

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **AMERICAN FOUNDATION FOR SUICIDE PREVENTION**

EIN or SSN
13-3393329

Name and title of officer or person subject to tax **DANIEL KILLPACK
CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | | | |
|-----|--------------------------|-------------------------------------|---|--|-----|------------|
| 1a | Form 990 check here | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 7,990,598. |
| 2a | Form 990-EZ check here | <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | |
| 5a | Form 8868 check here | <input type="checkbox"/> | b | Balance due (Form 8868, line 3c) | 5b | |
| 6a | Form 990-T check here | <input type="checkbox"/> | b | Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a | Form 4720 check here | <input type="checkbox"/> | b | Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a | Form 5227 check here | <input type="checkbox"/> | b | FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a | Form 5330 check here | <input type="checkbox"/> | b | Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a | Form 8038-CP check here | <input type="checkbox"/> | b | Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **RSM US LLP** to enter my PIN **13339**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **5/15/24**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24071653723

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **RSM US LLP**

Date **05/14/24**

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

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

Form **8879-TE** (2022)

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

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

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Name of filer **AMERICAN FOUNDATION FOR SUICIDE PREVENTION**

EIN or SSN
13-3393329

Name and title of officer or person subject to tax **DANIEL KILLPACK
CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | |
|---|---|-----------------------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>7,990,598.</u> |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize RSM US LLP to enter my PIN 13339
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24071653723

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature RSM US LLP

Date 05/14/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. AMERICAN FOUNDATION FOR SUICIDE PREVENTION | Taxpayer identification number (TIN) 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. 199 WATER STREET, 11TH FLOOR | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10038 | |

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

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

DANIEL KILLPACK

- The books are in the care of ▶ **199 WATER STREET, 11TH FLOOR - NEW YORK, NY 10038**

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, 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, 2022**, and ending **JUN 30, 2023**.

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

| | | |
|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <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 199 WATER STREET, 11TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038 F Name and address of principal officer: ROBERT GEBBIA SAME AS C ABOVE | D Employer identification number 13-3393329 E Telephone number (212) 363-3500 G Gross receipts \$ 53,858,077. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: WWW.AFSP.ORG | | |
| K Form 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

| | | | | |
|--|--|--|-----------------------------------|------------------------------------|
| | 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 net assets. | | | |
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 32 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 32 | |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 219 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 39000 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. | |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| | Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 51,176,095. | Current Year 51,661,852. |
| 9 Program service revenue (Part VIII, line 2g) | | 140,884. | 390,792. | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,217,786. | 1,020,676. | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -4,499,799. | -5,082,722. | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 48,034,966. | 47,990,598. | |
| Expenses | | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 6,017,558. | 6,130,103. |
| | | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 15,211,922. | 20,589,605. | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | |
| | b Total fundraising expenses (Part IX, column (D), line 25) 5,243,702. | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 14,316,412. | 18,553,566. | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 35,545,892. | 45,273,274. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 12,489,074. | 2,717,324. | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 71,956,699. | End of Year 91,842,190. | |
| | 21 Total liabilities (Part X, line 26) | 11,221,322. | 23,743,021. | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 60,735,377. | 68,099,169. | |

Part II Signature Block

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

| | | |
|-------------------------------|---|--|
| Sign Here | Signature of officer DANIEL KILLPACK, CFO | Date |
| | Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name MICHELLE O'NEILL | Preparer's signature MICHELLE O'NEILL |
| | Firm's name RSM US LLP | Date 05/14/24 |
| | Firm's address 30 SOUTH 17TH STREET, SUITE 710 PHILADELPHIA, PA 19103 | Check if self-employed <input type="checkbox"/> PTIN P01372721 |
| | | Firm's EIN 42-0714325 |
| | | Phone no. 215-765-4600 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO SAVES LIVES AND BRING HOPE TO THOSE AFFECTED BY SUICIDE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 23,620,123. including grants of \$) (Revenue \$ 378,990.) EDUCATION AND SUPPORT PROGRAMS: WE EDUCATE CLINICIANS, OTHER MENTAL HEALTH PROFESSIONALS, WORKPLACES, AND THE GENERAL PUBLIC ABOUT SUICIDE PREVENTION AND HOW TO RECOGNIZE SIGNS OF THOSE AT RISK. WE ALSO PROVIDE PROGRAMS AND INFORMATION FOR SURVIVING FAMILY AND FRIENDS AFTER A SUICIDE.

4b (Code:) (Expenses \$ 7,911,020. including grants of \$ 6,130,103.) (Revenue \$) WE FUND RESEARCH TO IMPROVE INTERVENTIONS AND TRAIN CLINICIANS IN SUICIDE PREVENTION.

4c (Code:) (Expenses \$ 4,588,690. including grants of \$) (Revenue \$ 31,875.) ADVOCACY PROGRAMS: WE MANAGE A NETWORK OF ADVOCATES ACROSS THE COUNTRY THAT HELP EDUCATION LEGISLATORS ABOUT FEDERAL, STATE AND LOCAL POLICIES THAT WILL SAVE LIVES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 36,119,833.

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

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 <i>Schedule B, Schedule of Contributors</i> ? See instructions | 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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school 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 United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Part IV Checklist of Required Schedules *(continued)*

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|-----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 169 |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------|--|----------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 219 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | | |
| 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)? | | |
| b | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 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 line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 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 7d | | |
| e | Did the organization 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 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | X |
| | If "Yes," complete Form 4720, Schedule O. | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | |
| | If "Yes," complete Form 6069. | | |

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

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

Section A. Governing Body and Management

| | | | Yes | No |
|--|-----------|----|----------|----------|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 32 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1b | 32 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
DANIEL KILLPACK - (212) 363-3500
199 WATER STREET, 11TH FLOOR, NEW YORK, NY 10038

**AMERICAN FOUNDATION FOR SUICIDE
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| (1) ROBERT GEBBIA CEO | 40.00 0.00 | | | X | | | 484,216. | 0. | 73,738. | |
| (2) CHRISTINE MOUTIER CHIEF MEDICAL OFFICER | 40.00 0.00 | | | X | | | 476,521. | 0. | 73,894. | |
| (3) MICHAEL LAMMA CHIEF OPERATING OFFICER | 40.00 0.00 | | | | X | | 312,214. | 0. | 66,688. | |
| (4) DANIEL KILLPACK CFO | 40.00 0.00 | | | | X | | 261,240. | 0. | 57,637. | |
| (5) LAUREL STINE CHIEF POLICY OFFICER | 40.00 0.00 | | | | X | | 238,861. | 0. | 44,233. | |
| (6) STEPHANIE ROGERS CHIEF MARKETING OFFICER | 40.00 0.00 | | | | X | | 247,124. | 0. | 22,307. | |
| (7) JILL HARKAVY-FRIEDMAN VP RESEARCH | 40.00 0.00 | | | | | X | 210,661. | 0. | 31,417. | |
| (8) DOREEN MARSHALL VP MISSION ENGAGEMENT | 40.00 0.00 | | | | | X | 171,024. | 0. | 53,491. | |
| (9) RENEE CRUZ SVP SPECIAL PROJECTS | 40.00 0.00 | | | | | X | 173,283. | 0. | 50,699. | |
| (10) JANICE HURTADO SVP FIELD MANAGEMENNT | 40.00 0.00 | | | | | X | 168,130. | 0. | 36,478. | |
| (11) ASHLY ALBERTO VP DEVELOPMENT | 40.00 0.00 | | | | | X | 155,476. | 0. | 26,412. | |
| (12) VICTORIA ARANGO, PHD DIRECTOR | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (13) MARK BAER DIRECTOR (AS OF 1/1/23) | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (14) ERIKA BARBER DIRECTOR | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (15) TAMI BENTON, MD DIRECTOR (AS OF 1/1/23) | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (16) JAMES COMPTON DIRECTOR | 1.00 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) TONY CORNELIUS DIRECTOR | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| (18) MELISSA D'ARABIAN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) CHRISTOPHER EPPERSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) ARTHUR EVANS, JR., PHD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) NANCY FARRELL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) CINDY HSU DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) JERYN JACOBS DIRECTOR (AS OF 10/1/22) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) DAVID JOBES, PHD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) JONATHAN KELLERMAN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) DENISSE C. LAMAS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,898,750. | 0. | 536,994. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,898,750. | 0. | 536,994. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| KOTIS DESIGN P.O. BOX 24003, SEATTLE, WA 98124 | EVENT-PRINTING | 2,387,067. |
| GLOBAL CLOUD-DONORDRIVE P.O. BOX 412711, BOSTON, MA 02241 | EVENT-SOFTWARE | 883,014. |
| BUFFALO SPECIALTIES P.O. BOX 35809, HOUSTON, TX 77235 | EVENT-TSHIRTS | 654,616. |
| THE ADVERTISING COOUNCIL, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018 | PUBLIC RELATIONS | 620,541. |
| META PLATFORMS, 15161 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693 | EVENT-SOFTWARE | 615,540. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 33

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (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 | | | |
| (27) MICHAEL A. LINDSEY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (28) CARA MCNULTY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (29) MARIA OQUENDO, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (30) KELLY POSNER, PHD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (31) LISA M. RILEY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (32) SCOTT RISING DIRECTOR (AS OF 10/1/22) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (33) JERROLD ROSENBAUM, MD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (34) NAOMI SIMON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (35) STEVEN SIPLE DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (36) EDWARD STELMAKH DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (37) DENNIS TACKETT DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (38) MARCO TAGLIETTI DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (39) RAY PAUL, JR. CHAIR | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (40) GRETCHEN HAAS, PHD PRESIDENT | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (41) YEATES CONWELL, MD VICE PRESIDENT | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (42) NINA M. GUSSACK TREASURER | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (43) CHRISTOPHER THOMAS SECRETARY | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|--|---|----------------------|--|--------------------------------------|---|-----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 34,019,077. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 2,421,614. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 15,221,161. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 492,136. | | | | |
| | h Total. Add lines 1a-1f | | 51,661,852. | | | | |
| | Program Service Revenue | 2 a INTERACTIVE SCREEN PROGRAM | Business Code | | | | |
| | | 900099 | 390,792. | 390,792. | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d _____ | | | | | | | |
| e _____ | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | 390,792. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,026,496. | | | 1026496. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 275,147. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 280,967. | | | | |
| | c Gain or (loss) | 7c | -5,820. | | | | |
| | d Net gain or (loss) | | -5,820. | | | -5,820. | |
| 8 a Gross income from fundraising events (not including \$ 34,019,077. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 363,047. | | | | |
| | | b Less: direct expenses | 8b | 5,485,058. | | | |
| | | c Net income or (loss) from fundraising events | | -5,122,011. | | | -5122011. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | b Less: direct expenses | 9b | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 140,743. | | | | |
| | | b Less: cost of goods sold | 10b | 101,454. | | | |
| | | c Net income or (loss) from sales of inventory | | 39,289. | 20,073. | | 19,216. |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | 47,990,598. | 410,865. | 0. | -4082119. | | |

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Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 5,521,565. | 5,521,565. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 608,538. | 608,538. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,436,814. | 1,819,910. | 252,420. | 364,484. |
| 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 | 14,165,790. | 10,579,579. | 1,467,377. | 2,118,834. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 783,338. | 585,028. | 81,143. | 117,167. |
| 9 Other employee benefits | 2,116,925. | 1,581,004. | 219,284. | 316,637. |
| 10 Payroll taxes | 1,086,738. | 811,619. | 112,571. | 162,548. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 135,196. | | 135,196. | |
| d Lobbying | 180,000. | 180,000. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 86,700. | | 86,700. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 1,224,519. | 1,027,330. | 64,334. | 132,855. |
| 12 Advertising and promotion | 2,097,687. | 1,745,569. | 115,640. | 236,478. |
| 13 Office expenses | 2,795,609. | 2,234,023. | 212,007. | 349,579. |
| 14 Information technology | 1,842,741. | 1,533,567. | 105,320. | 203,854. |
| 15 Royalties | | | | |
| 16 Occupancy | 1,447,462. | 1,081,025. | 149,936. | 216,501. |
| 17 Travel | 1,494,512. | 646,817. | 847,695. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 429,887. | 321,058. | 44,530. | 64,299. |
| 23 Insurance | 36,165. | 30,084. | 1,747. | 4,334. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a RESEARCH, EDUCATIONAL A | 4,021,132. | 3,821,645. | | 199,487. |
| b OUT OF THE DARKNESS PRO | 2,582,626. | 1,845,964. | | 736,662. |
| c EQUIPMENT RENTAL & MAIN | 179,330. | 145,508. | 13,839. | 19,983. |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 45,273,274. | 36,119,833. | 3,909,739. | 5,243,702. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

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Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|-------------|--------------------|------------|
| Assets | 1 Cash - non-interest-bearing | 9,883,019. | 1 | 11,856,817. | |
| | 2 Savings and temporary cash investments | 2,892,493. | 2 | 2,900,539. | |
| | 3 Pledges and grants receivable, net | 338,122. | 3 | 86,680. | |
| | 4 Accounts receivable, net | 481,269. | 4 | 714,851. | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | 3,676,380. | 8 | 4,222,480. | |
| | 9 Prepaid expenses and deferred charges | 1,442,854. | 9 | 1,832,481. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,488,465. | | | |
| | b Less: accumulated depreciation | 10b 1,931,357. | 2,986,995. | 10c | 2,557,108. |
| | 11 Investments - publicly traded securities | 50,224,983. | 11 | 55,765,015. | |
| | 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 | 30,584. | 15 | 11,906,219. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 71,956,699. | 16 | 91,842,190. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,724,407. | 17 | 4,221,597. | |
| | 18 Grants payable | 964,847. | 18 | 1,916,395. | |
| | 19 Deferred revenue | 2,909,003. | 19 | 3,194,163. | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 2,000,000. | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 2,623,065. | 25 | 14,410,866. | |
| | 26 Total liabilities. Add lines 17 through 25 | 11,221,322. | 26 | 23,743,021. | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 Net assets without donor restrictions | 55,195,727. | 27 | 63,507,396. | |
| | 28 Net assets with donor restrictions | 5,539,650. | 28 | 4,591,773. | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| | 32 Total net assets or fund balances | 60,735,377. | 32 | 68,099,169. | |
| 33 Total liabilities and net assets/fund balances | 71,956,699. | 33 | 91,842,190. | | |

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Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 47,990,598. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 45,273,274. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,717,324. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 60,735,377. |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,646,468. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 68,099,169. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|----------|----------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 45887967. | 46607253. | 33886359. | 51176095. | 51661852. | 229219526 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 45887967. | 46607253. | 33886359. | 51176095. | 51661852. | 229219526 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 229219526 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 45887967. | 46607253. | 33886359. | 51176095. | 51661852. | 229219526 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 493,385. | 650,080. | 702,811. | 1097727. | 1026496. | 3970499. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 121,665. | | | 67,000. | 363,047. | 551,712. |
| 11 Total support. Add lines 7 through 10 | | | | | | 233741737 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,368,092. |
| 13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 98.07 | % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 97.66 | % |
| 16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly 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"/> |

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

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Part IV Supporting Organizations *(continued)*

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | |
| b A family member of a person described on line 11a above? | 11b | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | 11c | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|-----------|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | 2a | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | 2b | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | | |

**AMERICAN FOUNDATION FOR SUICIDE
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | (B) Current Year |
|---|---|----------------|------------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | | Current Year |
| 2 | Enter 0.85 of line 1. | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | | |
| 4 | Enter greater of line 2 or line 3. | | |
| 5 | Income tax imposed in prior year | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

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

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

SPECIAL EVENTS

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Employer identification number

13-3393329

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | US SMALL BUSINESS ADMINISTRATION 409 THIRD STREET, SW WASHINGTON, DC 20416 | \$ 2,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| | | | |
|--|----------------------------|---|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

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

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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**AMERICAN FOUNDATION FOR SUICIDE
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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|----------|----------|------------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | X | | 148,480. |
| e Publications, or published or broadcast statements? | X | | 296,960. |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 388,333. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | 308,382. |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 1,142,155. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE D - MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC: AFSP

MAINTAINS DATABASES OF FIELD ADVOCATE VOLUNTEERS AND MEMBERS OF

CONGRESS. AFSP PERIODICALLY EMAILS ITS FIELD ADVOCATES WITH INFORMATION

ABOUT PENDING SPECIFIC LEGISLATION AND REQUESTS THAT THEY CONTACT THEIR

REPRESENTATIVES TO EXPRESS AN OPINION ON THE LEGISLATION. AFSP ALSO

Part IV Supplemental Information (continued)

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

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

LINE G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: EACH YEAR AFSP VOLUNTEERS SPEND ONE DAY ON CAPITOL HILL SPEAKING WITH THEIR STATES' CONGRESSIONAL LEADERS ABOUT LEGISLATION THAT SUPPORTS AFSP STRATEGIC PRIORITIES.

