EXTENSION ATTACHED

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
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Number and street (or P.O. box if mail is not delivered to street address): 120 WALL STREET - 22ND FLOOR | Room/suite

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

D Employer identification number: 13-3393329

E Telephone number: (212)363-3500

F Accounting method [ ] Cash [X] Accrual [ ] Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Website: ▶WWW.AFSP.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ N/A

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 8,754,019.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	5,524,133.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	599,620.		
	e	**Total** (add lines 1a through 1d) (cash $ 5,524,133. noncash $ 599,620.)			1e	6,123,753.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	26,966.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	138,864.
	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory	(A) Securities: 157,315. (8a)	(B) Other		
	b	Less: cost or other basis and sales expenses	216,266. (8b)			
	c	Gain or (loss) (attach schedule)	-58,951. (8c)			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1			8d	-58,951.
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ [ ]				
	a	Gross revenue (not including $ 3,956,870. of contributions reported on line 1b)	9a	2,217,201.		
	b	Less: direct expenses other than fundraising expenses	9b	2,217,201.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2			9c	0.
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	89,920.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	6,320,552.
Expenses	13	Program services (from line 44, column (B))			13	5,724,777.
	14	Management and general (from line 44, column (C))			14	322,365.
	15	Fundraising (from line 44, column (D))			15	760,792.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	6,807,934.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	-487,382.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,042,262.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3			20	-263,863.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	2,291,017.

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $909,982. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	909,982.	909,982.	STATEMENT 4	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	948,726.	753,014.	67,959.	127,753.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,653,791.	1,305,631.	103,445.	244,715.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	181,450.	143,194.	11,227.	27,029.
29 Payroll taxes	29	212,622.	168,163.	13,948.	30,511.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	37,561.	29,707.	2,464.	5,390.
35 Postage and shipping	35	83,253.	74,928.		8,325.
36 Occupancy	36	133,992.	105,974.	8,790.	19,228.
37 Equipment rental and maintenance	37	17,841.	14,111.	1,170.	2,560.
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	1,110,023.	1,110,023.		
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	48,934.	38,702.	3,210.	7,022.
43 Other expenses not covered above (itemize)					
a OFFICE	43a	498,993.	371,873.	27,029.	100,091.
b COMPUTER EXPENSES	43b	68,474.	54,156.	4,492.	9,826.
c INSURANCE	43c	9,594.	7,588.	629.	1,377.
d OTHER PROFESSIONAL	43d	58,401.	0.	58,401.	
e ANNUAL REPORT	43e	19,601.		19,601.	
f OUT OF DARKNESS	43f				
g PROGRAM	43g	814,696.	637,731.		176,965.
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	6,807,934.	5,724,777.	322,365.	760,792.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ N/A ; **(ii)** the amount allocated to Program services $ N/A ; **(iii)** the amount allocated to Management and general $ N/A ; and **(iv)** the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments *(See the instructions)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

	Description	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	INSTITUTIONAL GRANTS FOR SUICIDE RESEARCH (Grants and allocations $ 909,982.) If this amount includes foreign grants, check here ▶ ☐	5,724,777.
b	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	5,724,777.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*

