

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

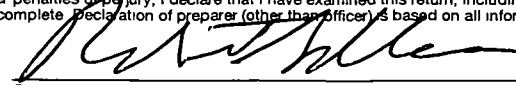
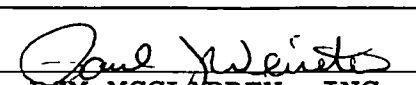
2008Open to Public
Inspection**A** For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN FOUNDATION FOR SUICIDE PREVENTION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 WALL STREET - 22ND FLOOR City or town, state or country, and ZIP + 4 NEW YORK, NY 10005	D Employer identification number 13-3393329
	F Name and address of principal officer: ROBERT GEBBIA SAME AS C ABOVE	E Telephone number (212) 363-3500
	G Gross receipts \$ 12,246,344.	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.AFSP.ORG
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987 M State of legal domicile: DE

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE UNDERSTANDING AND PREVENTION OF SUICIDE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	33
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5	Total number of employees (Part V, line 2a)	5	43
	6	Total number of volunteers (estimate if necessary)	6	1000
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,123,753.	8,299,828.
	9	Program service revenue (Part VIII, line 2g)	26,966.	23,731.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	138,864.	11,292.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,969.	-1,541,902.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,320,552.	6,792,949.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	909,982.	2,592,193.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,996,589.	3,449,404.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,901,363.	2,562,494.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,807,934.	8,604,091.
	19	Revenue less expenses. Subtract line 18 from line 12	-487,382.	-1,811,142.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,018,652.	3,967,534.
	21	Total liabilities (Part X, line 26)	2,727,635.	3,495,794.
	22	Net assets or fund balances Subtract line 21 from line 20	2,291,017.	471,740.

Part II Signature Block

Sign Here	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.	
	Signature of officer  ROBERT GEBBIA, EXECUTIVE DIRECTOR Type or print name and title	Date 5-6-10
Paid Preparer's Use Only	Preparer's signature  RSM MCGLADREY, INC. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602	Date 5/5/10 Check if self-employed <input type="checkbox"/> Preparer's identification number (see instructions) 00140887 EIN ▶ 41-1944416 Phone no. ▶ 212-372-1000

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

☒ Yes ☐ No

SCANNED JUN 24 2010

AMERICAN FOUNDATION FOR SUICIDE
PREVENTION

Form 990 (2008)

13-3393329 Page 2

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION IS A NATIONAL
NON-PROFIT EXCLUSIVELY DEDICATED TO UNDERSTANDING AND PREVENTING
SUICIDE THROUGH RESEARCH, EDUCATION AND ADVOCACY, AND TO REACHING OUT
TO PEOPLE WITH MENTAL DISORDERS AND THOSE IMPACTED BY SUICIDE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 3,461,111. including grants of \$ 2,592,193.) (Revenue \$)
RESEARCH: FUNDS SCIENTIFIC RESEARCH INTO THE CAUSES AND PREVENTION OF
SUICIDE

4b (Code) (Expenses \$ 2,299,371. including grants of \$) (Revenue \$)
EDUCATION / PREVENTION PROGRAMS: OFFERS EDUCATIONAL PROGRAMS FOR
PROFESSIONALS, EDUCATES THE PUBLIC ABOUT MOOD DISORDERS AND SUICIDE
PREVENTION AND DEVELOPS INNOVATIVE PROJECTS TO IMPROVE SUICIDE
PREVENTION

4c (Code) (Expenses \$ 1,464,918. including grants of \$) (Revenue \$ 23,731.)
SURVIVOR PROGRAMS: PROVIDES PROGRAMS AND INFORMATION FOR SURVIVING
FAMILY AND FRIENDS AFTER A SUICIDE

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 7,225,400. (Must equal Part IX, Line 25, column (B).)