ADDITIONALLY, THROUGHOUT THE YEAR, AFSP STAFF VISIT WITH CONGRESSIONAL STAFF EDUCATING THEM ABOUT OUR POSITIONS ON PENDING LEGISLATION.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 3,770,973. | 5,242,540. | 4,093,100. | 3,954,314. | 3,768,469. |
| b Contributions | | | | 52,742. | |
| c Net investment earnings, gains, and losses | 420,551. | -654,682. | 1,149,440. | 86,044. | 185,845. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | 816,885. | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,191,524. | 3,770,973. | 5,242,540. | 4,093,100. | 3,954,314. |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 72.0000 %
- b** Permanent endowment 12.0000 %
- c** Term endowment 16.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 2,404,024. | 685,014. | 1,719,010. |
| d Equipment | | | | |
| e Other | | 2,084,441. | 1,246,343. | 838,098. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,557,108. |

**AMERICAN FOUNDATION FOR SUICIDE
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) SECURITY DEPOSIT | 35,475. |
| (2) OPERATING LEASE ASSET | 11,870,744. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 11,906,219. |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITY | 14,410,866. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 14,410,866. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**AMERICAN FOUNDATION FOR SUICIDE
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS (FOR CLINICAL EDUCATION) AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, TO BE USED AS NEEDED AND AUTHORIZED BY THE BOARD. THROUGH THE COMBINATION OF ITS INVESTMENT STRATEGY AND SPENDING POLICY, THE FOUNDATION STRIVES TO PROVIDE A REASONABLY CONSISTENT PAYOUT FROM ENDOWMENT TO SUPPORT OPERATIONS WHILE PRESERVING THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS A PUBLICLY SUPPORTED

AMERICAN FOUNDATION FOR SUICIDE
PREVENTION

Part XIII Supplemental Information *(continued)*

ORGANIZATION AS DESCRIBED IN SECTION 509(A). THE FOUNDATION IS NOT
CLASSIFIED AS A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS FOR ALL OPEN TAX YEARS
AND HAS CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS
THAT REQUIRE ADJUSTMENT OR DISCLOSURE TO THESE FINANCIAL STATEMENTS.

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | MIDDLE EAST AND NORTH AFRICA | SCIENTIFIC RESEARCH | 56,218. | WIRE TRANSFER | 0. | | |
| | | NORTH AMERICA | SCIENTIFIC RESEARCH | 278,172. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SCIENTIFIC RESEARCH | 274,148. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **11**

3 Enter total number of other organizations or entities **0**

AMERICAN FOUNDATION FOR SUICIDE
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Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

GRANTS ARE AWARDED BASED UPON AN APPROVED SCOPE OF WORK AND BUDGET.

GRANTEES MUST SUBMIT WRITTEN NARRATIVE REPORTS ON THEIR RESEARCH PROGRESS

AS WELL AS EXPENDITURE REPORTS. GRANT PAYMENTS ARE MADE ONLY AFTER THE

SUCCESSFUL COMPLETION OF WORK FOR THE PERIOD AND SUBMISSION OF EVIDENCE

OF EXPENDITURE. PAYMENTS ARE HELD UNTIL SATISFACTORY EVIDENCE IS

SUPPLIED.

Multiple horizontal lines for supplemental information.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|--|---|-----------------|------------------|---------------------------------|-------------|
| | | OOTD WALKS | LIFESAVERS GALA | 230 | (add col. (a) through col. (c)) | |
| | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 27,972,864. | 647,747. | 5,761,513. | 34,382,124. |
| | 2 | Less: Contributions | 27,972,864. | 284,700. | 5,761,513. | 34,019,077. |
| | 3 | Gross income (line 1 minus line 2) | | 363,047. | | 363,047. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | 1,362,153. | 10,950. | 250,090. | 1,623,193. |
| | 6 | Rent/facility costs | 350,243. | 28,000. | 103,311. | 481,554. |
| | 7 | Food and beverages | 76,236. | 115,835. | 22,861. | 214,932. |
| | 8 | Entertainment | 501,646. | 79,814. | 19,036. | 600,496. |
| | 9 | Other direct expenses | 2,253,686. | 98,622. | 212,575. | 2,564,883. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 5,485,058. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -5,122,011. | |

Part III Gaming. Complete if the organization answered "Yes" on 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)) |
|-----------------|--|---|---|---|--|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash 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. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

- 11 Does the organization conduct 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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization
c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

FORM 990, SCHEDULE G, PART II

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Employer identification number
13-3393329

Part I General Information on Grants and Assistance

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

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| BAYLOR COLLEGE OF MEDICINE 1977 BUTLER BLVD, E4.194 - ATTN: FRANK VELASQUEZ - HOUSTON, TX 77030-4101 | 74-1613878 | 501(C)(3) | 45,000. | 0. | | | SUICIDE RELATED RESEARCH |
| CENTERSTONE RESEARCH INSTITUTE 44 VANTAGE WAY, SUITE 400 NASHVILLE, TN 37228 | 26-2505456 | 501(C)(3) | 33,701. | 0. | | | SUICIDE RELATED RESEARCH |
| GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW ATLANTA, GA 30332-0415 | 58-0603146 | 501(C)(3) | 49,996. | 0. | | | SUICIDE RELATED RESEARCH |
| HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE - 6720A ROCKLEDGE DRIVE - BETHESDA, MD 20817 | 52-1317896 | 501(C)(3) | 62,312. | 0. | | | SUICIDE RELATED RESEARCH |
| ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE LEVY PLACE, PO BOX 3500 - NEW YORK, NY 10029 | 13-6171196 | 501(C)(3) | 101,250. | 0. | | | SUICIDE RELATED RESEARCH |
| JOHNS HOPKINS UNIVERSITY 12529 COLLECTION CENTER DRIVE CHICAGO, IL 60693 | 62-0595109 | 501(C)(3) | 18,739. | 0. | | | SUICIDE RELATED RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 42.

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

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

Schedule I (Form 990) 2022

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Schedule I (Form 990)

13-3393329

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| KAISER FOUNDATION HEALTH PLAN 1730 MINOR AVENUE SEATTLE, WA 98101 | 91-0511770 | 501(C)(3) | 94,920. | 0. | | | SUICIDE RELATED RESEARCH |
| MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241-4876 | 04-2697983 | 501(C)(3) | 542,303. | 0. | | | SUICIDE RELATED RESEARCH |
| NORTHEASTERN UNIVERSITY 177 HUNTINGTON AVENUE BOSTON, MA 02115 | 04-1679980 | 501(C)(3) | 38,026. | 0. | | | SUICIDE RELATED RESEARCH |
| OLD DOMINION UNIVERSITY RESEARCH FOUNDATION - 4111 MONARCH WAY, SUITE 204 - NORFOLK, VA 23508 | 54-6068198 | 501(C)(3) | 50,000. | 0. | | | SUICIDE RELATED RESEARCH |
| PACIFIC UNIVERSITY 2043 COLLEGE WAY FOREST GROVE, OR 97116 | 93-0386892 | 501(C)(3) | 67,417. | 0. | | | SUICIDE RELATED RESEARCH |
| PRESIDENT & FELLOW OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVENUE, 5TH FLOOR - CAMBRIDGE, MA 02138 | 04-2103580 | 501(C)(3) | 73,990. | 0. | | | SUICIDE RELATED RESEARCH |
| REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET SE - MINNEAPOLIS, MN 55455 | 41-6007512 | 501(C)(3) | 75,000. | 0. | | | SUICIDE RELATED RESEARCH |
| RHODE ISLAND HOSPITAL ONE HOPPIN STREET BOX 42 SUITE 1300 PROVIDENCE, RI 02903-4141 | 05-0258954 | 501(C)(3) | 25,000. | 0. | | | SUICIDE RELATED RESEARCH |
| SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115-5898 | 04-2103629 | 501(C)(3) | 44,996. | 0. | | | SUICIDE RELATED RESEARCH |

Schedule I (Form 990)

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Schedule I (Form 990)

13-3393329

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| STANFORD UNIVERSITY 485 BROADWAY, 3RD FLOOR REDWOOD CITY, CA 94063-3136 | 94-1156365 | 501(C)(3) | 50,000. | 0. | | | SUICIDE RELATED RESEARCH |
| THE FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION - 2000 LEVY AVENUE, SUITE 351 - TALLAHASSEE, FL 32310 | 59-3211153 | 501(C)(3) | 7,500. | 0. | | | SUICIDE RELATED RESEARCH |
| THE GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE ASHBURN, VA 20147 | 53-0196584 | 501(C)(3) | 249,173. | 0. | | | SUICIDE RELATED RESEARCH |
| THE NATIONAL INSTITUTE OF MENTAL HEALTH - GIFT FUND, 6001 EXECUTIVE BOULEVARDROOM 6229A, MSC 9655 - BETHESDA, MD 20892-9655 | 52-0858115 | 501(C)(3) | 36,137. | 0. | | | SUICIDE RELATED RESEARCH |
| THE NEW SCHOOL 55TH W 13TH STREET NEW YORK, NY 10011 | 13-3297197 | 501(C)(3) | 22,290. | 0. | | | SUICIDE RELATED RESEARCH |
| THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210 | 31-6025986 | 501(C)(3) | 651,224. | 0. | | | SUICIDE RELATED RESEARCH |
| THE REGENTS OF THE UNIVERSITY OF MICHIGAN - PO BOX 223131 - PITTSBURGH, PA 15251-2131 | 38-6006309 | 501(C)(3) | 15,000. | 0. | | | SUICIDE RELATED RESEARCH |
| THE RESEARCH FOUNDATION FOR MENTAL HYGENE - RIVERVIEW CENTER 150 BROADWAY, SUITE 301 - MENANDS, NY 12204 | 14-1410842 | 501(C)(3) | 33,750. | 0. | | | SUICIDE RELATED RESEARCH |
| THE TEXAS TECH UNIVERSITY 1901 UNIVERSITY, SUITE 308 LUBBOCK, TX 79411 | 75-6002622 | 501(C)(3) | 22,500. | 0. | | | SUICIDE RELATED RESEARCH |

Schedule I (Form 990)

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 1051 RIVERSIDE DRIVE, PO BOX 42 - NEW YORK, NY 10032 | 13-5598093 | 501(C)(3) | 58,225. | 0. | | | SUICIDE RELATED RESEARCH |
| THE UNIVERSITY OF SOUTHERN MISSISSIPPI - 118 COLLEGE DRIVE #5157 - HATTIESBURG, MS 39406-0001 | 64-6000818 | 501(C)(3) | 7,346. | 0. | | | SUICIDE RELATED RESEARCH |
| THE UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713 | 74-6000203 | 501(C)(3) | 49,512. | 0. | | | SUICIDE RELATED RESEARCH |
| THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - DALLAS, TX 75303-1418 | 74-1761309 | 501(C)(3) | 45,000. | 0. | | | SUICIDE RELATED RESEARCH |
| THE UNIVERSITY OF TOLEDO 3000 ARLINGTO AVENUE, MS 218 TOLEDO, OH 43614 | 34-6401483 | 501(C)(3) | 40,000. | 0. | | | SUICIDE RELATED RESEARCH |
| TRUSTEES OF INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION DEPT. 78867, PO BOX 78000 - DETROIT, MI 48 | 35-6001673 | 501(C)(3) | 67,416. | 0. | | | SUICIDE RELATED RESEARCH |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, 5TH FLOOR, FRANKLIN BULDING - PHILADELPHIA, PA 19104 | 23-1352685 | 501(C)(3) | 58,876. | 0. | | | SUICIDE RELATED RESEARCH |
| UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 300 E MARKET STREET - LOUISVILLE, KY 40202 | 61-1029626 | 501(C)(3) | 33,222. | 0. | | | SUICIDE RELATED RESEARCH |
| UNIVERSITY OF MIAMI 1320 S. DIXIE HIGHWAY, SUITE 650 CORAL GABLES, FL 33146 | 59-0624458 | 501(C)(3) | 31,250. | 0. | | | SUICIDE RELATED RESEARCH |

Schedule I (Form 990)

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Schedule I (Form 990)

13-3393329

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200 - CHAPEL HILL, NC 27599 | 56-6001393 | 501(C)(3) | 49,928. | 0. | | | SUICIDE RELATED RESEARCH |
| UNIVERSITY OF OREGON PO BOX 3237 EUGENE, OR 97403 | 46-4727800 | 501(C)(3) | 178,814. | 0. | | | SUICIDE RELATED RESEARCH |
| UNIVERSITY OF UTAH 201 S. PRESIDENTS CIRCLE, ROOM 145 SALT LAKE CITY, UT 84112-9003 | 87-6000525 | 501(C)(3) | 111,487. | 0. | | | SUICIDE RELATED RESEARCH |
| UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693 | 91-1486484 | 501(C)(3) | 45,000. | 0. | | | SUICIDE RELATED RESEARCH |
| UNIVERSITY OF PITTSBURGH 500 ROSS STREET, 154-0455 PITTSBURGH, PA 15213 | 25-0965591 | 501(C)(3) | 152,354. | 0. | | | SUICIDE RELATED RESEARCH |
| VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET, SUITE 3100 RICHMOND, VA 23284 | 54-6001758 | 501(C)(3) | 63,929. | 0. | | | SUICIDE RELATED RESEARCH |
| WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE, CAMPUS BOX 103 ST. LOUIS, MO 63112-1408 | 43-0653612 | 501(C)(3) | 101,949. | 0. | | | SUICIDE RELATED RESEARCH |
| WESTERN KENTUCKY UNIVERSITY RESEARCH - 1906 COLLEGE HEIGHTS BOULEVARD #11002 - BOWLING GREEN, KY 42101 | 61-6055628 | 501(C)(3) | 62,492. | 0. | | | SUICIDE RELATED RESEARCH |
| YALE UNIVERSITY 150 MUNSON STREET, 3RD FLOOR NEW HAVEN, CT 06522 | 06-0646973 | 501(C)(3) | 790,200. | 0. | | | SUICIDE RELATED RESEARCH |

Schedule I (Form 990)

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

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 on 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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-------------------------------------|-------------------------------------|
| 1b | | |
| 2 | | |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| 7 | <input checked="" type="checkbox"/> | |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | |

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

Schedule J (Form 990) 2022

**AMERICAN FOUNDATION FOR SUICIDE
PREVENTION**

Schedule J (Form 990) 2022

13-3393329

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ROBERT GEBBIA CEO | (i) | 421,236. | 62,980. | 0. | 39,799. | 33,939. | 557,954. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) CHRISTINE MOUTIER CHIEF MEDICAL OFFICER | (i) | 414,436. | 62,085. | 0. | 39,255. | 34,639. | 550,415. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MICHAEL LAMMA CHIEF OPERATING OFFICER | (i) | 278,989. | 33,225. | 0. | 27,899. | 38,789. | 378,902. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DANIEL KILLPACK CFO | (i) | 234,377. | 26,863. | 0. | 23,438. | 34,199. | 318,877. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) LAUREL STINE CHIEF POLICY OFFICER | (i) | 213,235. | 25,626. | 0. | 21,324. | 22,909. | 283,094. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) STEPHANIE ROGERS CHIEF MARKETING OFFICER | (i) | 221,174. | 25,950. | 0. | 22,117. | 190. | 269,431. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) JILL HARKAVY-FRIEDMAN VP RESEARCH | (i) | 201,122. | 9,539. | 0. | 20,112. | 11,305. | 242,078. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) DOREEN MARSHALL VP MISSION ENGAGEMENT | (i) | 162,543. | 8,481. | 0. | 16,254. | 37,237. | 224,515. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) RENEE CRUZ SVP SPECIAL PROJECTS | (i) | 167,283. | 6,000. | 0. | 16,728. | 33,971. | 223,982. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) JANICE HURTADO SVP FIELD MANAGEMENNT | (i) | 168,130. | 0. | 0. | 16,813. | 19,665. | 204,608. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) ASHLY ALBERTO VP DEVELOPMENT | (i) | 155,476. | 0. | 0. | 15,548. | 10,864. | 181,888. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

AMERICAN FOUNDATION FOR SUICIDE
PREVENTION

Part III Supplemental Information

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

PART I, LINE 7:

**THE FOLLOWING INDIVIDUALS, LISTED ON PART VII, RECEIVED NON-FIXED PAYMENTS
IN THE FORM OF A BONUS DURING THE YEAR:**

ROBERT GEBBIA - \$62,980

CHRISTINE MOUTIER - \$62,085

MICHAEL LAMMA - \$33,225

DANIEL KILLPACK - \$26,863

LAUREL STINE - \$25,626

STEPHANIE ROGERS - \$25,950

JILL HARKAVY-FRIEDMAN - \$9,539

DOREEN MARSHALL - \$8,481

RENEE CRUZ - \$6,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 31 | 430,721. | MARKET PRICE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (<u>AUCTION ITEMS</u>) | X | 34 | 38,076. | SALES PRICE |
| 26 Other (<u>CRYPTO CURRENCY</u>) | X | 55 | 23,339. | MARKET VALUE AT SALE |
| 27 Other (_____) | | | | |
| 28 Other (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

USING A COMBINATION OF THE TWO METHODS ABOVE

SCHEDULE M, LINE 32B:

WE USE A THIRD PARTY VENDOR WHEN DONOR WISH TO DONATE THEIR CARS. THE TRANSACTION IS HANDLED COMPLETELY BY THE THIRD PARTY AND AFSP IS GIVEN THE PROCEEDS MINUS THE VENDOR FEE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WILL BE REVIEWED BY THE CFO AND THE CEO AND THE BOARD FINANCE COMMITTEE. IT WILL THEN BE DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE GOVERNANCE AND NOMINATING COMMITTEE ASKS IF THERE ARE ANY CONFLICTS OF INTEREST BEFORE NOMINATING OR RENOMINATING SOMEONE TO THE BOARD. BOARD MEMBERS WITH CONFLICTS RECUSE THEMSELVES FROM VOTING OR DELIBERATION RELATING TO SUCH CONFLICT. IN ADDITION, ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES SIGN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS. THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

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

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

COMPENSATION DISCUSSION AND DETERMINATION IS DOCUMENTED IN THE NOTES OF THE COMMITTEE MEETINGS.

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MS, MN
MO, MT, NC, ND, NE, NJ, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, VT, WA, WI, WV, WY

FORM 990, PART VI, SECTION C, LINE 19:
AFSP'S FINANCIAL REPORTS ARE PUBLISHED IN THE ANNUAL REPORT, WHICH IS POSTED EACH YEAR ON THE AFSP WEBSITE, SENT TO THE BOARD OF DIRECTORS, OTHER AFSP NATIONAL AND CHAPTER VOLUNTEER LEADERS, AND THE MAJOR DONORS TO THE ORGANIZATION. THE 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

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

REQUESTS FOR FUNDING. THE ORGANIZATION'S FINANCIAL REPORTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART VII

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|---|---|-------------------------------|---|---------------------------------------|--|----|
| | | | | | | Yes | No |
| UNDER THE SAME SKY FOUNDATION - 84-4028403 444 8TH STREET WILMETTE, IL 60091 | FUNDRAISING TO SUPPORT MISSION OF AMERICAN FOUNDATION FOR SUICIDE | ILLINOIS | 501(C)(3) | LINE 12A, I | AMERICAN FOUNDATION FOR SUICIDE | X | |
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SEE PART VII FOR CONTINUATIONS

AMERICAN FOUNDATION FOR SUICIDE

PREVENTION

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) UNDER THE SAME SKY | C | 160,107. | FMV |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

UNDER THE SAME SKY FOUNDATION

PRIMARY ACTIVITY: FUNDRAISING TO SUPPORT MISSION OF AMERICAN FOUNDATION
FOR SUICIDE PREVENTION

DIRECT CONTROLLING ENTITY: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

AMERICAN FOUNDATION FOR SUICIDE
PREVENTION
199 WATER STREET, 11TH FLOOR
NEW YORK, NY 10038

PREPARED BY:

RSM US LLP
30 SOUTH 17TH STREET, SUITE 710
PHILADELPHIA, PA 19103

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

| | | |
|------------------------------|----|---|
| TOTAL TAX | \$ | 0 |
| LESS: PAYMENTS AND CREDITS | \$ | 0 |
| PLUS: OTHER AMOUNT | \$ | 0 |
| PLUS: INTEREST AND PENALTIES | \$ | 0 |
| NO PAYMENT IS REQUIRED | \$ | |

OVERPAYMENT:

| | | |
|-----------------------------------|----|---|
| CREDITED TO YOUR ESTIMATED TAX | \$ | 0 |
| OTHER AMOUNT | \$ | 0 |
| REFUNDED TO YOU | \$ | 0 |

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

| | | |
|--|-------------------------------|---|
| Corporation/Organization name AMERICAN FOUNDATION FOR SUICIDE PREVENTION | | California corporation number 1881013 |
| Additional information. See instructions. | | FEIN 13-3393329 |
| Street address (suite or room) 199 WATER STREET, 11TH FLOOR | | PMB no. |
| City NEW YORK | State NY | ZIP code 10038 |
| Foreign country name | Foreign province/state/county | Foreign postal code |

| | |
|--|---|
| <p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> | <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p> |
|--|---|

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

| | | | | | |
|---------------------------------|--|--|-------------------------|---|------------------------------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 2,196,225 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 51,661,852 | 00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B | 4 | 53,858,077 | 00 |
| | 5 | Cost of goods sold STMT 3 STMT 2 | 5 | 101,454 | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 280,967 | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 382,421 | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 53,475,656 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 50,758,332 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 2,717,324 | 00 |
| Filing Fee | 11 | Total payments | 11 | | 00 |
| | 12 | Use tax. See General Information K | 12 | | 00 |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | | 00 |
| | 15 | Penalties and interest. See General Information J | 15 | | 00 |
| | 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result | 16 | | | 00 |
| 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 taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| | Signature of officer | Title CFO | Date | • Telephone | |
| Paid Preparer's Use Only | Preparer's signature | MICHELLE O'NEILL | Date 05/14/24 | Check if self-employed <input type="checkbox"/> | • PTIN P01372721 |
| | Firm's name (or yours, if self-employed) and address | RSM US LLP 30 SOUTH 17TH STREET, SUITE 710 PHILADELPHIA, PA 19103 | | | • Firm's FEIN 42-0714325 |
| | | | | | • Telephone 215-765-4600 |
| | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

13-3393329

228951 01-10-23

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

| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|------------|------------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 503,790 | 00 | |
| | 2 | Interest | • | 2 | 1,026,496 | 00 | |
| | 3 | Dividends | • | 3 | | 00 | |
| | 4 | Gross rents | • | 4 | | 00 | |
| | 5 | Gross royalties | • | 5 | | 00 | |
| | 6 | Gross amount received from sale of assets (See instructions) | • | 6 | 275,147 | 00 | |
| | 7 | Other income | • | 7 | 390,792 | 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 2,196,225 | 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | 6,130,103 | 00 | |
| | 10 | Disbursements to or for members | • | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees | • | 11 | 2,436,814 | 00 | |
| | 12 | Other salaries and wages | • | 12 | 14,165,790 | 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | | 00 |
| | | 14 | Taxes | • | 14 | 1,086,738 | 00 |
| | | 15 | Rents | • | 15 | 1,447,462 | 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 429,887 | 00 |
| | | 17 | Other expenses and disbursements | • | 17 | 25,061,538 | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 50,758,332 | 00 |

| Schedule L Balance Sheet | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|------------|---------------------|--------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 12,775,512 | | • 14,757,356 |
| 2 Net accounts receivable | | 481,269 | | • 714,851 |
| 3 Net notes receivable | | | | • |
| 4 Inventories | | 3,676,380 | | • 4,222,480 |
| 5 Federal and state government obligations | | | | • |
| 6 Investments in other bonds | | | | • |
| 7 Investments in stock | | | | • |
| 8 Mortgage loans | | | | • |
| 9 Other investments STMT 8 | | 50,224,983 | | • 55,765,015 |
| 10 a Depreciable assets | 4,488,465 | | 4,488,465 | |
| b Less accumulated depreciation | (1,501,470) | 2,986,995 | (1,931,357) | 2,557,108 |
| 11 Land | | | | • |
| 12 Other assets STMT 9 | | 1,811,560 | | • 13,825,380 |
| 13 Total assets | | 71,956,699 | | 91,842,190 |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | 2,724,407 | | • 4,221,597 |
| 15 Contributions, gifts, or grants payable | | 964,847 | | • 1,916,395 |
| 16 Bonds and notes payable | | | | • |
| 17 Mortgages payable | | | | • |
| 18 Other liabilities STMT 10 | | 7,532,068 | | 17,605,029 |
| 19 Capital stock or principal fund | | | | • |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | • |
| 21 Retained earnings or income fund | | 60,735,377 | | • 68,099,169 |
| 22 Total liabilities and net worth | | 71,956,699 | | 91,842,190 |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|--|-------------|--|-------------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | |
| 1 Net income per books | • 7,363,794 | 7 Income recorded on books this year not included in this return. Attach schedule * | • 4,646,470 |
| 2 Federal income tax | • | 8 Deductions in this return not charged against book income this year. Attach schedule | • |
| 3 Excess of capital losses over capital gains | • | 9 Total. Add line 7 and line 8 | 4,646,470 |
| 4 Income not recorded on books this year. Attach schedule | • | 10 Net income per return. Subtract line 9 from line 6 | 2,717,324 |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule | • | | |
| 6 Total. Add line 1 through line 5 | 7,363,794 | | |

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|------------------------------------|--|--------------|------------|
| US SMALL BUSINESS ADMINISTRATION | 409 THIRD STREET, SW WASHINGTON, DC 20416 | | 2,000,000. |
| CROW VOTE LLC | 15220 N 75TH ST SCOTTSDALE, AZ 85260 | | 473,987. |
| CVS HEALTH | 1 CVS DR WOONSOCKET, RI 02895-6146 | | 376,142. |
| BLUE & YOU FOUNDATION | 320 WEST CAPITAL AVENUE, SUITE 200 LITTLE ROCK, AR 72201 | | 350,000. |
| NETFLIX, INC | 100 WINCHESTER CIRCLE LOS GATOS, CA 95032 | | 267,117. |
| JB HUNT TRANSPORT SERVICES | 2427 S 16TH ST ROGERS, AR 72758 | | 256,046. |
| ANNE M. BROOKS REVOCABLE TRUST | PO BOX 722643 SAN DIEGO, CA 92172 | | 250,200. |
| WALMART | 702 SOUTHWEST 8TH ST BENTONVILLE, AR 72716 | | 247,954. |
| KIEWIT | 8900 RENNER BOULEVARD LENEXA, KS 66219 | | 180,000. |
| THE PEW CHARITABLE TRUSTS | ONE COMMERCE SQUARE, 2005 MARKET STREET, SUITE 1700 PHILADELPHIA, PA 19103 | | 158,904. |
| AETNA | 300 BRICKSTONE SQUARE, STE 601 ANDOVER, MA 01810 | | 150,500. |
| TRINET FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | | 150,000. |
| NORFOLK SOUTHERN CORPORATION | 650 W PEACHTREE ST NW ATLANTA, GA 30308 | | 125,050. |
| OTSUKA AMERICA PHARMACEUTICAL INC. | 508 CARNEGIE CENTER DRIVE PRINCETON, NJ 08540 | | 125,004. |

STATEMENT(S) 1

AMERICAN FOUNDATION FOR SUICIDE PREVENT13-3393329

| | | |
|--|--|----------|
| STATE OF INDIANA | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 124,225. |
| TOTAL QUALITY LOGISTICS, LLC | 4289 IVY POINTE BLVD CINCINNATI, OH 45245 | 122,294. |
| AMAZON SMILE | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 114,157. |
| BETA CHI NATIONAL SORORITY | 220 EVERGREEN RD NILES, MI 49120 | 114,000. |
| LEIDOS | 2109 AIR PARK ROAD SE 200 ALBUQUERQUE, NM 87106 | 110,550. |
| MARK AND JANE ERWIN | 11 FOREST COURSE CIRCLE KINGWOOD, TX 77339-5330 | 105,958. |
| SCHEELS CORPORATE OFFICE | 1707 GOLD DR FARGO, ND 58103 | 100,500. |
| | | |
| AUDACY CAPITAL | 345 HUDSON ST NEW YORK, NY 10014 | 100,000. |
| MOXIE PEST CONTROL | 14301 SULLYFIELD CIR STE G CHANTILLY, VA 20151-1630 | 100,000. |
| UNDER THE SAME SKY | 3651 N LAKEWOOD AVE CHICAGO, IL 60613 | 100,000. |
| COMMUNITY HEALTH | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 86,195. |
| JAMES M. FOOTE | 445 E N WATER ST, APT. 2501 CHICAGO, IL 60611-5569 | 85,000. |
| THE MASTERSON 2007 REV TRUST | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 85,000. |
| HANNOVER LIFE REASSURANCE COMPANY OF AMERICA | 200 S ORANGE AVE, SUITE 1900 ORLANDO, FL 32801 | 84,373. |
| EVER LOVED | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 76,007. |
| SHINEDOWN | 963 TORRINGFORD E ST TORRINGTON, CT 06790 | 75,250. |
| NORTH AMERICAN SECURITIES ADMINISTRATORS ASSOCIATION, INC. | 750 FIRST ST NE, SUITE 990 WASHINGTON, DC 20002 | 75,000. |
| SUNOVION | 1 BRG PLZ N SUITE 510 FORT LEE, NJ 07024 | 75,000. |
| GIVENGAIN | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 70,405. |
| ROBERT E. GALLAGHER CHARITABLE TRUST | 1400 PATRIOT BLVD, #627 GLENVIEW, IL 60025 | 70,000. |
| GREATER HORIZONS | 1055 BROADWAY STE 130 KANSAS CITY, MO 64105 | 68,100. |
| STATE OF NORTH CAROLINA | 2019 MAIL SERVICE CENTER RALEIGH, NC 27699 | 62,170. |
| CENTENE MANAGEMENT COMPANY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 55,500. |
| GOOGLE | PO BOX 8809 PRINCETON, NJ 39448 | 54,537. |
| MICROSOFT | PO BOX 7405 PRINCETON, NJ 08543 | 54,191. |
| THE IV FUND | 340 PALLADIO PKWY, SUITE 540 FOLSOM, CA 95630 | 54,000. |
| LIFESTANCE | 4800 N SCOTTSDALE RD SCOTTSDALE, AZ 85251-7630 | 52,790. |
| TRUIST | PO BOX 25939 RICHMOND, VA 23260 | 51,566. |