					(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing				45	
	46	Savings and temporary cash investments			2,126,204.	46	2,262,454.
	47 a	Accounts receivable	47a				
	b	Less. allowance for doubtful accounts	47b			47c	
	48 a	Pledges receivable	48a	217,839.			
	b	Less: allowance for doubtful accounts	48b		379,306.	48c	217,839.
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
	51 a	Other notes and loans receivable	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			62,170.	53	17,841.
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
	55 a	Investments - land, buildings, and equipment. basis	55a				
	b	Less. accumulated depreciation	55b			55c	
	56	Investments - other SEE STATEMENT 6			2,949,520.	56	2,137,604.
	57 a	Land, buildings, and equipment: basis	57a	281,075.			
	b	Less: accumulated depreciation STMT 7	57b	199,766.	120,666.	57c	81,309.
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 8)			7,073.	58	301,605.
	59	**Total assets** (must equal line 74) Add lines 45 through 58			5,644,939.	59	5,018,652.
Liabilities	60	Accounts payable and accrued expenses			335,033.	60	630,868.
	61	Grants payable			2,214,171.	61	2,055,634.
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable				64b	
	65	Other liabilities (describe ▶ DEFERRED RENT CREDIT)			53,473.	65	41,133.
	66	**Total liabilities.** Add lines 60 through 65			2,602,677.	66	2,727,635.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** [X] and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			1,840,773.	67	1,311,308.
	68	Temporarily restricted				68	
	69	Permanently restricted			1,201,489.	69	979,709.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			3,042,262.	73	2,291,017.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			5,644,939.	74	5,018,652.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements			a	6,056,689.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-263,863.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	-263,863.
c	Subtract line b from line a			c	6,320,552.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	0.
e	Total revenue (Part I, line 12) Add lines c and d			e	6,320,552.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	6,807,934.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify).	b4			
	Add lines b1 through b4			b	0.
c	Subtract line b from line a			c	6,807,934.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	0.
e	Total expenses (Part I, line 17) Add lines c and d			e	6,807,934.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ROBERT GEBBIA C/O AFSP-120 WALL STREET, 22ND FLOOR NEW YORK, NY 10005	EXECUTIVE DIRECTOR 40.00	225,000.	35,375.	0.
PAULA CLAYTON C/O AFSP-120 WALL STREET, 22ND FLOOR NEW YORK, NY 10005	MEDICAL DIRECTOR 40.00	235,500.	27,999.	0.
MICHAEL LAMMA C/O AFSP-120 WALL STREET, 22ND FLOOR NEW YORK, NY 10005	DIRECTOR OF FIELD MANAGEMENT 40.00	137,424.	18,441.	0.
WILLIAM GRARD C/O AFSP-120 WALL STREET, 22ND FLOOR NEW YORK, NY 10011	DEVELOPMENT DIRECTOR 40.00	111,619.	12,871.	0.
ANN HAAS C/O AFSP-120 WALL STREET, 22ND FLOOR NEW YORK, NY 10005	RESEARCH DIRECTOR 40.00	127,050.	17,447.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 35			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85 a	*501(c)(4), (5), or (6)* Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations* Enter: **a** Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.			
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶	0.			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90 a List the states with which a copy of this return is filed ▶ CA, NY

b Number of employees employed in the pay period that includes March 12, 2007 — 90b: 37

91 a The books are in care of ▶ ALISA LYCHEVA-AMERICAN FOUNDATION F Telephone no. ▶ 212-363-3500
Located at ▶ 120 WALL STREET-22ND FLOOR NEW YORK, NY, NEW YOR ZIP + 4 ▶ 10005

			Yes	No
b	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)? If "Yes," enter the name of the foreign country ▶ N/A. See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts	91b		X

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions)*

Note: *Enter gross amounts unless otherwise indicated*

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue.					
a SURVIVORS CONFERENCE					26,966.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	138,864.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-58,951.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a DIVISIONAL REVENUE					1,000.
b MISCELLANEOUS					88,920.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		79,913.	116,886.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 196,799.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please 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 — Date 5/6/09

ROBERT GEBBIA EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 5/4/09 — Check if self-employed ☐ — Preparer's SSN or PTIN (See Gen Inst X) P00140887

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602

EIN ▶ 41-1944416

Phone no. ▶ 212-372-1000

Form **990** (2007)

723164/12-27-07

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number: 13 3393329

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROBERT GEBBIA- C/O AFSP 120 WALL ST., 22ND FL, NY, NY 10005	EXECUTIVE DIRECTOR 40.00	225,000.	35,375.	
ANN HAAS- C/O AFSP 120 WALL ST., 22ND FL, NY, NY 10005	RESEARCH DIRECTOR 40.00	127,050.	17,447.	
G WILLIAM GRARD- C/O AFSP 120 WALL ST., 22ND FL, NY, NY 10005	DEVELOPMENT DIRECTOR 40.00	111,619.	12,871.	
MICHAEL LAMMA- C/O AFSP 120 WALL ST., 22ND FL, NY, NY 10005	DIRECTOR-FIELD MNGNT 40.00	137,424.	18,442.	
PAULA CLAYTON- C/O AFSP 120 WALL ST., 22ND FL, NY, NY 10005	MEDICAL DIRECTOR 40.00	235,500.	27,999.	
Total number of other employees paid over $50,000 ▶	0			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶	7	