Form 990 (2008)

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Form 990 (2008)

13-3393329 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Form 990 (2008)

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Form 990 (2008)

13-3393329 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form **990** (2008)

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Form 990 (2008)

13-3393329 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	38	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	43	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?		X
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter N/A		
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 N/A		
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 N/A		

Form 990 (2008)

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Form 990 (2008)

13-3393329 Page 6

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	33	
1b Enter the number of voting members that are independent	33	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NY, CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
ALISA LYCHEVA - 212-363-3500
120 WALL STREET, 22ND FLOOR, NEW YORK, NY 10005

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Form 990 (2008)

13-3393329 Page 7

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. THOMAS BENTLEY CHAIR	1.00	X						0.	0.	0.
DAVID NORTON VICE CHAIR	1.00	X						0.	0.	0.
CHARLES F. REYNOLDS, MD PRESIDENT	1.00	X						0.	0.	0.
JOHN F. GREDEN, MD VICE PRESIDENT	1.00	X						0.	0.	0.
STEVE SIPLE TREASURER	1.00	X						0.	0.	0.
J. JOHN MANN, MD SECRETARY	1.00	X						0.	0.	0.
SEN. ROBERT A. ANTONIONI DIRECTOR	1.00	X						0.	0.	0.
MICHAEL BALLARD DIRECTOR	1.00	X						0.	0.	0.
MARK BROOKSHIRE DIRECTOR	1.00	X						0.	0.	0.
HEIDI BRYAN DIRECTOR	1.00	X						0.	0.	0.
KEITH CHERRY, PHD DIRECTOR	1.00	X						0.	0.	0.
CHARLEY CURIE DIRECTOR	1.00	X						0.	0.	0.
J. RAYMOND DEPAULO JR, MD DIRECTOR	1.00	X						0.	0.	0.
DAVID A. DODD DIRECTOR	1.00	X						0.	0.	0.
DWIGHT L. EVANS, MD DIRECTOR	1.00	X						0.	0.	0.
NANCY FARRELL DIRECTOR	1.00	X						0.	0.	0.
NORMAN FINE DIRECTOR	1.00	X						0.	0.	0.

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Form 990 (2008)

13-3393329 Page 8

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KAY REDFIELD JAMISON, PHD DIRECTOR	1.00	X						0.	0.	0.
RICHARD B. KIRCHOFF, DDS DIRECTOR	1.00	X						0.	0.	0.
MAURY LIEBERMAN DIRECTOR	1.00	X						0.	0.	0.
ROBERT NAU DIRECTOR	1.00	X						0.	0.	0.
CHARLES NEMEROFF, MD, PHD DIRECTOR	1.00	X						0.	0.	0.
PHILIP T. NINAN, MD DIRECTOR	1.00	X						0.	0.	0.
PAUL PERRYMORE DIRECTOR	1.00	X						0.	0.	0.
KELLY POSNER, PHD DIRECTOR	1.00	X						0.	0.	0.
ANDREW ROGOFF, ESQ DIRECTOR	1.00	X						0.	0.	0.
PHILLIP SATOW DIRECTOR	1.00	X						0.	0.	0.
1b Total								828,415.	0.	106,186.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PRO-ACTIVE MEDAL, INC. 4370 TUJUNGA, # 140, STUDIO CITY, CA 91604	EVENT ADVERTISING	312,615.
BUFFALO SPECIALTIES PO BOX 1759, DEPT 708, HOUSTON, TX 77251	EVENT T-SHIRTS	140,748.
TITAN OUTDOOR PO BOX 1507, NEW YORK, NY 10008	EVENT ADVERTISING	112,320.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 3

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Form 990 (2008)

13-3393329 Page 9

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	6660491.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	269,006.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1370331.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			8,299,828.			
Program Service Revenue	2 a <u>SURVIVORS CONFERENCE</u>	Business Code	900099	23,731.	23,731.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			23,731.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			58,135.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				-46,843.			-46,843.
8 a Gross income from fundraising events (not including \$ 6660491. of contributions reported on line 1c). See Part IV, line 18		a		57,500.			
b Less: direct expenses		b		1892346.			
c Net income or (loss) from fundraising events				-1834846.			-1834846.
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a <u>SPAN CONTRACT REVENUE</u>		900099	168,573.			168,573.	
b <u>MISCELLANEOUS REVENUE</u>		900099	124,371.			124,371.	
c							
d All other revenue							
e Total. Add lines 11a-11d			292,944.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e			6,792,949.	23,731.		0.-1530610.	