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| HARALD CUSSNICK | 3724 WASHBURN FORT WORTH, TX 76107 | 51,135. |
| GEICO PHILANTHROPIC FOUNDATION | ONE GEICO PLAZA WASHINGTON, DC 20076 | 50,575. |
| COLOR STREET FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 50,000. |
| DELTA SIGMA PHI ZETA LAMBDA | 22 DOUGLAS PLACE TERRE HAUTE, IN 47803 | 50,000. |
| GATE FOUNDATION | PO BOX 23627 JACKSONVILLE, FL 32241 | 50,000. |
| MATCH GROUP LLC | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 50,000. |
| ROBERT AND DIANA DOYLE | 184 STONE MOUNTAIN CIR NAPA, CA 94558 | 50,000. |
| ROBERT R. SPRAGUE FOUNDATION | 4695 MACARTHUR CT, SUITE 1500 NEWPORT BEACH, CA 92660 | 50,000. |
| SMIDT FAMILY FOUNDATION | 107 N REINO RD, #343 NEWBURY PARK, CA 91320 | 50,000. |
| THE WASILY FAMILY FOUNDATION | 2801 CENTERVILLE ROAD PMB 1041 WILMINGTON, DE 19808 | 50,000. |
| WEPAY | 350 CONVENTION WAY REDWOOD CITY, CA 94063 | 48,361. |
| BETTER UNITE | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 48,003. |
| HAPPY AND JOOHI LLC | 425 PLEASANT ST BELMONT, MA 02478 | 44,267. |
| ND HEALTH AND HUMAN SERVICES | 600 EAST BOULEVARD AVE BISMARCK, ND 58505 | 42,338. |
| LUNDBECK | 6 PARKWAY NORTH, STE 400 DEEFIELD, IL 60015 | 41,016. |
| BARBARA AND WILLIAM ROSENTHAL | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 40,000. |
| MOXIE ADVISORS | 6867 NANCY RIDGE DR, SUITE E SAN DIEGO, CA 92121 | 40,000. |
| APPLEGREEN FLORIDA LLC | 279 CEDARCREST DR LEXINGTON, SC 29072-3813 | 39,238. |
| COMMONWEALTH OF KENTUCKY | 500 MERO ST, 218 NC FRANKFORT, KY 40601 | 37,746. |
| SOUTH CAROLINA STATE TREASURY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 34,434. |
| EPIC CHARITABLE FUND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 33,700. |
| LOUDERBACK FAMILY | 501 SILVERSIDE RD WILMINGTON, DE 19809 | 33,333. |
| BANK OF AMERICA | 100 FEDERAL ST BOSTON, MA 02110 | 32,468. |
| MARTIN STOVAL | 4239 LONG BEACH CT NE BROOKHAVEN, GA 30319 | 32,328. |
| VISIONS FEDERAL CREDIT UNION | 24 MCKINLEY AVE ENDICOTT, NY 13760 | 32,175. |
| ENVESTNET | 35 E WACKER DRIVE, SUITE 2400 CHICAGO, IL 60601 | 31,580. |
| ARUP LABORATORIES | 500 CHIPETA WAY SALT LAKE CITY, UT 84108 | 31,012. |
| INTERFRATERNITY COUNCIL | 556 E CIRCLE DR RM 325 EAST LANSING, MI 48824 | 30,351. |
| DANIEL MORAIS | 6105 SHAD DRIVE FORT WORTH, TX 76179 | 30,102. |

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| LAUREN ANN KAY | 8720 GEORGIA AVE 410 SILVER SPRINGS, MD 20910 | 30,000. |
| RISA RAMBO | 1216 EAST 13TH AVE CORDELE, GA 31015 | 30,000. |
| SCI (SERVICE CORPORATION INTERNATIONAL) | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 30,000. |
| SOLOME TIBEBU | 28 KIM LOUISE DR #4 CAMPBELL, CA 95008 | 30,000. |
| THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 30,000. |
| OPTUMRX, INC. | PO BOX 1459 MN 008-W235 MINNEAPOLIS, MN 55440 | 29,500. |
| AMAZON.COM | 207 BONNIE AVE HAMILTON, NJ 08629 | 28,880. |
| SENTARA HEALTHCARE | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 27,500. |
| UHG | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 27,415. |
| AIR GENERAL | 403 THE HILL PORTSMOUTH, NH 03801 | 27,100. |
| THE ESTATE OF STEPHANIE CARR | 3492 PARADISE DR WEST BEND, WI 53095 | 25,662. |
| PFIZER INC. | 6730 LENOX CENTER CT MEMPHIS, TN 38115 | 25,572. |
| COUNTY OF FAIRFAX | FAIRFAX FAIRFAX, VA 22035 | 25,000. |
| FRANCIS AND LOUISE NICHOLS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 25,000. |
| JAKE TOPLEY MEMORIAL INC. | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 25,000. |
| JOEY DEFILIPPO | 907 N EVERGREEN AVE ARLINGTON HEIGHTS, IL 60004 | 25,000. |
| JOHN MUNO | 27616 BRIDGEWATER CT LAKE BARRINGTON, IL 60010-7806 | 25,000. |
| KARI JEAN & LEWIS WOLFF | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 25,000. |
| LAKESIDE FOUNDATION | PO BOX 6046 SHERIDAN, WY 82801 | 25,000. |
| MARISSA & CHARLES CASCARILLA | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 25,000. |
| MASCO CORPORATION | 17450 COLLEGE PARKWAY LIVONIA, MI 48152 | 25,000. |
| POWER OF HOPE | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 25,000. |
| RUSSELL CARSON | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 25,000. |
| THE LEROY SCHECTER FOUNDATION | 500 FRANK W BURR BLVD, SUITE 7 TEANECK, NJ 07666 | 25,000. |
| DEBORAH STEPHENS | PO BOX 160 ARLINGTON HEIGHTS, IL 60006-0160 | 24,928. |
| MEZCAL TEQUILA CANTINA INC. | 30 MAJOR TAYLOR BLVD WORCESTER, MA 01608-1309 | 24,150. |
| SIGMA NU BUTLER UNIVERSITY | 4400 HAUGHEY INDIANAPOLIS, IN 46208 | 23,920. |

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| JAMES AND LIZ COMPTON | 366 W SUPERIOR ST., UNIT 901 CHICAGO, IL 60654 | 23,700. |
| HALEY COMFORT SYSTEMS INC | 3708 BROADWAY AVE N ROCHESTER, MN 55906 | 23,452. |
| CHRISCROSS FOUNDATION | PO BOX 109 HINSDALE, IL 60522 | 23,312. |
| SEQUOIA | 1850 GATEWAY DR STE 700 SAN MATEO, CA 94404-4067 | 23,137. |
| GCF | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 21,571. |
| ESTES EXPRESS LINES CHARITABLE | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 21,401. |
| SHALEY WILLIAMSON | 803 N 1250 W ST. 3 CENTERVILLE, UT 84014 | 21,400. |
| JOHNSON & JOHNSON | PO BOX 8317 PRINCETON, NJ 085438317 | 21,310. |
| DOMINION ENERGY CHARITABLE FOUNDATION | 701 E CAREY STREET RICHMOND, VA 23219 | 21,000. |
| BUNKER HILL GOLF COURSE INC | 3060 PEARL RD MEDINA, OH 44258 | 20,620. |
| RACE ROSTER | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 20,383. |
| DON AND BONNIE CHECKAN | PO BOX 46 GEORGETOWN, PA 15043-0046 | 20,300. |
| RACH FROEHLICH | 19 MCKINLEY AVE BEVERLY, MA 01915 | 20,193. |
| ADTHRIVE/CAFEMEDIA | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 20,000. |
| ANN AND KEN STINSON | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 20,000. |
| BERNARD AND ANNE SPITZER CHARITABLE TRUST | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 20,000. |
| LEBENSFELD FOUNDATION | 125 BROAD ST NEW YORK, NY 10004 | 20,000. |
| MARTA | 2424 PIEDMONT ROAD ATLANTA, GA 30324 | 20,000. |
| PROLINK STAFFING SERVICES LLC | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 20,000. |
| THE HAYES FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 20,000. |
| TIM FISH | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 19,943. |
| SIGMA DELTA TAU ALPHA MU - UNIVERSITY OF MIAMI | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 19,614. |
| MARY ANN ANDERSON | 110 REYNDERS STREET STEELTON, PA 17113 | 19,535. |
| WERNER ENTERPRISES | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 19,500. |
| APPLE | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 19,435. |
| VOODOO DOUGHNUT LLC | 828 SW 1ST AVE., SUITE 300 PORTLAND, OR 97204 | 19,029. |
| ANCIENT CRAFT WIDOWS SONS | 29 HANDEL RD BILLERICA, MA 01821 | 18,823. |
| GENWORTH | 6620 WEST BROAD STREET RICHMOND, VA 23230 | 18,650. |

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| DOIN IT FOR DENNIS | 18 TAMARACK RD NORTON, MA 02766 | 18,500. |
| RUNSIGNUP | 300 MILL ST., SUITE 200 MOORESTOWN, NJ 08057-2522 | 18,210. |
| LOUDOUN COUNTY BREWERS ASSOCIATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 18,044. |
| LEO ABBE | 129 BRITE AVENUE SCARSDALE, NY 10583 | 18,000. |
| RYLEYS COURT | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 18,000. |
| SPIN FOR A CAUSE | 1235 AIRPORT WAY FAIRBANKS, AK 99701 | 18,000. |
| DUKE THETA CHI | 1112 N DUKE ST DURHAM, NC 27701 | 17,623. |
| CENTURY 21 EVEREST REALTY GROUP COMMUNITY FOUNDATION | 6925 S UNION PARK CTR STE 100, UT 84047 | 17,500. |
| UNITED HEALTHCARE SERVICES | P.O. BOX 1459 MINNEAPOLIS, MN 54440 | 16,983. |
| DOCUGRAPHICS | 2408-A ASHLEY RIVER RD CHARLESTON, SC 29414 | 16,750. |
| DANIEL AND ROSEMARY FUSS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 16,713. |
| MCKINSEY & COMPANY | 711 3RD AVE FL 4 NEW YORK, NY 10017-9213 | 16,667. |
| PROGRESSIVE INSURANCE | PO BOX 94816 CLEVELAND, OH 44101 | 16,596. |
| TURNING POINT CHARITABLE FOUNDATION LTD. | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 16,500. |
| DENNIS TACKETT | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 16,300. |
| TERRY VINER | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 16,000. |
| J. WARNER VENTURES INC. | PO BOX 1413 BOWLING GREEN, KY 421021413 | 15,178. |
| NEERAJA RAGHUNATHAN | 50 WELLESLEY WAY MARLTON, NJ 08053 | 15,160. |
| AJAX PAVING INDUSTRIES OF FLORIDA LLC | 1 AJAX DR NORTH VENICE, FL 34275 | 15,100. |
| AFTERGLOW | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 15,000. |
| ANGIE KATSANEVAS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 15,000. |
| BLUEPEARL VETERINARY PARTNERS | 2950 BUSCH LAKE BLVD TAMPA, FL 33614 | 15,000. |
| E. DAVID MARGOLIS | 501 GRAND ST., SUITE 200 PITTSBURGH, PA 15219 | 15,000. |
| FABRICATED EXTRUSION COMPANY | 2331 HOOVER AVENUE MODESTO, CA 95354 | 15,000. |
| FETTERMAN FAMILY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 15,000. |
| FIDELITY CHARITABLE TRUSTEES' INITIATIVE | 200 SEAPORT BLVD # MAILZONE BOSTON, MA 02210-2031 | 15,000. |
| FLAUMENHAFT FAMILY | 10103 ENCHANTED OAK DRIVE GOLDEN OAK, FL 32836 | 15,000. |
| GAPI FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 15,000. |

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| JAMIN PASTORE | 11988 STATE ROUTE 45 LISBON, OH 44432 | 15,000. |
| JOHN BURNS CONSTRUCTION COMPANY | 999 OAKMONT PLAZA DR STE 400 WESTMONT, IL 60559-5516 | 15,000. |
| KP FINANCIAL SVCS OPS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 15,000. |
| KULYNYCH FAMILY | 5970 FAIRVIEW RD., SUITE 705 CHARLOTTE, NC 28210 | 15,000. |
| LEONARD & LOIS GREEN | 900 US HWY 9 N WOODBRIDGE, NJ 07095 | 15,000. |
| MARK AND AIMEE ROSENBAUM | 604 21ST PL SANTA MONICA, CA 904023050 | 15,000. |
| THE GORSKI FAMILY FOUNDATION | PO BOX 130458 BIRMINGHAM, AL 35213 | 15,000. |
| THE LEIBOWITZ AND GREENWAY FAMILY CHARITABLE FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 15,000. |
| THE SUNSHINE FOUNDATION | 80 CROSSWAYS PARK DRIVE WEST WOODBURY, NY 11797 | 15,000. |
| THE TJX FOUNDATION | 770 COCHITUATE ROAD FRAMINGHAM, MA 01701 | 15,000. |
| ANDREW DICK | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 14,638. |
| FEAST & FETTLE | 881 WATERMAN AVE EAST PROVIDENCE, RI 02914 | 14,599. |
| MCHENRY BOWL INC | 3700 MCHENRY AVENUE MODESTO, CA 95356 | 14,593. |
| NANCY COOK | PO BOX 869 WESTFORD, MA 01886 | 14,390. |
| DIANE AND BRUCE BEHOUNEK | 3 AVENUE E MONROE TOWNSHIP, NJ 08831 | 14,275. |
| GIVINGA FOUNDATION, INC | 396 WASHINGTON ST, SUITE 307 WELLESLEY, MA 02481 | 14,265. |
| PAYPAL | 12312 PORT GRACE BLVD. LAVISTA, NE 68128 | 14,088. |
| ANDREW GOMER | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 14,000. |
| ENTERPRISE HOLDINGS FOUNDATION | 600 CORPORATE PARK DRIVE ST LOUIS, MO 63105 | 14,000. |
| ERIC BEEN | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 13,880. |
| JOEL PHILPOTT | 18 PINE VALLEY DRIVE COLLINSVILLE, IL 62234 | 13,712. |
| PEPSICO | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 13,642. |
| LEONARDTOWN HIGH SCHOOL | 23995 POINT LOOKOUT RD LEONARDTOWN, MD 20650 | 13,518. |
| COURTNEY HIGHSMITH | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 13,500. |
| DELOITTE SERVICES LP | 4022 SELLS DRIVE HERMITAGE, TN 37076 | 13,500. |
| LACIE MARSH-CARROLL | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 13,432. |
| BRIAN DAGLE FOUNDATION | 461 MAIN ST NIAHTIC, CT 06357 | 13,363. |