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
PRO-ACTIVE MEDIA 4370 TUJUNGA, SUITE 140, STUDIO CITY, CA 91604	EVENT ADVERTISING	425,952.
BREAK THRU FILMS 30 WEST 26TH STREET, 7 FL, NEW YORK, NY 10010	FILM PRODUCTION	300,000.
TITAN OUTDOORS PO BOX 1507, NEW YORK, NY 10004	EVENT ADVERTISING	200,848.
OP3 915 MARINE STREET, SUITE 1, SANTA MONICA, CA 9040	FUNDRAISING CONSULTING	166,676.
CME OUTFITTERS 2400 RESEARCH BLVD, SUITE 425, ROCKVILLE, MD 2085		166,172.
Total number of other contractors receiving over $50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Line	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ________ $ ________ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 10	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	4		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	1,313,324.		
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.		
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
12 [ ] 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,873,967.	5,220,322.	1,519,384.	1,573,374.	16,187,047.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,237,865.	854,939.	1,755,013.	986,211.	6,834,028.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	108,396.	97,982.	86,568.	141,249.	434,195.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	32,576.	52,164.	SEE STATEMENT 11 29,063.	61,805.	175,608.
23 Total of lines 15 through 22	11,252,804.	6,225,407.	3,390,028.	2,762,639.	23,630,878.
24 Line 23 minus line 17	8,014,939.	5,370,468.	1,635,015.	1,776,428.	16,796,850.
25 Enter 1% of line 23	112,528.	62,254.	33,900.	27,626.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 335,937.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 527,189.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 16,796,850.

d Add: Amounts from column (e) for lines: 18 434,195. 19 ______ 22 175,608. 26b 527,189. ▶ 26d 1,136,992.

e Public support (line 26c minus line 26d total) ▶ 26e 15,659,858.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 93.2309%

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants.** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Line	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	**The lobbying nontaxable amount is -**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines **c** through **h**.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTER	060188	SL	7.00	16	3,882.			3,882.	3,882.		0.
2	COMPUTER	040190	200DB	.000	16	3,874.			3,874.	3,874.		0.
3	SOFTWARE	100189	200DB	.000	16	480.			480.	480.		0.
4	LASER PRINTER	070892	200DB	.000	16	2,500.			2,500.	2,500.		0.
5	LAPTOP	101992	200DB	.000	16	2,330.			2,330.	2,330.		0.
6	COMPUTER EQUIP	070194	200DB	5.00	16	6,000.			6,000.	6,000.		0.
7	COMPUTER	010196	SL	5.00	16	8,213.			8,213.	8,213.		0.
8	COMPUTER EQUIP	010196	SL	5.00	16	2,337.			2,337.	2,337.		0.
9	FILE CABINET	022593	200DB	.000	16	295.			295.	295.		0.
10	DESK	060794	200DB	7.00	16	697.			697.	697.		0.
11	DESK	060295	200DB	7.00	16	757.			757.	757.		0.
12	FURNITURE & FIXTURES	010196	200DB	7.00	16	249.			249.	249.		0.
13	FURNITURE & FIXTURES	010196	200DB	7.00	16	327.			327.	327.		0.
14	FURNITURE & FIXTURES	070796	200DB	7.00	16	13,783.			13,783.	13,783.		0.
15	FURNITURE & FIXTURES	010198	200DB	7.00	16	2,422.			2,422.	2,422.		0.
16	COMPUTER EQUIP.	071897	200DB	5.00	16	833.			833.	833.		0.
17	DESK	070199	200DB	7.00	16	2,788.			2,788.	2,788.		0.
18	FILE CABINET	070100	200DB	7.00	16	1,943.			1,943.	1,770.		173.