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,464,011.	2,464,011.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	128,182.	128,182.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	573,300.	445,063.	44,721.	83,516.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,321,675.	1,802,360.	181,101.	338,214.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	162,933.	126,344.	11,313.	25,276.
9 Other employee benefits	153,799.	119,261.	10,679.	23,859.
10 Payroll taxes	237,697.	184,586.	18,045.	35,066.
11 Fees for services (non-employees).				
a Management				
b Legal	34,130.		34,130.	
c Accounting	90,768.		90,768.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	20,371.	15,496.	1,483.	3,392.
13 Office expenses	411,389.	244,551.	44,361.	122,477.
14 Information technology	85,451.	68,340.	6,408.	10,703.
15 Royalties				
16 Occupancy	206,409.	151,377.	20,022.	35,010.
17 Travel	56,895.	42,327.	4,354.	10,214.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	194,953.	149,633.	13,883.	31,437.
20 Interest	44,000.	44,000.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,095.	18,060.	9,422.	3,613.
23 Insurance	14,385.	6,533.	6,545.	1,307.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PROGRAM CONF & PROG</u>	696,745.	696,745.		
b <u>OUT OF DARKNESS PROGRAM</u>	586,325.	459,613.		126,712.
c <u>CONTRACT LABOR</u>	46,213.	40,156.	5,817.	240.
d <u>EQUIP RENTAL & MAINT</u>	24,835.	18,762.	2,319.	3,754.
e <u>ANNUAL REPORT</u>	18,530.		18,530.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	8,604,091.	7,225,400.	523,901.	854,790.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Form 990 (2008)

13-3393329 Page 11

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		44,876.	1	52,858.
	2	Savings and temporary cash investments		2,217,588.	2	1,121,154.
	3	Pledges and grants receivable, net		217,839.	3	376,148.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		17,841.	9	37,901.
	10a	Land, buildings, and equipment - cost basis	322,605.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D.	252,409.	81,309.	10c	70,196.
	11	Investments - publicly traded securities		2,137,594.	11	1,935,322.
	12	Investments - other securities. See Part IV, line 11.			12	
	13	Investments - program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		301,605.	15	373,955.
Liabilities	16	Total assets. Add lines 1 through 15 (must equal line 34).		5,018,652.	16	3,967,534.
	17	Accounts payable and accrued expenses		630,868.	17	451,716.
	18	Grants payable		2,055,634.	18	3,004,680.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D.			21	
	22	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			24	
	25	Other liabilities. Complete Part X of Schedule D.		41,133.	25	39,398.
Net Assets or Fund Balances	26	Total liabilities. Add lines 17 through 25.		2,727,635.	26	3,495,794.
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,311,308.	27	-541,479.
	28	Temporarily restricted net assets			28	1,013,219.
	29	Permanently restricted net assets		979,709.	29	0.
	Organizations that do not follow SFAS 117, 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		2,291,017.	33	471,740.
	34	Total liabilities and net assets/fund balances		5,018,652.	34	3,967,534.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Employer identification number
13-3393329

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

The organization is not a private foundation because it is (Please check only **one** organization.)