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| BRIDGET O'CONNOR | 1 SNOWS HILL LANE DOVER, MA 02030 | 13,213. |
| JODY AND NICOLE TOLMAN | 1890 WAITE ST NORTH BEND, OR 97459 | 13,027. |
| KNIGHTS OF COLUMBUS 14077 | 4323 WASHINGTON ST OMAHA, NE 68107 | 13,000. |
| ADOBE INC. | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 12,710. |
| KENDRA SCOTT LLC | 3800 N LAMAR BLVD SUITE 400 AUSTIN, TX 78756-4019 | 12,606. |
| CORY WORKMAN | 548 MAIN STREET GRATIOT, OH 43740 | 12,600. |
| AXSOME THERAPEUTICS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 12,500. |
| MICHAEL JINGOLI | 1260 STELTON ROAD PISCATAWAY, NJ 08854 | 12,500. |
| TONY AND LINDA DE VOS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 12,500. |
| THE STARBUCKS FOUNDATION | PO BOX 3824 SEATTLE, WA 98124 | 12,471. |
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| DYLAN BERGER | 205 W SUMMERBELL AVE ELON, NC 27244 | 12,236. |
| CABINET & STONE DEPOT | 213 MUNDY ST WILKES BARRE, PA 18702 | 12,235. |
| DAVID WONG | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 12,235. |
| ELEVANCE HEALTH | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 12,227. |
| HARD ROCK HOTEL AND CASINO - ATLANTIC CITY | 1000 BOARDWALK ATLANTIC CITY, NJ 08401 | 12,128. |
| PHILLIP AND JANE FALCONER | 7 VIA MARIA DRIVE SCOTIA, NY 12302 | 12,050. |
| ACCEL COMMUNITY SUPPORT FUND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 12,000. |
| AUTO-OWNERS INSURANCE | 6190 SOUTH CAMPUS LANSING, NY 48915 | 12,000. |
| GOLDEN TOU | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 12,000. |
| KYLE HENRY | 204 CYPRESS AVENUE WRIGHTSVILLE BEACH, NC 28480 | 12,000. |
| CYNTHIA LAROSE | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 11,946. |
| CHRIS RANCH | 33434 8TH AVE S SUTIE 103 FEDERAL WAY, WA 98003 | 11,650. |
| HIESTER CARES FOUNDATION | 3100 N MAIN ST FUQUAY VARINA, NC 27526 | 11,587. |
| CHARITIES AID FOUNDATION OF AMERICA | PO BOX 7174 PRINCETON, NJ 08543-7174 | 11,440. |
| SUSAN ROSENSTOCK | 9500 S OCEAN DR JENSEN BEACH, FL 34957 | 11,174. |
| PARAMOUNT | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 11,050. |
| ALWINE FAMILY FUND | 308 ABBEY ROAD BERWYN, PA 19312 | 11,000. |
| GRENNAN CONSTRUCTION | 917 ORCHARD LAKE RD STE 2 PONTIAC, MI 48359 | 11,000. |

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| IRONVEST PARTNERS | 112 24TH STREET N BIRMINGHAM, AL 35203 | 11,000. |
| PI KAPPA ALPHA FRATERNITY | 3725 SUTHERLAND DR PITTSBURGH, PA 15213 | 11,000. |
| AMERICA'S CHARITIES | 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151 | 10,794. |
| ABBOTT LABORATORIES | P.O. BOX 8378 PRINCETON, NJ 08543 | 10,619. |
| JACQUELYN BOGUE FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,500. |
| THE HERSHEY COMPANY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,494. |
| JANET EVANS | 3916 WHITE STONE RD NEWTOWN SQUARE, PA 19073 | 10,485. |
| LIBERTY MUTUAL | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,448. |
| CARA AND MICHAEL LEVINSON | 3128 MOUNTAIN RIDGE COURT PARK CITY, UT 84060 | 10,400. |
| OMAHA COMMUNITY FOUNDATION | 1120 S 101ST STREET, SUITE 320 OMAHA, NE 68124 | 10,350. |
| UK ONLINE GIVING FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,314. |
| SPENCER BRADLEY FOUNDATION FOR MENTAL HEALTH | 1081 QUAIL RIDGE WAY GREENSBORO, GA 30642 | 10,300. |
| INTERMOUNTAIN HEALTHCARE | 36 STATE STREET SALT LAKE CITY, UT 84103 | 10,250. |
| ALLSTATE FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,196. |
| SUSAN BYRNE | 7 CHERRY STREET MIDDLEBORO, MA 02346 | 10,153. |
| WARIN FAMILY FUND | 883 ALVERMAR RIDGE DR MCLEAN, VA 22102 | 10,150. |
| HUBBARD CONSTRUCTION | 1936 LEE RD WINTER PARK, FL 32789 | 10,100. |
| SOUTHWIRE COMPANY | 1 SOUTHWIRE DRIVE CARROLLTON, GA 30180 | 10,100. |
| VETERANS UNITED FOUNDATION | 550 VETERANS UNITED DR COLUMBIA, MO 65201 | 10,100. |
| MARCO TAGLIETTI | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,092. |
| THE DYLAN BALOGH FOUNDATION | 528 DIVISION ST BARRINGTON, IL 60010 | 10,050. |
| O'DELL CONSTRUCTION, INC. | 23 DORNOCH DR SHERIDAN, WY 82801 | 10,015. |
| AARP INC. | 3200 E CARSON ST LAKEWOOD, CA 90712 | 10,000. |
| AGEE FAMILY FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| AMAZE MEDIA LABS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| AMERIS BANK FOUNDATION | 3490 PIEDMONT RD NE ATLANTA, GA 30305 | 10,000. |
| AMY SWANSON | 1441 NORTHRIDGE DR HAILEY, ID 83333 | 10,000. |
| ANDREW PEYKOFF II | 1931 PORT NELSON PL NEWPORT BEACH, CA 92660 | 10,000. |

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| ANDREW SCHWARTZBERG | 1135 RIVAS CANYON ROAD PACIFIC PALISADES, CA 90272 | 10,000. |
| ANNE ARUNDEL COUNTY, MARYLAND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| AUTOMATIONDIRECT.COM, INC. | 3505 HUTCHINSON RD CUMMING, GA 30040 | 10,000. |
| AYMAN HARIRI | 2503 D N HARRISON ST ARLINGTON, VA 22207 | 10,000. |
| BERMONT EXCAVATING | 7995 MAHOGANY RUN LN NAPLES, FL 34113 | 10,000. |
| BOEHRINGER INGELHEIM | 2621 N BELT HWY ST. JOE, MO 34506 | 10,000. |
| BURGERS AND BANDS FOUNDATION | 401 HEADQUARTERS DR MILLESVILLE, MD 21108 | 10,000. |
| CAROLE J. LARSON | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| CARTER BARNHART | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| CHRISTINE STURGRIS TRUST | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| CIRCLE OF HOPE FOUNDATION | 415 N PRINCE ST LANCASTER, PA 17043 | 10,000. |
| COLOURPOPCOSMETICS | 1600 WESTAR DR OXNARD, CA 93033 | 10,000. |
| COMPASS HEALTH CENTER | 1616 ABINGTON LN NORTH AURORA, IL 60542 | 10,000. |
| COUNTRY LANE WOODWORKING GAZEBO.COM | 191 JALYN DR NEW HOLLAND, PA 17557 | 10,000. |
| CROSS COUNTRY HEALTHCARE | 6551 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 | 10,000. |
| DAIMLER TRUCK NORTH AMERICA | 5169 N LAGOON PORTLAND, OR 97217 | 10,000. |
| DILLON FAMILY FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| DONOHOE | 7101 WISCONSIN AVENUE BETHESDA, MD 20814 | 10,000. |
| DTRI PITTSBURG LLC | 905 N GREER BLVD PITTSBURG, TX 75686 | 10,000. |
| DUVAL ASPHALT PRODUCTS INC. | 7544 PHILIPS HIGHWAY JACKSONVILLE, FL 32256 | 10,000. |
| EDWARD DAVIS | 200 CORBIN PL BROOKLYN, NY 11235 | 10,000. |
| EDWARD EMERSON | 37 WARREN ST, PHC NEW YORK, NY 10007-1415 | 10,000. |
| ELISH LE | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| ENGAGESMART/DONORDRIVE | 2 CREVELING ROAD BLOOMSBURY, NJ 08804 | 10,000. |
| ESTA ROSE FUND OF OREGON COMMUNITY FOUNDATION | 1211 SW YAMHILL PORTLAND, OR 97205 | 10,000. |
| EVERI PAYMENTS | 7250 S TENAYA WAY LAS VEGAS, NV 89113 | 10,000. |
| GAVIN GREENE FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| HEADWAY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| HEIDI FERGUSON EDUCATIONAL FUND | 225 RIVER ST NORWELL, MA 02061 | 10,000. |

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| HENRY SCHEIN MEDICAL | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| HLR CHARITABLE FUND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| HORIZON BLUE CROSS BLUE SHIELD | 3 PENN PLAZA EAST NEWARK, NJ 07105 | 10,000. |
| HOULIHAN LOKEY | 10250 CONSTELLATION BLVD. LOS ANGELES, CA 90067 | 10,000. |
| ISAAC SOUEDE | APT 11 NEW YORK, NY 10022 | 10,000. |
| IT'LL DO FOUNDATION | 15 PUBLIC SQUARE WILKESBARRE, PA 18701 | 10,000. |
| JASSEN SCIENTIFIC AFFAIRS, LLC | 1125 TRENTONHARBOURTON RD TITUSVILLE, NJ 08560 | 10,000. |
| JOHN DEERE CONSTRUCTION & FORESTRY COMPANY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| JOSIE GONZALEZ | 9500 NW 108TH AVENUE MIAMI, FL 33178 | 10,000. |
| KATHLEEN & MIKE KITZINGER | 5608 OAKMONT AVENUE BETHESDA, MD 20817 | 10,000. |
| KELLER LIONS CLUB | PO BOX 59 KELLER, TX 76244 | 10,000. |
| KENWORTH OF DOTHAN | 461 ROSS CLARK CIRCLE DOTHAN, AL 36303 | 10,000. |
| KYLE AND KRISTEN HARRIS | 6737 EDINBURGH CT SAN DIEGO, CA 92120 | 10,000. |
| LESLIE POWELL | 8750 SALT GRASS DR PENSACOLA, FL 32526 | 10,000. |
| LUHR BROS | 250 W SANDBANK RD COLUMBIA, IL 62236 | 10,000. |
| MAGOVERN FAMILY FOUNDATION | 20 STANWIX STREET PITTSBURGH, PA 15222 | 10,000. |
| MARY LOU HOOVER CAMPAIGN | 1409 ATLANTIC BLVD KEY WEST, FL 33040 | 10,000. |
| MASTER PLUMBERS COUNCIL | 24021 BRADDOCK AVE BELLEROSE, NY 11426 | 10,000. |
| MICHAEL REXFORD | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| MICKY WOOD | 14018 PENNOCK AVE APPLE VALLEY, MN 55124 | 10,000. |
| MINTZ, LEVIN, COHN, FERRIS, GLOVSKY, & POPEO ATTORNEYS AT LAW | ONE FINANCIAL CENTER BOSTON, MA 02111 | 10,000. |
| MITER CHARITABLE FOUNDATION | 2550 INTERSTATE DRIVE HARRISBURG, PA 17110 | 10,000. |
| NH HEALTHY FAMILIES | 2 EXECUTIVE PARK DR BEDFORD, NH 03110 | 10,000. |
| NOMI HEALTH | 16555 ONTARIO CIR OMAHA, NE 68130 | 10,000. |
| NORTHWEST ARKANSAS MOTORCYCLE LLC | 2409 HUDSON RD ROGERS, AR 72756 | 10,000. |
| OMAHA PUBLIC POWER DISTRICT | 444 SOUTH 16TH STREET MALL OMAHA, NE 68102 | 10,000. |
| PATRICK D'ALISO | 84 WALTON TERRACE MONROE, NY 10950 | 10,000. |

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| PETER WURMAN | 630 MAIN ST ACTON, MA 01720 | 10,000. |
| PHI GAMMA DELTA - TEXAS A&M | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| POLLY A LEVEE CHARITABLE TRUST | 1600 MARKET ST PHILADELPHIA, PA 19103 | 10,000. |
| RADY CHILDREN'S HOSPITAL - SAN DIEGO | 3020 CHILDRENS WAY, MC5097 SAN DIEGO, CA 92123 | 10,000. |
| REAL SALT LAKE FOUNDATION, INC. | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| REVELATION FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| ROY COPPEDGE | 4001 N OCEAN BLVD GULF STREAM, FL 33483 | 10,000. |
| RUBICON PROJECT | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| SAGE THERAPEUTICS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| SILVER CREEK ADVISORY PARTNERS | 1301 5TH AVE SEATTLE, WA 98101 | 10,000. |
| SOUTHERN NEW HAMPSHIRE UNIVERSITY | 2500 NORTH RIVER RD MANCHESTER, NH 03106 | 10,000. |
| STEPHEN A. FINN | 12000 FINN LANE LOS ALTOS HILLS, CA 94022 | 10,000. |
| SULLIVAN FAMILY | PO BOX 1207 BOCA GRANDE, FL 33921 | 10,000. |
| SUSAN REYNA | 1001 MCKINNEY STREET, SUITE 1400 HOUSTON, TX 77002 | 10,000. |
| TERRY DRESBACH | 10880 WILSHIRE BLVD LOS ANGELES, CA 90024 | 10,000. |
| THE ALASKA COMMUNITY FOUNDATION | 3201 C STREET ANCHORAGE, AK 99503 | 10,000. |
| THE CHEN FAMILY CHARITABLE GIFT FUND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| THE CHILDREN'S HOSPITAL OF PHILADELPHIA | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| THE GOOD SHEPHERD FUND | ONE INDEPENDENT DR JACKSONVILLE, FL 32202 | 10,000. |
| THE GRIFFIS FOUNDATION | 722 WILLIAMS NEW LONDON, CT 06320 | 10,000. |
| THE PATRICK HEINOLD FOUNDATION, INC. | 9361 BEAUCLESE WOOD LANE N JACKSONVILLE, FL 32257 | 10,000. |
| THE RAICH FAMILY FUND | 1058 NAPOLI DR PACIFIC PALISADES, CA 90272 | 10,000. |
| THE SHACK SACKLER FOUNDATION | 15 EAST 62ND STREET NEW YORK, NY 10065 | 10,000. |
| THE WAWA FOUNDATION | 260 W BALTIMORE PIKE WAWA, PA 19063 | 10,000. |
| THE WEISSCOMM GROUP LTD DBA W20 GROUP | 100 CAMPUS DR FLORHAM PARK, NJ 07932 | 10,000. |
| TRUSTMARK | 400 FIELD DR LAKE FOREST, IL 60045 | 10,000. |
| TULLETT PREBON HOLDINGS INC | 101 HUDSON ST JERSEY CITY, NJ 07302 | 10,000. |
| UPMC CORPORATE SERVICES (PITTSBURGH) | 600 GRANT ST PITTSBURGH, PA 15219 | 10,000. |

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| WHITTENDALE-CUNNINGHAM CHARITABLE AND COMMUNITY FUND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 10,000. |
| WINDERMERE FOUNDATION | 5424 SAND PAINT WAY NE SEATTLE, WA 98105 | 10,000. |
| ZAZULAK BURIAN FOUNDATION INC | PO BOX 751300 LAS VEGAS, NY 89136 | 10,000. |
| MICHELE BUCK | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 9,971. |
| MARGARET THOMPSON | 151 PINE ST MANCHESTER, MA 01944 | 9,868. |
| FOX ADVERTISING | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 9,709. |
| WETA WORKSHOP | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 9,686. |
| KAYRE LUPO | 3488 CHESTNUT DR DORAVILLE, GA 30340 | 9,676. |
| ATHLETES UNLIMITED | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 9,620. |
| NANCY ADAMS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 9,614. |
| KIMBERLY MCGUIGAN | 35 BURTIS AVENUE ROCKVILLE CENTRE, NY 11570 | 9,585. |
| MOELLER FOUNDATION INC. | 38 ROBBINS ROAD LEXINGTON, MA 02421 | 9,500. |
| TOYOTA | PO BOX 9002 STUART, FL 34995 | 9,415. |
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| AMBRE BLENDS LLC | 7825 E 89TH ST INDIANAPOLIS, IN 46256 | 9,259. |
| MARK NICHOLS | 505 N LEXINGTON AVE WILMORE, KY 40390 | 9,193. |
| AMROU DALLOUL | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 9,192. |
| UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY | 1800 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19103 | 9,189. |
| DAUGHTERS OF PENELOPE ALTES CHAPTER 163 | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 9,118. |
| HISCOX FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 9,000. |
| MELISSA HAGERMAN | 2120 RIDGEFIELD GREEN WAY RICHMOND, VA 23233 | 9,000. |
| RACE FOR AUSTEN | PO BOX 123 DRUMMOND, MT 59832-0123 | 9,000. |
| STEPHANIE AND JIMMIE MARTIN | 2402 ELKHORN RANCH RD LEANDER, TX 78641 | 8,980. |
| SHELL OIL COMPANY FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 8,950. |
| TONY AND JENNIFER GILLILAND | 8334 GIROUD PLACE INDIANAPOLIS, IN 46259 | 8,900. |
| KAIZEN ONE LLC | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 8,880. |
| ANTONINO FEBBRARO | 1605 MIDDLE ROAD GLENSHAW, PA 15116 | 8,870. |
| CISCO FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 8,849. |