728102
04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	FURNITURE & FIXTURES	123101	200DB	7.00	16	1,400.			1,400.	1,163.		125.
20	FURNITURE & FIXTURES	123101	200DB	7.00	16	1,488.			1,488.	1,236.		133.
21	LEASEHOLD IMPROVEMENT	070101	SL	10.00	16	15,332.			15,332.	9,199.		1,533.
22	FURNITURE & FIXTURES	010203	200DB	7.00	16	957.			957.	743.		85.
23	FURNITURE & FIXTURES	071803	200DB	7.00	16	199.			199.	120.		18.
24	FURNITURE & FIXTURES	051304	200DB	7.00	16	130.			130.	90.		11.
25	FURNITURE & FIXTURES	072604	200DB	7.00	16	2,160.			2,160.	956.		529.
26	FURNITURE & FIXTURES	072904	200DB	7.00	16	350.			350.	155.		86.
27	FURNITURE & FIXTURES	042105	200DB	7.00	16	159.			159.	90.		20.
28	ACOUSTICAL PANELS	081505	200DB	7.00	16	8,748.			8,748.	2,396.		1,250.
29	DOORS	081505	200DB	7.00	16	2,775.			2,775.	760.		396.
30	FURNITURE, FIXTURES AND CUBICLES	090105	200DB	7.00	16	12,548.			12,548.	3,407.		1,793.
31	CONFERENCE ROOM DOORS AND OTHER	091505	200DB	7.00	16	78,550.			78,550.	20,573.		11,221.
32	WEB SITE	090105		36M	43	92,272.			92,272.	56,388.		30,757.
33	CAMERA	051007	200DB	5.00	16	300.			300.	10.		60.
34	FURNITURE & FIXTURES	050107	200DB	7.00	16	420.			420.	10.		60.
35	FURNITURE & FIXTURES	123107	200DB	7.00	16	9,577.			9,577.			683.
36				.000	16							0.

728102
04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* TOTAL 990 PAGE 2 DEPR & AMORT					281,075.		0.	281,075.	150,833.	0.	48,933.

728102
04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
LEGG MASON	157,315.	216,266.	0.	-58,951.
TO FORM 990, PART I, LINE 8	157,315.	216,266.	0.	-58,951.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
LIFESAVERS' DINNER	406,069.	231,791.	174,278.	174,278.	0.
OTHER FUNDRAISING EVENTS	284,145.	161,480.	122,665.	122,665.	0.
OUT OF DARKNESS EVENT	5,483,857.	3,563,599.	1,920,258.	1920258.	0.
TO FM 990, PART I, LINE 9	6,174,071.	3,956,870.	2,217,201.	2217201.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS HELD	-263,863.
TOTAL TO FORM 990, PART I, LINE 20	-263,863.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
RESEARCH BECK -UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	99,170.
RESEARCH BISETTE-UNIVERSITY OF MISSISSIPPI P.O. BOX 1848 UNIVERSITY, MS 38677	60,000.
RESEARCH BLANCO-RESEARCH FOUNDATION FOR MENTAL HYGIENE 150 BROADWAY, SUITE 301 MENANDS, NY 12204	59,411.
RESEARCH COMTOIS-UNIVERSITY OF WASHINGTON 022 ODEGAARD SEATTLE, WA 98195	99,671.
RESEARCH DIAMOND-THE CHILDRENS HOSPITAL, PHILADELPHIA 3400 CIVIC CENTER BLVD # 2155 PHILADELPHIA, PA 19104	59,794.
RESEARCH DWORK-REASEARCH FOUNDATION FOR MENTAL HYGIENE 150 BROADWAY SUITE 301 MENANDS, NY 12204	60,000.
RESEARCH FERTUCK-COLUMBIA UNIVERSITY 2960 BROADWAY NEW YORK, NY 10027	59,210.
RESEARCH GARNO- ZUCKER HILLSIDE HOSPITAL 7559 263RD ST GLEN OAKS, NY 11004	70,000.
RESEARCH GOLDTEIN-UNIVERSITY OF PITTSBURGH 157 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	20,000.