- 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).** (Attach Schedule H.)
- 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 the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h ☐ Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2008

AMERICAN FOUNDATION FOR SUICIDE

Schedule A (Form 990 or 990-EZ) 2008 **PREVENTION**

13-3393329 Page 2

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)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1599884.	5139822.	7939096.	6123753.	8299828.	29102383.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	1599884.	5139822.	7939096.	6123753.	8299828.	29102383.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						88,405.
6 Public support. Subtract line 5 from line 4						29013978.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1599884.	5139822.	7939096.	6123753.	8299828.	29102383.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,568.	97,982.	108,396.	138,864.	58,135.	489,945.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	29,062.	52,164.	153,342.	89,920.	292,944.	617,432.
11 Total support. Add lines 7 through 10						30209760.
12 Gross receipts from related activities, etc. (see instructions)					12	599,244.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.04	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	93.23	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. 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 <input type="checkbox"/>		
b 33 1/3% support tests - 2007. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
InspectionName of the organization **AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**Employer identification number
13-3393329**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,792,949.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,604,091.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,811,142.
4	Net unrealized gains (losses) on investments	4	-278,600.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	270,465.
9	Total adjustments (net). Add lines 4-8	9	-8,135.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,819,277.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,624,349.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-278,600.
b	Donated services and use of facilities	2b	110,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-168,600.
3	Subtract line 2e from line 1	3	6,792,949.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	6,792,949.

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

1	Total expenses and losses per audited financial statements	1	8,714,091.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	110,000.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	110,000.
3	Subtract line 2e from line 1	3	8,604,091.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	8,604,091.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: ENDOWMENT FUNDS ARE TO BE USED FOR VARIOUS PROGRAM

PURPOSES.

PART X: THE FOUNDATION HAS ELECTED TO DEFER THE APPLICATION OF

FIN 48 IN ACCORDANCE WITH FASB STAFF POSITION ("FSP") FIN 48-3. THIS FSP

DEFERS THE EFFECTIVE DATE OF FIN 48 FOR CERTAIN NONPUBLIC ENTERPRISES TO

THE ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER

15, 2008. THE FOUNDATION WILL BE REQUIRED TO ADOPT FIN 48 IN ITS FINANCIAL

Part XIV Supplemental Information (continued)

STATEMENTS FOR THE YEAR ENDING JUNE 30, 2010. THE PROVISIONS OF FIN 48 ARE TO BE APPLIED TO ALL TAX POSITIONS UPON INITIAL APPLICATION OF THIS STANDARD. ONLY TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE MAY BE RECOGNIZED OR CONTINUE TO BE RECOGNIZED UPON ADOPTION, THE CUMULATIVE EFFECT OF APPLYING THE PROVISIONS OF FIN 48 WILL BE REPORTED AS AN ADJUSTMENT TO THE OPENING BALANCE OF NET ASSETS FOR THE FISCAL YEAR OF ADOPTION. MANAGEMENT HAS NOT ASSESSED THE IMPACT OF FIN 48 ON ITS FINANCIAL POSITION, RESULTS OF OPERATIONS AND CHANGE IN NET ASSETS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

BUSINESS COMBINATION OF SUICIDE PREVENTION ACTION NETWORK USA,
INC.: 270465.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Employer identification number

13-3393329

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	GRANTS AWARDS FOR RESEARCH IN SUICIDE PREVENTION	44,995.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	GRANTS AWARDS FOR RESEARCH IN SUICIDE PREVENTION	10,937.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	GRANTS AWARDS FOR RESEARCH IN SUICIDE PREVENTION	72,250.
Totals					128,182.

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

Schedule F (Form 990) 2008

(a) Type of grant or assistance

[illegible]

Part IV Supplemental Information

. Complete this part to provide the information required by Part I, line 2, and any other additional information.