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| TREES FOR CHARITY FOUNDATION INC. | 134 WEST MAIN STREET VERNAL, UT 84078 | 8,760. |
| DELONG-SWEET FAMILY FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 8,750. |
| THE SHOPPING CENTER GROUP LLC | 300 GALLERIA PARKWAY ATLANTA, GA 30339 | 8,600. |
| MADDIE SAAF | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 8,559. |
| JOHN KERNOHAN MEMORIAL FUND INC. | 4702 RUE BORDEAUX LUTZ, FL 33558 | 8,500. |
| SANFORD HEALTH | PO BOX 2010 FARGO, ND 581222398 | 8,500. |
| KAPPA SIGMA FRATERNITY AT UGA | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 8,456. |
| MOUNT EDEN VINEYARDS | 22020 MOUNT EDEN RD SARATOGA, CA 95070 | 8,400. |
| GARY BURY PLUMBING AND HEATING | PO BOX 468 BERKELEY HEIGHTS, NJ 07922 | 8,200. |
| ROUSES MARKETS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 8,174. |
| THE DECATUR EDUCATION FOUNDATION | 500 S COLUMBIA DR DECATUR, GA 30030 | 8,130. |
| OWEN BAXTER | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 8,100. |
| AMERICAN FOUNDATION FOR WILDLIFE | PO BOX 236 BISMARCK, ND 58502 | 8,000. |
| JACLYN FEARHEILEY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 8,000. |
| JAY LU'S MEMORIAL FUND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 8,000. |
| JOEL RHODES | CMR 456 BOX 17 APO, AE 09011 | 8,000. |
| THE KERRY CREW CHARITABLE GIFT FUND | 4401 GULF SHORE BLVD NAPLES, FL 34103 | 8,000. |
| DIANA DRUYOR | 37064 GODDARD RD ROMULUS, MI 48174 | 7,947. |
| THE BOEING COMPANY | 100 N RIVERSIDE CHICAGO, IL 60606 | 7,920. |
| MAURA WEIR | 34 MYRTLEBANK AVENUE BOSTON, MA 02124 | 7,855. |
| JUSTGIVING | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 7,824. |
| SEQUOIA IMPACT FUND | 2440 WEST EL CAMINO MOUNTAIN VIEW, CA 94040 | 7,811. |
| GREG MILLER | 2204 BAIHLY VISTA LN SW ROCHESTER, MN 55902 | 7,800. |
| JPMORGAN CHASE | 300 BRICKSTONE SQUARE ANDOVER, MA 01810 | 7,782. |
| GLOBAL CHARITABLE | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 7,755. |
| MARIE AND FRANCIS LEDWITH | 18 MASCOT WAY PLYMOUTH, MA 02360 | 7,704. |
| LANCO CONSTRUCTION LLC | 44 TURNBERRY DR LA PLACE, LA 70068 | 7,600. |
| JENNIFER REED | 1323 WURLITZER COURT NORTH TONAWANDA, NY 14120 | 7,598. |

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| ABBVIE | 2440 WEST EL CAMINO REAL MOUNTAIN VIEW, CA 94040 | 7,567. |
| JUSTIN HAUSNER | 156 DWYER DRIVE GENEVA, NY 14456 | 7,537. |
| ASC-AGENCY - SUNY CORTLAND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 7,521. |
| ALBERT J. MALLEN EDUCATION FOUNDATION | 11 POPLAR AVE EGG HARBOR TOWNS, NJ 08234 | 7,500. |
| BEE WINDOW | 1115 SHADOWLAWN DR FISHERS, IN 46032 | 7,500. |
| BLUE SHIELD OF CALIFORNIA | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 7,500. |
| CHRISTOPHER FREEBURN | 246 ALICE PVT DR KINGSPORT, TN 37663 | 7,500. |
| CONNECTIONS HEALTH SOLUTIONS | 2834 N ORLANDO AVE TUCSON, AZ 85712 | 7,500. |
| ELIZABETH LINDQUESTER FAMILY FUND | 14157 MURPHY TERRACE GAINESVILLE, VA 20155 | 7,500. |
| MORGAN STANLEY GIFT FUND | 2000 WESTCHESTER AVE PURCHASE, NY 10577 | 7,500. |
| NEBRASKA FURNITURE MART | 1601 VILLAGE WEST PARKWAY KANSAS CITY, KS 66111 | 7,500. |
| PATRICK AND SYDNEE MINTON | 4150 BOONE ROAD BENTON, AR 72015 | 7,500. |
| PAUL ZAMMITO | 100 FAUNCE CORNER RD N DARTMOUTH, MA 02747 | 7,500. |
| PRISMA HEALTH | 300 EAST MCBEE AVENUE GREENVILLE, SC 29601 | 7,500. |
| THREE G FOUNDATION | 3310 WEST MAIN ST HOUSTON, TX 77098 | 7,500. |
| MALLAGHAN | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 7,484. |
| COLE AND JEANNIE JOHNSON | 13018 STATE ROUTE 23 WATERMAN, IL 60556 | 7,450. |
| GIVE LIVELY LLC | 888 7TH AVE NEW YORK, NY 10106-0001 | 7,427. |
| SAMUEL KURY | 35 HUNTERS RUN OAKDALE, CT 06370-2601 | 7,360. |
| SACRAMENTO REGION COMMUNITY FOUNDATION | 955 UNIVERSITY AVENUE SACRAMENTO, CA 95825 | 7,282. |
| EVOLVEDMD | 1375 N SCOTTSDALE RD, SUITE 200 SCOTTSDALE, AZ 85257 | 7,260. |
| KELLE AND DOUG TEMPLIN | 456 FELDSPAR LN SANTA ROSA, CA 95407 | 7,220. |
| UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY | 1800 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19103 | 7,202. |
| ANNE AND ANNE ROMANO | 1525 E PUTNAM AVE, APT 204 OLD GREENWICH, CT 06870 | 7,200. |
| TERRI SUDDUTH | 11806 OSTERMEYER RD GALVESTON, TX 77554 | 7,165. |
| JAY MARIE SALON AND SPA | 808 CEDAR PKWY SCHERERVILLE, IN 46375 | 7,150. |
| STATE FARM | ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 | 7,086. |
| RUNNING OVER DEPRESSION | 703 RIVA RIDGE WYLIE, TX 75098 | 7,081. |

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| UPS FOUNDATION | 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328 | 7,080. |
| ALYESKA PIPELINE SERVICE COMPANY | 470 TERRACE DR FAIRBANKS, AK 99712 | 7,075. |
| AMANDA GRASSO | 10 BIG ISLAND RD WARWICK, NY 10990 | 7,000. |
| FARM CREDIT SERVICES OF MANDAN | 1600 OLD RED TRAIL MANDAN, ND 58554 | 7,000. |
| MELANIE HARLOW | 166 HILLCREST LANE GROSSE POINTE FARMS, MI 48236 | 7,000. |
| SAWYER BENNETT | 4408 WHITE CHAPEL WAY RALEIGH, NC 27615 | 7,000. |
| WELBORN FAMILY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 7,000. |
| PENNSYLVANIA STATE UNIVERSITY | 202 JAMES ELLIOTT BUILDING UNIVERSITY PARK, PA 16802 | 6,886. |
| AMANDA AND GRACIE CIUCCI | 814 HAZEL MARIE BOYLE DRIVE HENNEPIN, IL 61327 | 6,787. |
| ALEXANDRA DUNSTAN | 1323 BLUE MOUNTAIN DRIVE DANIELSVILLE, PA 18038 | 6,775. |
| SHANNON AND FAITH COOL | 305 NORTH SETON AVE EMMITSBURG, MD 21727 | 6,775. |
| WORKER'S CREDIT UNION | PO BOX 8207 FITCHBURG, MA 01420 | 6,709. |
| WILLIAM AND CARA FLOYD | 15905 BENT TREE FOREST CIRCLE DALLAS, TX 75248 | 6,680. |
| MICHAEL FONG | 837 HUNTLEY DRIVE WEST HOLLYWOOD, CA 90069 | 6,650. |
| LEVI HOSPITAL | 300 PROSPECT AVENUE HOT SPRINGS, AR 71901 | 6,590. |
| CYNTHIA AND GAYLAND HETHCOAT | 110 BRONZE MANOR COURT WINCHESTER, VA 22603 | 6,540. |
| MADELYN WIZA | 445 EAST RED PINE CIRCLE DOUSMAN, WI 53118 | 6,528. |
| THE NICOLE LYNN MEMORIAL | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 6,510. |
| N1234 | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 6,509. |
| ALEXANDER CAMPBELL | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 6,500. |
| GEORGETTE AND JEFFREY KATUNA | 63 WASHBURN AVE WELLESLEY, MA 02481 | 6,500. |
| MERCK FOUNDATION | 300 BRICKSTONE SQUARE 601 ANDOVER, MA 01810 | 6,430. |
| SUSAN MCCALLION | 82 GOLDENGATE RD LEVITTOWN, PA 19057 | 6,345. |
| DONNAMARIE BAKUCKAS | 552 GIBSON AVE HOLLYWOOD, PA 19046 | 6,310. |
| JACK DUFFY EMPOWERMENT FOUNDATION INC. | 1025 BALMORAL WAY MAPLE GLEN, PA 19002 | 6,310. |
| WHEELHOUSE REALTY, LLC | 508 CRESTMONT LANE CANTON, GA 30114 | 6,250. |
| JESSICA AND THOMAS SCHNEIDER | 703 WILLOW DRIVE ABERDEEN, SD 57401 | 6,245. |
| TOM BURNETT | 27410 KANIS ROAD PARON, AR 72122 | 6,145. |
| TIMOTHY VANDERTUUK | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 6,101. |

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| AMY AND RICK KOENIG | 5714 MEMORIAL ROAD GERMANSVILLE, PA 18053 | 6,070. |
| PAULA CORBEIL | 366 CONCORD PL 4 BLOOMFIELD HILLS, MI 48304 | 6,030. |
| TOMMY, LOGAN, & MICHAEL WRAY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 6,030. |
| ARKANSAS BLUE CROSS & BLUE SHIELD | US ABLE CORPORATE CENTER 320 WEST CAPITOL AVENUE LITTLE ROCK, AR 72201 | 6,000. |
| HMSA | PO BOX 3799 HONOLULU, HI 96812 | 6,000. |
| LAUREN CARR | 35 VAN BUREN STREET ALBANY, NY 12206 | 6,000. |
| LOVELOUD FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 6,000. |
| MARIAN AND JAMES COHEN | 850 PARK AVENUE NEW YORK, NY 10075 | 6,000. |
| NEW RIVER VALLEY COMMUNITY SERVICES | 700 UNIVERSITY CITY BOULEVARD BLACKSBURG, VA 24060 | 6,000. |
| SEE A NEW SUN FOUNDATION INC | PO BOX 1344 LITTLETON, MA 01460 | 6,000. |
| STEPHEN EUDENE | 7052 AVILA TERRACE WAY DELRAY BEACH, FL 33446 | 6,000. |
| TIM AND CHRISTINE COWAN | 6015 PRESTON LN NEW BERLIN, WI 53151 | 6,000. |
| PORT PLASTICS INC. | 5800 CAMPUS CIRCLE DR E IRVING, TX 75063 | 5,969. |
| KATHLEEN NIGHTINGALE | 135 W COMMERCIAL ST EAST ROCHESTER, NY 14445 | 5,906. |
| PFIZER FOUNDATION | PO BOX 2072 PRINCETON, NJ 08543 | 5,897. |
| KATIE AND CHRISTOPHER KRUPA | 307 13TH ST MONACA, PA 15061 | 5,885. |
| BRETT RITTER | 808 W EAGLE RIDGE ST SIOUX FALLS, SD 57108 | 5,850. |
| PATRICIA BRADLEY | 171 HIGHVIEW DR CLIFTON, NJ 07013 | 5,780. |
| WILLIAM M. DORN | 983 WAVERLY WAY NE ATLANTA, GA 30307-2569 | 5,770. |
| RYAN NELSON | 6444 NORMAN LANE SAN DIEGO, CA 92120 | 5,756. |
| MELISSA SHARP | 4006 48TH STREET LUBBOCK, TX 79413 | 5,755. |
| NORTH IOWA BULLS | 100 S WASHINGTON AVE MASON CITY, IA 50401 | 5,710. |
| GATE CITY BANK | PO BOX 2847 FARGO, ND 58108-2847 | 5,707. |
| WIND CREEK CASINO AND HOTEL | 1801 EDDIE L TULLIS RD MONTGOMERY, AL 36117 | 5,692. |
| TRACI BAKKEN | 9590 87TH AVE NW LIGNITE, ND 58752 | 5,679. |
| TATE NIEKAMP | 1918 AUTUMN SAGE DRIVE DACULA, GA 30019 | 5,600. |
| CHRISTINE SOTTAK | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,563. |
| GEMINI TRUST COMPANY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,553. |

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| THE WEST TENNESSEE HEALTHCARE FOUNDATION JECKIL PROMOTIONS | 620 SKYLINE DR JACKSON, TN 38301 5553 PEACHTREE ROAD CHAMBLEE, GA 30341 | 5,541. 5,531. |
| CRESTEN CAPITAL | 122 S PHILLIPS AVE SIOUX FALLS, SD 57104 | 5,500. |
| FRED WILPON | 100 SHEEP LANE LOCUST VALLEY, NY 11560 | 5,500. |
| JON E NADHERNEY-CALCIANO MEMORIAL | 100 OVERLOOK TERRACE SANTA CRUZ, CA 95060 | 5,500. |
| ROCHESTER REGIONAL HEALTH | 100 KINGS HIGHWAY ST ROCHESTER, NY 14617 | 5,500. |
| SOUTH COLONIE CENTRAL SCHOOLS | 102 LORALEE DRIVE ALBANY, NY 12205 | 5,500. |
| RALLYUP.COM | 11201 N TATUM BLVD PHOENIX, AZ 85028 | 5,494. |
| DIANE DREIER | 45 DORCHESTER DR DALLAS, PA 18612 | 5,479. |
| CIGNA | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,473. |
| ANGIE LEWANDOWSKI | 910 WATER STREET WOODVILLE, OH 43469 | 5,450. |
| HAROLD COMPTON | 23127 AVERY RD SAUCIER, MS 39574 | 5,450. |
| PROUTY | 3365 POTTER ROAD INTERLAKEN, NY 14847 | 5,430. |
| 3RIVERS FEDERAL CREDIT UNION | PO BOX 2573 FORT WAYNE, IN 46801 | 5,409. |
| DEAN D'CAMERA | 20 LAWRENCE AVE ANNAPOLIS, MD 21403 | 5,400. |
| DEBORAH AND REILEY KIDD | 5152 54TH AVE S SEATTLE, WA 98118-2114 | 5,400. |
| THE JUDGE GROUP | 151 S. WARNER ROAD WAYNE, PA 19087 | 5,400. |
| CROSS LIVE TO GIVE | PO BOX 172 ROGERS, MN 55374 | 5,377. |
| ELLEN AND JOSEPH PONGRACE | 39 PINE ROAD NORTH HAMPTON, NH 03862 | 5,375. |
| JOE CESARE | 21 SEARLES RD DARIEN, CT 06820 | 5,350. |
| MARK, KYMBERLY, MITCHELL & ANNA LOCIGNO MATHWORKS | 423 PARK RD WEBSTER GROVES, MO 63119 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,350. 5,320. |
| PETER KOUTRAS | 1 SAINT FRANCIS PL SAN FRANCISCO, CA 94107 | 5,320. |
| PARKER FAMILY | 2609 MIMOSA PLACE WILMINGTON, NC 28403 | 5,300. |
| GARETH SANDERS | 903 CARDINAL LANE AUSTIN, TX 78704 | 5,294. |
| DONNA GRAY | 85 LOCUST ST BLACK MOUNTAIN, NC 28711 | 5,258. |
| ANESTHESIOLOGY CONSULTANTS OF NORTH CAROLINA, PLLC | 2102 N ELM STREET GREENSBORO, NC 27408 | 5,250. |