RESEARCH GREENWOOD-UNIVERSITY OF COLORADO 914 BROADWAY ST BOULDER, CO 80302	60,000.
RESEARCH KEILP-COLUMBIA UNIVERSITY 2960 BROADWAY NEW YORK, NY 10027	60,000.
RESEARCH LEE -UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	70,000.
RESEARCH LIU-RESEARCH FOUNDATION FOR MENTAL HYGIENE 150 BROADWAY SUITE 301 MENANDS, NY 12204	20,000.
RESEARCH PHILLIPS-RUTGERS UNIVERSITY 350 MARTIN LUTHER KING JR BLVD NEWARK, NJ 07102	19,997.
RESEARCH PHILLIPS-BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	60,000.
RESEARCH PRINSTEIN-UNC AT CHAPEL HILL CHAPEL HILL, NC 27599	59,963.
RESEARCH STANLEY-RESEARCH FOUNDATION FOR MENTAL HYGIENE 150 BROADWAY SUITE 301 MENANDS, NY 12204	9,994.
RESEARCH STEVENS-THE INSTITUTE OF LIVING 200 RETREAT AVENUE HARTFORD, CT 06106	70,000.
RESEARCH FRIED-CAMBRIDGE HEALTH ALLIANCE PO BOX 398037 CAMBRIDGE, MA 02139	19,667.

RESEARCH SZANTO-WESTERN PSYCHIATRIC 3811 O'HARA STREET PITTSBURGH, PA 15213	70,000.
RESEARCH THOMPSON-CLEMSON UNIVERSITY 109 DANIEL DRIVE CLEMSON, S.C. 29634	57,774.
RESEARCH VALENSTEIN-UNIVERSITY OF MICHIGAN 207 FLETCHER ST ANN ARBOR, MI 48109	20,000.
RESEARCH VALUCK-UNIVERSITY OF COLORADO 914 BROADWAY ST BOULDER, CO 80302	100,000.
RESEARCH WOLCOX-JOHNS HOPKINS UNIVERSITY 3400 N CHARLES ST BALTIMORE, MD 21218	20,000.
RESEARCH MINAS-UNIVERSITY OF MELBOURNE VICTORIA 3010 AUSTRALIA	18,937.
RESEARCH CHANGE IN PRIOR YEAR GRANT AWARDS	-353,207.
RESEARCH GRANTS CANCELLED	-60,399.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	909,982.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

DEDICATED TO UNDERSTANDING AND PREVENTING SUICIDE BY FUNDING SCIENTIFIC RESEARCH, OFFERING EDUCATIONAL PROGRAMS FOR PROFESSIONALS, EDUCATING THE PUBLIC ABOUT MOOD DISORDERS AND SUICIDE PREVENTION, PROMOTING POLICIES AND LEGISLATION THAT IMPACT SUICIDE AND PREVENTION, AND PROVIDING PROGRAMS AND RESOURCES FOR SURVIVORS OF SUICIDE LOSS AND PEOPLE WITH MOOD DISORDERS.

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
SHORT-TERM INVESTMENTS	MARKET VALUE	2,137,604.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		2,137,604.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	3,882.	3,882.	0.
COMPUTER	3,874.	3,874.	0.
SOFTWARE	480.	480.	0.
LASER PRINTER	2,500.	2,500.	0.
LAPTOP	2,330.	2,330.	0.
COMPUTER EQUIP	6,000.	6,000.	0.
COMPUTER	8,213.	8,213.	0.
COMPUTER EQUIP	2,337.	2,337.	0.
FILE CABINET	295.	295.	0.
DESK	697.	697.	0.
DESK	757.	757.	0.
FURNITURE & FIXTURES	249.	249.	0.
FURNITURE & FIXTURES	327.	327.	0.
FURNITURE & FIXTURES	13,783.	13,783.	0.
FURNITURE & FIXTURES	2,422.	2,422.	0.
COMPUTER EQUIP.	833.	833.	0.
DESK	2,788.	2,788.	0.
FILE CABINET	1,943.	1,943.	0.
FURNITURE & FIXTURES	1,400.	1,288.	112.
FURNITURE & FIXTURES	1,488.	1,369.	119.
LEASEHOLD IMPROVEMENT	15,332.	10,732.	4,600.
FURNITURE & FIXTURES	957.	828.	129.
FURNITURE & FIXTURES	199.	138.	61.
FURNITURE & FIXTURES	130.	101.	29.
FURNITURE & FIXTURES	2,160.	1,485.	675.
FURNITURE & FIXTURES	350.	241.	109.
FURNITURE & FIXTURES	159.	110.	49.
ACOUSTICAL PANELS	8,748.	3,646.	5,102.
DOORS	2,775.	1,156.	1,619.
FURNITURE, FIXTURES AND CUBICLES	12,548.	5,200.	7,348.
CONFERENCE ROOM DOORS AND OTHER	78,550.	31,794.	46,756.
WEB SITE	92,272.	87,145.	5,127.