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

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DEVELOPMENT OF A BRIEF PSYCHOLOGICAL AUTOPSY INSTRUMENT TO IMPROVE THE ACCURACY OF INJURY DEATH REPORTING IN CHINA

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: INVESTIGATING GLIAL CELLS LINE-DERIVED NEUROTROPHIC FACTOR(GDNF) IN THE AMYGDALA OF SUICIDE VICTIMS

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: STUDY OF SUICIDAL BEHAVIOR AND THE SEROTONERGIC SYSTEM: GENE-ENVIRONMENT INTERACTIONS

REGION: EUROPE

(D) PURPOSE OF GRANT: A STUDY OF SUICIDE RISK AND THE DANISH CRIMINAL JUSTICE SYSTEM: A NESTED CASE-CONTROL STUDY

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

Open To Public Inspection

Employer identification number
13-3393329

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

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

☐ Yes ☐ No

(i) Name of individual or entry (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			
Total						

Total

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

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Schedule G (Form 990 or 990-EZ) 2008

13-3393329 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		OUT OF THE DARKNESS WALK (event type)	LIFESAVERS DINNER (event type)	16 (total number)	
Revenue	1 Gross receipts	5,979,955.	429,530.	308,506.	6,717,991.
	2 Less: Charitable contributions	5,979,955.	372,030.	308,506.	6,660,491.
	3 Gross revenue (line 1 minus line 2)		57,500.		57,500.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	11,186.			11,186.
	6 Rent/facility costs	60,103.	111,000.		171,103.
	7 Other direct expenses	1,438,776.	79,257.	192,024.	1,710,057.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(1,892,346.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				-1,834,846.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? ..

b If "No," Explain:

	Yes	No
9a		
10a		
11		
12		

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

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?

Schedule G (Form 990 or 990-EZ) 2008

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Schedule G (Form 990 or 990-EZ) 2008

13-3393329 Page **3**

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a %

b An outside facility

13b %

14 Provide 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?

15a

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:

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?

17a

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 ► \$ _____

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 300 CRITTENDEN BLVD. ROCHESTER, NY 14642	160743209	501C3	3,799.	0.			RESEARCH: ELDER SUICIDE PREVENTION, ADOLESCENT SUICIDE PREVENTION
COLUMBIA UNIVERSITY 1051 RIVERSIDE DRIVE, BOX 42 NEW YORK, NY 10032-2695	135598093	501C3	206,250.	0.			RESEARCH: NEUROSCIENCE, CLINICAL INTERVENTION, PILOT STUDY.
UNIVERSITY OF TEXAS 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	741761309	501C3	63,750.	0.			RESEARCH: POPULATION STUDY
TEXAS TECH UNIVERSITY PO BOX 41105, 301 DRANE HALL LUBBOCK, TX 79409	756002622	501C3	72,250.	0.			RESEARCH: POPULATION STUDY
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE, BOX 3500 NEW YORK, NY 10029	113617119	501C3	63,750.	0.			RESEARCH: NEUROBIOLOGY
UNIVERSITY OF MARYLAND 4101 CHESAPEAKE BUILDING COLLEGE PARK, MD 20742	526002033	501C3	127,500.	0.			RESEARCH: LONGITUDINAL DATA ANALYSIS, GENETICS

2 Enter total number of section 501(c)(3) and government organizations

23.

3 Enter total number of other organizations

5.

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

Schedule I (Form 990) 2008

AMERICAN FOUNDATION FOR SUICIDE
PREVENTION

Schedule I (Form 990) 2008

13-3393329

Page 2

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: AFSP MONITORS THE USE OF GRANT FUNDS THROUGH

REQUIRED SUBMISSION OF SEMI-ANNUAL PROGRESS AND FINANCIAL REPORTS.

FINANCIAL FORMS ARE ITEMIZED AND REQUIRE DETAILED INFORMATION. ALL FORMS

ARE SIGNED BY INVESTIGATORS, AS WELL AS MENTORS IN THE CASE OF YOUNG

INVESTIGATORS AND POSTDOCTORAL FELLOWS, AND FINANCIAL/ADMINISTRATIVE

OFFICERS DESIGNATED BY THE SUPPORTING INSTITUTION. PRIMARY INVESTIGATORS

ALSO PROVIDE AFSP WITH A DETAILED BUDGET JUSTIFICATION. ONCE RECEIVED,

REPORTS ARE THOROUGHLY REVIEWED BY AFSP'S RESEARCH AND MEDICAL DIRECTORS.