AMERICAN FOUNDATION FOR SUICIDE PREVENT

13-3393329

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| BAYLOR SCOTT AND WHITE HEALTH FRANK ONO | 301 N WASHINGTON AVE DALLAS, TX 75246-1754 1112 I ST 350 SACRAMENTO, CA 95814 | 5,250. 5,250. |
| NEW ROADS FOUNDATION | 1880 CENTURY PARK EAST LOS ANGELES, CA 90067 | 5,250. |
| THE MEADOWS PSYCHIATRIC CENTER | 132 THE MEADOWS DRIVE CENTRE HALL, PA 16828 | 5,250. |
| CHARIOTS OF FIRE CUSTOMS LLC | 2113 ALEXANDRIA CROSSING TROY, MO 63379 | 5,235. |
| SYNCHRONY | 777 LONG RIDGE ROAD STAMFORD, CT 06902 | 5,235. |
| BETHANY TAYLOR | 11951 S TROOST ST OLATHE, KS 66061 | 5,230. |
| TROY FUSSELL | 627 GWINHURST RD KNOXVILLE, TN 37934 | 5,225. |
| CHUCK AND MARY KERBY | 2 CLIVE CIRCLE BELLA VISTA, AR 72715 | 5,212. |
| BRETT THOMAS DOUSSAN FOUNDATION | 6317 CARLSON DRIVE NEW ORLEANS, LA 70122 | 5,150. |
| BRISTOL BAY NATIVE CORP | 111 W 16TH AVE STE 400 ANCHORAGE, AK 99501 | 5,150. |
| MITCH AND BRAD SCHLATER | 6161 ABBOTT DRIVE OMAHA, NE 68110 | 5,150. |
| RHAEGN SITZMANN | 35653 N 42ND STREET CAVE CREEK, AZ 85331 | 5,150. |
| VANTAGE POINT BEHAVIORAL HEALTH | 4253 N CROSSOVER RD FAYETTEVILLE, AR 72703 | 5,150. |
| CORY AND JESSICA MCKEIRNAN | 62 RINAMAN RD ELDRED, PA 16731-2206 | 5,136. |
| GLENN AND NANCY HEDIGER | 323 N COLUMBUS ST ALEXANDRIA, VA 22314 | 5,100. |
| H2M ARCHITECTS AND ENGINEERS | 538 BROAD HOLLOW ROAD, 4TH FLOOR EAST MELVILLE, NY 11747 | 5,100. |
| NICK AND ROCKY VINCIGUERRA | 3989 CONSTANCE RD PHILADELPHIA, PA 19114 | 5,100. |
| KARLY AND MAZY STEINWEHR | 16735 90TH ST SE HANKINSON, ND 58041 | 5,095. |
| CONSTELLATION BRANDS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,063. |
| SALINA SABRI | 395 SOUTH END AVENUE NEW YORK, NY 10280 | 5,057. |
| EMERGEORTHO | 2716 ASHTON DRIVE WILMINGTON, NC 28412 | 5,050. |
| IREDELL-STATESVILLE SCHOOLS | 549 N RACE STREET STATEVILLE, NC 28677 | 5,050. |
| KELSEY EGAN | 94 HOLLYHOCK RD LEVITTOWN, NY 11756 | 5,050. |
| VEKA NORTH AMERICA | 100 VEKA DRIVE FOMBELL, PA 16123 | 5,050. |
| PAUL MINA | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,010. |
| KEVIN RE LOVULLO | 10625 GREINER ROAD CLARENCE, NY 14031 | 5,006. |
| BOA OF BOYERTOWN | 212 WEST ROUTE 38 MOORESTOWN, NJ 08057 | 5,003. |
| A. DONALD & MARY G. BEHLER FOUNDATION | 333 COLUMBIA AVE PALMERTON, PA 18071 | 5,000. |

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| ABLETO, INC. | 320 W 37TH STREET NEW YORK, NY 10018 | 5,000. |
| ACE HANDYMAN SERVICES GREATER LAND O LAKES ADVENTIST HEALTHCARE | 21326 COAKLEY LANE LAND O LAKES, FL 34639 9711 MEDICAL CENTER DRIVE ROCKVILLE, MD 21769 | 5,000. 5,000. |
| ALESSIO DEVELOPMENT FLORIDA LLC ALOYSIUS P SULLIVAN | 377 E BUTTERFIELD RD LOMBARD, IL 60148 11951 MONTFORT CIRCLE GLEN ALLEN, VA 23059 | 5,000. 5,000. |
| AMERIGROUP CORPORATION | 3075 VANDERCAR WAY CINCINNATI, OH 45209 | 5,000. |
| AMES CONSTRUCTION | 3737 W 2100 S WEST VALLEY CITY, UT 84120 | 5,000. |
| ANDREW WALTER | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| ANITA HARTOG | 1135 E 1ST ST LONG BEACH, CA 90815 | 5,000. |
| ARIZONA COMMUNITY FOUNDATION | 2201 E CAMELBACK RD PHOENIX, AZ 85016 | 5,000. |
| ARNOLD SIMONSEN FAMILY CHARITABLE FOUNDATION | 2152 WASHINGTON DR NORTHBROOK, IL 60062 | 5,000. |
| ASCENSION ST. VINCENT | 2001 W 86TH ST INDIANAPOLIS, IN 46260 | 5,000. |
| BANFIELD PET HOSPITAL | 298 BRONSON PKWY ST AUGUSTINE, FL 32095 | 5,000. |
| BDT & MSD PARTNERS | 401 MICHIGAN AVENUE CHICAGO, IL 60611 | 5,000. |
| BEHAVIORAL HEALTH LINK | 233 PEACHTREE STREET, SUITE 500 ATLANTA, GA 30303 | 5,000. |
| BENESYS INC. | 700 TOWER DR SUITE 300 TROY, MI 48098 | 5,000. |
| BERKADIA | 323 NORRISTOWN AMBLER, PA 19002 | 5,000. |
| BONDURANT, MIXSON & ELMORE, LLP | 1387 WESSYNGTON RD NE ATLANTA, GA 303063243 | 5,000. |
| BRIAN AND MICHELLE DANIELL | 2 JACKSON DRIVE ACTON, MA 01720 | 5,000. |
| BRIAN FLYNN | ONE PARKWAY NORTH STE 560S DEERFIELD, IL 60015 | 5,000. |
| BROWN & BROWN INC | 300 N BEECH ST DAYTONA, FL 32114 | 5,000. |
| BRUCE C. ABRAMS FAMILY FOUNDATION | 31275 NORTHWESTERN HWY STE 248 FARMINGTON HILLS, MI 48334 | 5,000. |
| BUSINESSSOLVER.COM | 1025 ASHWORTH RD WEST DES MOINES, IA 50265 | 5,000. |
| C.W. ROBERTS CONTRACTING, INC | 3660 HARTSFIELD RD TALLAHASSEE, FL 32303 | 5,000. |
| CAMERON GRIMME | 1640 E KEMPER RD CINCINNATI, OH 45246 | 5,000. |
| CARA AND MICHAEL LEVINSON CHARITABLE FUND | 500 W SUPERIOR ST UNIT 603 CHICAGO, IL 60654 | 5,000. |
| CARELON BEHAVIORAL HEALTH | 15 TOKANEL DRIVE LONDONDERRY, NH 03053 | 5,000. |
| CAROLINE W SMOLINISKY | 680 CHAUTAUQUA BLVD PACIFIC PALISADES, CA 90272-4408 | 5,000. |
| CARTER KEATING | 101 LEISURE LANE VICTORIA, TX 77904 | 5,000. |

AMERICAN FOUNDATION FOR SUICIDE PREVENT13-3393329

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| CD&R FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| CELANESE | 9502 BAYPORT BLVD PASADENA, TX 77507 | 5,000. |
| CHAD | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| CHAMPIONS OFF THE FIELD | PO BOX 13165 AUSTIN, TX 78711 | 5,000. |
| CHARLES V ROVEN FAMILY FOUNDATION | 9200 SUNSET BLVD LOS ANGELES, CA 90069 | 5,000. |
| CHRIS KUKER | 13420 BUSCH CIR ROGERS, MN 55374 | 5,000. |
| CLARITY CLINIC | 333 N MICHIGAN AVE CHICAGO, IL 60601 | 5,000. |
| COLLABORATORY | 5245 KIRBY THOMPSON RD LABELLE, FL 33935-3467 | 5,000. |
| CONCH TOUR TRAIN | 201 FRONT ST KEY WEST, FL 33040 | 5,000. |
| CONRAD LEGENDY | 540 MAIN STREET LONGMONT, CO 80501 | 5,000. |
| CONTRA COSTA MEDICAL CAREER COLLEGE 1 | 4041 LONE TREE WAY ANTIOCH, CA 94531 | 5,000. |
| DAVID KESSLER | 12201 HILLSLOPE ST LOS ANGELES, CA 91604 | 5,000. |
| DBHIDS | 1101 MARKET STREET PHILADELPHIA, PA 19107-2907 | 5,000. |
| DEALERTIRE LLC | 7012 EUCALID AVE CLEVELAND, OH 44103 | 5,000. |
| DEAN BALSTAD | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| DELTA AIRLINES | 1025 VIRGINIA AVE. ATLANTA, GA 30354 | 5,000. |
| DENISE SHIPLEY | 11912 BERANS RD LUTHERVILLE TIMONIUM, MD 21093 | 5,000. |
| DONNA AND JEFFREY PROFFITT | 824 REAS FORD ROAD EARLYSVILLE, VA 22936 | 5,000. |
| DOUGLAS ATAMIAN | 173 GROVE STREET WELLESLEY, MA 02482 | 5,000. |
| DPR CONSTRUCTION | 7301 TECHNOLOGY BLVD SANDSTON, VA 23150 | 5,000. |
| DUTCH BROS FOUNDATION | 300 NORTH VALLEY DR GRANTS PASS, OR 97562 | 5,000. |
| E-CORP | 8245 400 W SALT LAKE CITY, UT 84101 | 5,000. |
| EDIFICE, LLC | PO BOX 36349 CHARLOTTE, NC 28236 | 5,000. |
| ELLIE MENTAL HEALTH | 1970 OLD WESTMINSTER PIKE FINKSBURG, MD 21048 | 5,000. |
| EMANUEL WESTFRIED | 212 TREESCAPE DRIVE EAST HAMPTON, NY 11937 | 5,000. |
| ERIC DANIELS | 4833 AUDUBON DR MOBILE, AL 36619 | 5,000. |
| ERKILETIAN FAMILY FOUNDATION | 2009 14TH STREET N ARLINGTON, VA 22201 | 5,000. |
| ERLAND CONSTRUCTION INC. | 71 3RD AVE BURLINGTON, MA 01803 | 5,000. |

AMERICAN FOUNDATION FOR SUICIDE PREVENT13-3393329

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| EVA LARUE | 1125 CHETFORD DR LEXINGTON, KY 40509 | 5,000. |
| EVOLVE HEALTH | 6400 SE LAKE ROAD PORTLAND, OR 97222 | 5,000. |
| FIESTA YOUTH | 702 DONALDSON AVE SAN ANTONIO, TX 78201 | 5,000. |
| FRIENDS OF PAT MORONEY | 22 SHADY LANE MILFORD, NH 03055 | 5,000. |
| GEICO- REGION 8 | 300 CROSSPOINT PARKWAY GETZVILLE, NY 14068 | 5,000. |
| GLOBAL ATLANTIC FINANCIAL GROUP | 215 10TH ST STE 1100 DES MOINES, IA 50309 | 5,000. |
| GRAPHIC ILLUSIONS, LLC | 786 OLIVIA WAY PASADENA, MD 21122 | 5,000. |
| GREG AND CHERI HARTFORD | 2085 TRAVIS RD BELLVILLE, TX 77418 | 5,000. |
| GRMI LOGISTICS | 6159 28TH STREET SE GRAND RAPIDS, MI 49546 | 5,000. |
| GROSSE ILE TOWNSHIP SCHOOLS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| GUSSACK-STEIN CHARITABLE FUND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| HAWAII DISABILITY RIGHTS CENTER | 1132 BISHOP ST HONOLULU, HI 96813 | 5,000. |
| HENSEL PHELPS CONSTRUCTION CO | 1600 TYSONS BLVD TYSONS CORNER, VA 22102 | 5,000. |
| HOLLY PETERSON FOUNDATION | 399 PARK AVE 14TH FL NEW YORK, NY 10022 | 5,000. |
| INTERNATIONAL UNION OF OPERATING ENGINEERS | 1125 17TH ST, NW WASHINGTON, DC 20036 | 5,000. |
| JACK SPRINGER | 6101 THERESA LANE COLLEYVILLE, TX 76034 | 5,000. |
| JASON AND BRITT FERRELL | 10539 119TH STREET SEMINOLE, FL 33778 | 5,000. |
| JENNIFER AND JILL BROWN | 1441 CAMINO DEL RIO S SAN DIEGO, CA 92108-3521 | 5,000. |
| JENNY PATRIDGE | 62 JOHNNY CAKE HILL MIDDLETOWN, RI 02842 | 5,000. |
| JIM LIGHTHIZER | 1547 ETON WAY CROFTON, MD 21114 | 5,000. |
| JOAN WEBERMAN | 1214 5TH AVE NEW YORK, NY 10029-5265 | 5,000. |
| JOHN AND KELLY WOODS | PO BOX 428 BRONXVILLE, NY 10708 | 5,000. |
| JOHN AND MAILE ROMANOWSKI | 1130 WAIKUI PL HONOLULU, HI 96821 | 5,000. |
| JOHN GOOD JR | PO BOX 2566 WINCHESTER, VT 22604 | 5,000. |
| JOHN MARCIANO | 1904 WOODGATE LANE MCLEAN, VA 22101 | 5,000. |
| JONATHAN KAUFELT | 351 17TH ST SANTA MONICA, CA 90402 | 5,000. |
| JOSEPH LAURENCELLE | 44004 WOODWARD AVE BLOOMFIELD, MI 48302 | 5,000. |
| KALEI PEEL | 4171 HIGHWAY 73 GEISMAR, LA 70734 | 5,000. |
| KELLEY DRYE & WARREN LLP | 3050 K ST NW WASHINGTON, DC 20007 | 5,000. |

