part IIISupplemental Information

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

Also complete this part for any additional information

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 7   | THE FOLLOWING INDIVIDUALS, LISTED ON PART VII, RECEIVED NON-FIXED PAYMENTS IN THE FORM OF A BONUS DURING THE YEAR<br>ROBERT GEBBIA - \$30,000 DANIEL KILLPACK - \$10,000 MIKE LAMMA - \$15,000 CHRISTINE MOUTIER - \$15,000 JOHN MADIGAN - \$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.  
▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number  
13-3393329

Part I Types of Property

|  | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII,<br>line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art . . . . .   |                                  |  |   |  |
| 2 Art—Historical treasures . . . . .                                       |                                  |  |   |  |
| 3 Art—Fractional interests . . . . .                                       |                                  |  |   |  |
| 4 Books and publications . . . . .   |                                  |  |   |  |
| 5 Clothing and household<br>goods . . . . .                                |                                  |  |   |  |
| 6 Cars and other vehicles . . . . .  |                                  |  |   |  |
| 7 Boats and planes . . . . .   |                                  |  |   |  |
| 8 Intellectual property . . . . .  |                                  |  |   |  |
| 9 Securities—Publicly traded . . . . .                                     |                                  |  |   |  |
| 10 Securities—Closely held stock . . . . .                                 |                                  |  |   |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |  |   |  |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |  |   |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |  |   |  |
| 14 Qualified conservation<br>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                                | 30   | 23,295  | 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 . . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

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

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

No

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

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

Cat No 51227J

Schedule M (Form 990) (2014)



**Part III**

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

| Return Reference   | Explanation                                       |
|--------------------|---|
| PART I, COLUMN (B) | PART I, COLUMN B, REPRESENTS THE NUMBER OF DONORS |

|  |   |                 |  |                     |                           |
|--|---|-----------------|--|---------------------|---------------------------|
| efile GRAPHIC print - DO NOT PROCESS   |   | As Filed Data - |  | DLN: 93493089001446 |                           |
| SCHEDULE O<br>(Form 990 or 990-EZ)<br><br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990 or 990-EZ<br><br>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.<br>▶ Attach to Form 990 or 990-EZ.<br>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . |                 |  |                     | OMB No 1545-0047          |
|  |   |                 |  |                     | 2014                      |
|  |   |                 |  |                     | Open to Public Inspection |

|  |  |
|--|--|
| Name of the organization<br>AMERICAN FOUNDATION FOR SUICIDE PREVENTION | Employer identification number<br><br>13-3393329 |
|--|--|

990 Schedule O, Supplemental Information

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART V, LINE 2B              |  |
| FORM 990, PART VI, SECTION B, LINE 11  | THE FORM 990 WILL BE REVIEWED BY THE CFO AND THE CEO 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 12C | THE GOVERNANCE AND NOMINATING COMMITTEE ASKS IF THERE ARE ANY CONFLICTS OF INTEREST BEFORE NOMINATING OR RENOMINATING SOMEONE TO THE BOARD BOARD MEMBERS WITH CONFLICTS RECUSE THEMSELVES FROM VOTING OR DELIBERATION RELATING TO SUCH CONFLICT IN ADDITION, ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES SIGN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY  |
| FORM 990, PART VI, SECTION B, LINE 15  | THE CEO'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 CEO 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 COMPENSATION DISCUSSION AND DETERMINATION IS DOCUMENTED IN THE NOTES OF THE COMMITTEE MEETINGS "THE EXECUTIVE COMMITTEE SHOULD SERVE AS THE COMPENSATION COMMITTEE FOR THE REVIEW AND DETERMINATION OF EXECUTIVE STAFF COMPENSATION (CEO 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 CEO'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 CEO, INCLUDING THE MEDICAL DIRECTOR POSITION, SHOULD CONTINUE TO BE THE RESPONSIBILITY OF THE CEO, WITH INPUT PROVIDED BY THE VOLUNTEER OFFICERS AND/OR COMMITTEE CHAIRS THAT WORK CLOSELY WITH THESE TOP MANAGEMENT POSITIONS " |
| 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 FINANCIAL REPORTS ARE ALSO PROVIDED AS PART OF FILINGS SUBMITTED TO STATES AS PART OF AFSP'S CHARITABLE SOLICITATION FILING S AND TO CORPORATIONS, FOUNDATIONS AND OTHER GRANT MAKING INSTITUTIONS AS PART OF REQUESTS FOR FUNDING THE ORGANIZATION'S FINANCIAL REPORTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)   |
| 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  |