ADDITIONAL INFORMATION IS REQUESTED WHEN NECESSARY.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Employer identification number
13-3393329

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

(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
EAST TENNESSEE STATE UNIVERSITY PO BOX 70732 JOHNSON CITY, TN 37614	162602104	501A	85,000.	0.			RESEARCH: GENE EXPRESSION
PORTLAND STATE UNIVERSITY PO BOX 751 PORTLAND, OR 97207-0751	481278529	170C1	85,000.	0.			RESEARCH: VETERAN SUICIDE
NEW YORK STATE PSYCHIATRIC INSTITUTE - 1051 RIVERSIDE DRIVE - UNIT 5 - NEW YORK, NY 10032	114141084	170C1	63,750.	0.			RESEARCH: NEUROBIOLOGY
UNIVERSITY OF ILLINOIS, CHICAGO 1601 WEST TAYLOR STREET, ROOM 545 CHICAGO, IL 60612	370005110	501C3	163,750.	0.			RESEARCH: NEUROBIOLOGY, LONGITUDINAL STUDY
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85722-3308	866004791	170C1	85,000.	0.			RESEARCH: GLBT YOUTH
GEORGIA STATE UNIVERSITY PO BOX 3999 ATLANTA, GA 30302-3999	581845423	501C3	63,750.	0.			RESEARCH: SUBSTANCE ABUSE
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251-7220	250965591	501C3	72,250.	0.			RESEARCH: NEUROBIOLOGY, CLINICAL STUDY
EMORY UNIVERSITY 1599 CLIFTON ROAD, 4TH FLOOR ATLANTA, GA 30322-4250	580566256	501C3	157,250.	0.			RESEARCH: GENE EXPRESSION, GENETICS, FAMILY BASED INTERVENTION

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Employer identification number
13-3393329

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

(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 ALABAMA - BIRMINGHAM 1530 3RD AVENUE SOUTH, AB 990 BIRMINGHAM, AL 35294-0109	636005396	501C3	72,250.	0.			RESEARCH: GENE EXPRESSION AND POLYMORPHISM
BROWN UNIVERSITY 164 ANGELL STREET, 3RD FLOOR BOX 19 PROVIDENCE, RI 02912	502588090	501C3	72,250.	0.			RESEARCH: CLINICAL INTERVENTION
JOHNS HOPKINS UNIVERSITY MEYER 4-109 600 N. WOLFE STREET BALTIMORE, MD 21287-7413	520595110	501C3	157,250.	0.			RESEARCH: NEUROSCIENCE, GENETICS
UNIVERSITY OF NORTH CAROLINA, CHAPIL HILL - 104 AIRPORT DRIVE, SUITE, 2200, CB 1350 - CHAPEL HILL, NC 27599-1350	566001393	501C3	100,000.	0.			RESEARCH: LONGITUDINAL STUDY, CLINICAL STUDY
UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO - 1855 FOLSOM STREET, MCB 425, BOX 0897 - SAN FRANCISCO, CA 94143	946036493	501C3	100,000.	0.			RESEARCH: CLINICAL INTERVENTION
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104-6205	231352685	501C3	47,000.	0.			RESEARCH: RELAPSE PREVENTION, CLINICAL STUDY, COMMUNITY-BASED INTERVENTION
WESTERN PSYCHIATRIC INSTITUTE AND CLINIC - ROOM 2045W-2 (151U-H) 7180 HIGHLAND DRIVE - PITTSBURGH, PA 15206	114141080	501C3	20,000.	0.			RESEARCH: CLINICAL AND EDUCATIONAL STUDY
SIMMONS COLLEGE 300 THE PENWAY BOSTON, MA 02115-5898	421036290	501C3	20,000.	0.			RESEARCH: CLINICAL STUDY

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Employer identification number
13-3393329