CAMERA	300.	70.	230.
FURNITURE & FIXTURES	420.	70.	350.
FURNITURE & FIXTURES	9,577.	683.	8,894.
TOTAL TO FORM 990, PART IV, LN 57	281,075.	199,766.	81,309.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
OTHER RECEIVABLES	7,073.	0.
DEFERRED EDUCATIONAL COST	0.	301,605.
TOTAL TO FORM 990, PART IV, LINE 58	7,073.	301,605.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
103A	THE FOUNDATION RECEIVES REVENUE FROM EACH OF ITS INDIVIDUALLY INCORPORATED DIVISIONS BASED ON A PERCENTAGE OF EACH DIVISION'S RESPECTIVE INCOME.
103B	MISCELLANEOUS REVENUE IS DERIVED FROM VARIOUS FOUNDATION ACTIVITIES THAT SUPPORT THE FOUNDATION'S PRIMARY PURPOSE.
93A	SURVIVORS CONFERENCE REVENUE CONSISTS OF INCOME RECEIVED TO UNDERWRITE THE COSTS ASSOCIATED WITH THE CONFERENCE.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3A STATEMENT 10

THE FOUNDATION RECEIVES APPLICATIONS FROM QUALIFIED PROFESSIONALS IN THE FIELD OF SUICIDE RESEARCH. THE APPLICATIONS ARE THEN REVIEWED BY MEMBERS OF THE APPLICATION COMMITTEE WHO WILL THEN INTERVIEW SELECT INDIVIDUALS BASED ON THE TYPE OF RESEARCH PROPOSED. APPLICANTS MAY THEN BE ASKED TO REVISE THEIR PROPOSED RESEARCH TO MEET FOUNDATION GOALS.
APPLICANTS MAY RECEIVE ONE OR TWO YEAR GRANTS.

SCHEDULE A OTHER INCOME STATEMENT 11

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
DIVISIONAL REVENUE	2,759.	21,357.	23,755.	56,648.
MISCELLANEOUS	29,817.	30,807.	5,308.	5,157.
TOTAL TO SCHEDULE A, LINE 22	32,576.	52,164.	29,063.	61,805.

Form **4562-FY**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization 990
(Including Information on Listed Property)
▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2007
Attachment Sequence No 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
AMERICAN FOUNDATION FOR SUICIDE PREVENTION	FORM 990 PAGE 2	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	125,000.
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	500,000.
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 2006 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 2008 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 allowance 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	18,176.

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 2007	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 ▶ ☐		

Section B - Assets Placed in Service During 2007 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 2007 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	18,176.
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	

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.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use.								
		%				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												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
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 2007 tax year:					
43 Amortization of costs that began before your 2007 tax year				43	30,757.
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	30,757.

Form **8868** (Rev. April 2008)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

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

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

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	Employer identification number
	AMERICAN FOUNDATION FOR SUICIDE PREVENTION	13-3393329
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 120 WALL STREET - 22ND FLOOR	
	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):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ AMERICAN FOUNDATION FOR SUICIDE PRE
  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, 2009 , to file the exempt organization return for the organization named above. The extension is for the organization's return for.
▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2007 , and ending JUN 30, 2008

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

- 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.** You must file original and one copy

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)

[X] 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.

- The books are in the care of ▶ ALISA LYCHEVA-AMERICAN FOUNDATION FOR SUICIDE PREVENTION
  Telephone No ▶ 212-363-3500 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2009

5 For calendar year _______ , or other tax year beginning JUL 1, 2007 , and ending JUN 30, 2008

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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 ▶

723832
04-16-08

L7340216 759915 492201848520 2007.07060 AMERICAN FOUNDATION FOR SUI 49220182