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)									
(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		
SUNY BUFFALO, RESEARCH FOUNDATION 515 CAPEN HALL BUFFALO, NY 14260	141368360	170C1	20,000.	0.			RESEARCH: POPULATION STUDY		
UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	142600480	501C3	89,783.	0.			RESEARCH: GENETIC ASSOCIATION STUDY		
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873	606469730	501C3	99,988.	0.			RESEARCH: SUICIDE CLUSTERS, LONGITUDINAL STUDY		
BAYLOR COLLEGE OF MEDICINE MAIL STOP BCM, 310 ONE BAYLOR PLAZA, ROOM 600D - HOUSTON, TX 77030	741613878	501C3	-16,703.	0.			RESEARCH: CLINICAL STUDY		
DUKE UNIVERSITY 2200 WEST MAIN STREET, SUITE 820 DURHAM, NC 27702	156053212	501C3	63,750.	0.			RESEARCH: EMOTION REGULATION STUDY		
CHILDREN'S HOSPITAL OF PHILADELPHIA - PO BOX 8500 - PHILADELPHIA, PA 19178-1457	231352166	501C3	85,000.	0.			RESEARCH: CLINICAL TRIAL		
OTHER CHANGE IN GRANTS EXPENSE			220,394.	0.					

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

Open to Public Inspection

Name of the Organization

AMERICAN FOUNDATION FOR SUICIDE
PREVENTION

Employer Identification number

13-3393329

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
---------------	--

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

Schedule J-2 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Employer identification number

13-3393329

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS WILL BE REVIEWED BY
THE DIRECTOR OF FINANCE AND THE EXECUTIVE DIRECTOR. IT WILL THEN BE
DISTRIBUTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL. FINALLY, THE FORM 990
WILL BE PRESENTED TO THE 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
RE-NOMINATING SOMEONE TO THE BOARD. IN ADDITION, ALL BOARD MEMBERS,
OFFICERS AND KEY EMPLOYEES ARE ASKED TO DISCLOSE IF THERE ARE ANY CONFLICTS
AT THE START OF EACH CALENDAR YEAR.

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

"THE EXECUTIVE COMMITTEE SHOULD SERVE AS THE COMPENSATION COMMITTEE FOR THE
REVIEW AND DETERMINATION OF EXECUTIVE STAFF COMPENSATION (EXECUTIVE

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Employer identification number
13-3393329

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

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

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization 990**
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION****FORM 990 PAGE 10****13-3393329****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	31,095.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	31,095.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Form 4562 (2008)

13-3393329 Page 2

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2008 tax year

(a)	(b)	(c)	(d)	(e)	(f)

43 Amortization of costs that began before your 2008 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

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

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

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

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

AMERICAN FOUNDATION FOR SUICIDE PRE

- The books are in the care of ► **120 WALL STREET-22ND FLOOR NEW YORK, NY - 10005**
Telephone No ► **212-363-3500** FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► ☐ calendar year _____ or
 ► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

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

Form 8868 (Rev. 4-2009)

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).			
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization AMERICAN FOUNDATION FOR SUICIDE PREVENTION		Employer identification number 13-3393329
	Number, street, and room or suite no. If a P.O. box, see instructions. 120 WALL STREET - 22ND FLOOR		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10005		

Check type of return to be filed (File a separate application for each return).

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

AMERICAN FOUNDATION FOR SUICIDE PRE			
• The books are in the care of 120 WALL STREET-22ND FLOOR NEW YORK, NY - 10005			
Telephone No 212-363-3500		FAX No. 	
• If the organization does not have an office or place of business in the United States, check this box <input type="checkbox"/>			
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box <input type="checkbox"/> . If it is for part of the group, check this box <input type="checkbox"/> and attach a list with the names and EINs of all members the extension is for.			
4	I request an additional 3-month extension of time until MAY 17, 2010 .		
5	For calendar year , or other tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 .		
6	If this tax year is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period		
7	State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE AND FILE A COMPLETE AND ACCURATE RETURN.		
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

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

Signature Title Date

Form 8868 (Rev. 4-2009)