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| KING CAPITAL LLC | 701 XENIA AVE SO GOLDEN VALLEY, MN 55416 | 5,000. |
| KSL TV | 55 NORTH 300 WEST SALT LAKE CITY, UT 84101 | 5,000. |
| LABORERS' LOCAL 110 | 4532 SOUTH LINDBERGH ST LOUIS, MO 63127 | 5,000. |
| LATHAM & WATKINS LLP | 555 WEST FIFTH STREET LOS ANGELES, CA 90013 | 5,000. |
| LAUREN AND KRISTEN ZANDERS | 45 EAST REID PLACE VERONA, NJ 07044 | 5,000. |
| LAVIDA MASSAGE FRANCHISE DEVELOPMENT | 7077 FIELDCREST DR BRIGHTON, MI 48116 | 5,000. |
| LEANN DENN | 18802 NE 113TH AVE BATTLE GROUND, WA 98604 | 5,000. |
| LEGGETT & PLATT | 1 LEGGETT RD CARTHAGE, MO 64836 | 5,000. |
| LILLIAN OMALLEY | 402 PRIMAVERA WAY PALM BEACH, FL 33480 | 5,000. |
| LINDE INC. | LINDE INC 1 TONAWANDA, NY 14150 | 5,000. |
| LORI CHAMBERS | 2205 VICTORIA ROSE DR S FARGO, ND 58104 | 5,000. |
| LUANN RANNALS | 22803 HANSEN AVE ELKHORN, NE 68022-3146 | 5,000. |
| LUMINIS HEALTH | 1997 ANNAPOLIS EXCHANGE PKWY ANNAPOLIS, MD 21401 | 5,000. |
| LYDIA HAUG | 8 HICKORY TREE LN IRVINE, CA 92612 | 5,000. |
| MAGELLAN HEALTHCARE | 1519 GLENN PL SW MABLETON, GA 30126 | 5,000. |
| MANTECH CHARITABLE GIVING FUND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| MARY ANN GUNSELMAN | 7 GRANITE PL GAITHERSBURG, MD 20878 | 5,000. |
| MARY E. MOORE FAMILY FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| MAX HUTCHISON | 15366 COUNTY AIRPORT RD EAST LIVERPOOL, OH 43920 | 5,000. |
| MAYO CLINIC | 4500 SAN PABLO RD JACKSONVILLE, FL 32207 | 5,000. |
| MCNAMARA FLORIST | 1853 LUDLOW AVE INDIANAPOLIS, IN 46201 | 5,000. |
| MERIDIAN BANK | 9 OLD LINCOLN HIGHWAY MALVERN, PA 19355 | 5,000. |
| METROPOLITAN VETERINARY ASSOCIATES | 2626 VAN BUREN AVE NORRISTOWN, PA 19403 | 5,000. |
| MICHAEL & SHANNON MOORE | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| MICHELLE LEMAY | 120 MILL RD NORTH HAMPTON, NJ 03862 | 5,000. |
| MIRABITO ENERGY PRODUCTS | 49 COURT ST BINGHAMTON, NY 13902 | 5,000. |
| MORGAN STANLEY FOUNDATION | 1251 AVENUE OF THE AMERICAS NEW YORK, NY 06840 | 5,000. |
| NAIDA S WHARTON FOUNDATION | 131 SOUTH WOODLAND ST ENGLEWOOD, NJ 07631 | 5,000. |
| NAS INSURANCE SERVICES, INC. | 16501 VENTURA BOULEVARD SUITE 200 ENCINO, CA 91436 | 5,000. |

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| NEBRASKA MEDICINE | 987511 NEBRASKA MEDICAL CENTER OMAHA, NE 68198 | 5,000. |
| NELSON HOLT | 128 S RIVER CLUBHOUSE RD HARWOOD, MD 20776 | 5,000. |
| NEW HAMPSHIRE CHARITABLE FOUNDATION | 37 PLEASANT STREET CONCORD, NH 03301 | 5,000. |
| NEWMAN'S OWN FOUNDATION | 1 MORNINGSIDE DRIVE NORTH WESTPORT, CA 06880 | 5,000. |
| NEWPORT NEWS SHIPBUILDING | 4101 WASHINGTON AVE NEWPORT NEWS, VA 10038 | 5,000. |
| NEXTERA ENERGY | 700 UNIVERSE BOULEVARD JUNO BEACH, FL 33408 | 5,000. |
| NICOLE MCGUIGAN | 210 KNICKERBOCKER AVE BOHEMIA, NY 11716 | 5,000. |
| OCTOBER MOUNTAIN FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| O'DONNELL FAMILY FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| PACIFIC LIFE FOUNDATION | 700 NEWPORT CENTER DR NEWPORT BEACH, CA 92660 | 5,000. |
| PARSONS CORP CHARITY CUSTODIAL ACCOUNT | 1950 ROLAND CLARKE PLACE RESTON, VA 20191 | 5,000. |
| PATRICIA INMAN | 6533 SOTHORON ROAD MCLEAN, VA 22101 | 5,000. |
| PAUL SHAGAWAT | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| PENFED CREDIT UNION | PO BOX 1432 ALEXANDRIA, VA 22313 | 5,000. |
| PETER LAI | 909 W DANA ST. MOUNTAIN VIEW, CA 94041 | 5,000. |
| PINE REST CHRISTIAN MENTAL HEALTH SERVICES | 300 68TH SE GRAND RAPIDS, MI 49548 | 5,000. |
| POLYGON COMPANY | PO BOX 176 WALKERTON, IN 46574 | 5,000. |
| POWER DESIGN INC | 11600 DR MARTIN LUTEHR KING, JR ST N ST PETERSBURG, FL 33716 | 5,000. |
| PRINCE CONTRACTING, LLC | 10210 HIGHLAND MANOR DR, STE 110 TAMPA, FL 33610 | 5,000. |
| PROJECT CHESAPEAKE | 185 ADMIRAL COCHRANE DRIVE, SUITE 120 ANNAPOLIS, MD 21401 | 5,000. |
| PROVIDENCE HEALTH & SERVICES ALASKA | 3760 PIPER STREET, STE 2021 ANCHORAGE, AK 99508 | 5,000. |
| PROVIDENCE HEALTH AND SERVICES WESTERN MONTANA | 500 WEST BROADWAY MISSOULA, MT 59802 | 5,000. |
| QUINN EMANUEL URQUHART & SULLIVAN LLP / JAMES TECCE, ESQ. | 865 S FIGUEROA STREET, 10TH FLOOR LOS ANGELES, CA 90017 | 5,000. |
| RAMONA ELLINGER | 4405 EMERALD GARDEN ROAD CONWAY, AR 72034 | 5,000. |
| RAY & LYNNE KECK | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| RAY PAUL, JR. AND TYLER PAUL | 20 RIO VISTA LANE RICHMOND, VA 23226 | 5,000. |
| READER MOOD MCCLARY FOUNDATION | PO BOX 14503 CHARLESTON, SC 29422 | 5,000. |

AMERICAN FOUNDATION FOR SUICIDE PREVENT13-3393329

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| REED CONSTRUCTION FOUNDATION | 412 CENTRAL AVE CHICAGO, IL 60091 | 5,000. |
| RESORTS CASINO HOTEL | 1133 BOARDWALK ATLANTIC CITY, NJ 08401 | 5,000. |
| ROBERT AND CATHY DERN | 4255 S PARKVIEW DRIVE SALT LAKE CITY, UT 84124 | 5,000. |
| ROBERT BLANTON | 5312 BROCKTON COURT GLEN ALLEN, VA 23059 | 5,000. |
| ROCKWELL FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| RONNA BONDS | 362 E HECTOR STREET CONSHOHOCKEN, PA 19428 | 5,000. |
| ROTTERDAM EAGLES NO. 3610 | 23 MARIAVILLE ROAD | |
| BELL JAR | SHENECTADY, NY 12306 | 5,000. |
| SAFE STREETS USA | 5710 W CHANDLER BLVD SUITE 190 CHANDLER, AZ 85226 | 5,000. |
| SAMUEL ROSENSTEIN | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| SARAH SHULZE FOUNDATION, INC. | PMP 200 636 LINDERO CANYON ROAD OAK PARK, CA 91377 | 5,000. |
| SCOTT CARROLL | 24314 MIDDLE FORK SAN ANTONIO, TX 78258 | 5,000. |
| SEN. ANTHONY J. PORTANTINO | 12501 IMPERIAL HWY STE 200 NORWALK, CA 90650-8352 | 5,000. |
| SHARON THOMASON-SEKYI | 910 WEDGEWOOD AVE NASHVILLE, TN 37203 | 5,000. |
| SHELI ROSENBERG | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| SHIELDS HEALTH SOLUTIONS | 100 TECHNOLOGY CENTER DRIVE, SUITE 600 STOUGHTON, MA 02072 | 5,000. |
| SIDNEY TAUREL | 789 CRANDON BOULEVARD KEY BISCAYNE, FL 33149 | 5,000. |
| SMILE SOLUTIONS | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| SONORA BEHAVIORAL HEALTH HOSPITAL | 6050 N CORONA RD TUSCON, AZ 85704 | 5,000. |
| SOPHIE OTTEN | 9 ROYALTY CT. FLORISSANT, MO 63034 | 5,000. |
| SPARKS VOLLEYBALL ACADEMY | 3066 STARLING COURT CASTLE ROCK, CO 80109 | 5,000. |
| SPIEGEL FAMILY FOUNDATION | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| STAND FOR THE SILENT | 6918 W 128TH ST PERKINS, OK 74059 | 5,000. |
| STATE OF LOUISIANA - DEPARTMENT OF THE TREASURY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| STEVE STADHEIM | 410 OLD 71 CEDAR CREEK, TX 78612 | 5,000. |
| TANKS DIRECT | 8580 LAURELDALE DRIVE LAUREL, MD 20724-2008 | 5,000. |
| TE CONNECTIVITY | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| TEAM MICHELLE | 1014 EDGEWOOD AVENUE NE ATLANTA, GA 30307 | 5,000. |
| TECTA AMERICA NEW ENGLAND | 2 STERLING ROAD NORTH BILLERICA, MA 01862 | 5,000. |

AMERICAN FOUNDATION FOR SUICIDE PREVENT13-3393329

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| THAT CUPCAKE LADY | 6117 SAUNDERS DRIVE VIRGINIA BEACH, VA 23464 | 5,000. |
| THE AUSTIN AIR COMPANY | 137 CHICKASAW PLUM DR LEANDER, TX 78641 | 5,000. |
| THE BIRKHOFFER FAMILY CHARITABLE FUND | 228 POLHEMUS AVENUE ATHERTON, CA 94027 | 5,000. |
| THE DISCOVER BRIGHTER FUTURES FUND | 2500 LAKE COOK RD RIVERWOODS, IL 60015 | 5,000. |
| THE EDDIE MILLER MEMORIAL FOUNDATION | 25809 LAKE RD BAY VILLAGE, OH 44140 | 5,000. |
| THE GLAVIN FAMILY CHARITABLE FUND | 26 GARWOOD LANE MOULTONBOROUGH, NH 03254 | 5,000. |
| THE HENRY FOUNDATION | PO BOX 10 JACKSONVILLE, IL 62650 | 5,000. |
| THE JEFF AND KATHY SIEGFRIED FAMILY FOUNDATION | 354 ARBOR CIR MEDIA, PA 19063 | 5,000. |
| THE KELLY FOUNDATION | 1925 ENTERPRISE COURT LIBERTYVILLE, IL 60048 | 5,000. |
| THE QUEEN'S HEALTH SYSTEM | 45675 LULUKU RD KANEOHE, HI 96744 | 5,000. |
| THE THOMPSON FAMILY CHARITABLE FUND | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| TIMBERMAN ROOFING | 127 S JOHN SIMS PKWY VALPARAISO, FL 32580 | 5,000. |
| TISTA SCIENCE AND TECHNOLOGY CORPORATION | 1201 SEVEN LOCKS RD ROCKVILLE, MD 20854 | 5,000. |
| TOM SANDAK | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| TYLER & RAY PAUL | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| UNITED AUTOMOBILE WORKERS FORD LOCAL 862 | 300 FERN VALLEY RD LOUISVILLE, KY 40213 | 5,000. |
| VALERIE AND TIM AND TIM DOHERTY | 7625 PARKLAWN AVENUE MINNEAPOLIS, MN 55435 | 5,000. |
| VCA ANIMAL HOSPITALS | 330 WELEYN WALK APHARETTA, GA 30022 | 5,000. |
| VERN EIDE MOTORCARS | 3500 W 59TH ST SIOUX FALLS, SD 57108 | 5,000. |
| VIBRANT EMOTIONAL HEALTH | 50 BROADWAY - 19TH FL NEW YORK, NY 10004 | 5,000. |
| VICTORIA ARANGO | 112 TRUMP PARK SHRUB OAK, NY 10588 | 5,000. |
| WHISPERING BELLS CHARITABLE TRUST | 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | 5,000. |
| WILLIAM FERGUSON | 203 TOWNSEND PL ATLANTA, GA 30329 | 5,000. |
| TOTAL INCLUDED ON LINE 3 | | <u>14,547,064.</u> |

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

| | | |
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| 1. INVENTORY AT BEGINNING OF YEAR | | |
| 2. MERCHANDISE PURCHASED. | | |
| 3. COST OF LABOR. | | |
| 4. MATERIALS AND SUPPLIES | | |
| 5. OTHER COSTS. | 101,454 | |
| 6. ADD LINES 1 THROUGH 5 | | 101,454 |
| 7. INVENTORY AT END OF YEAR | | |
| 8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . | | 101,454 |

CA 199 COST OF GOODS SOLD - OTHER COSTS STATEMENT 3

| DESCRIPTION | AMOUNT |
|--|----------|
| OTHER COSTS | 101,454. |
| TOTAL INCLUDED ON FORM 199, PART I, LINE 5 | 101,454. |

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|------------------------------------|---------------------|-----------|-----------------|-------------------|
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| SALE OF PUBLICLY TRADED SECURITIES | | | PURCHASED | |
| | 280,967. | 0. | 0. | 275,147. |
| TOTAL TO FORM 199, PAGE 2, LN 6 | 280,967. | 0. | 0. | 275,147. |

CA 199 OTHER INCOME STATEMENT 5

| DESCRIPTION | AMOUNT |
|------------------------------------|----------|
| INTERACTIVE SCREEN PROGRAM | 390,792. |
| TOTAL TO FORM 199, PART II, LINE 7 | 390,792. |

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 6

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HRS WORKED/WK</u> | <u>COMPENSATION</u> |
|---|--|---------------------|
| ROBERT GEBBIA 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | CEO 40.00 | 570,285. |
| CHRISTINE MOUTIER 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | CHIEF MEDICAL OFFICER 40.00 | 562,754. |
| MICHAEL LAMMA 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | CHIEF OPERATING OFFICER 40.00 | 397,333. |
| DANIEL KILLPACK 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | CFO 40.00 | 336,717. |
| LAUREL STINE 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | CHIEF POLICY OFFICER 40.00 | 292,188. |

AMERICAN FOUNDATION FOR SUICIDE PREVENT

13-3393329

| | | |
|--|----------------------------------|----------|
| STEPHANIE ROGERS 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | CHIEF MARKETING OFFICER 40.00 | 277,537. |
| VICTORIA ARANGO, PHD 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| MARK BAER 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR (AS OF 1/1/23) 1.00 | 0. |
| ERIKA BARBER 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| TAMI BENTON, MD 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR (AS OF 1/1/23) 1.00 | 0. |
| JAMES COMPTON 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| TONY CORNELIUS 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| MELISSA D'ARABIAN 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| CHRISTOPHER EPPERSON 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| ARTHUR EVANS, JR., PHD 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| NANCY FARRELL 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| CINDY HSU 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |

AMERICAN FOUNDATION FOR SUICIDE PREVENT

13-3393329

| | | |
|---|----------------------------------|----|
| JERYN JACOBS 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR (AS OF 10/1/22) 1.00 | 0. |
| DAVID JOBES, PHD 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| JONATHAN KELLERMAN 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| DENISSE C. LAMAS 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| MICHAEL A. LINDSEY 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| CARA MCNULTY 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| MARIA OQUENDO, MD 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| KELLY POSNER, PHD 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| LISA M. RILEY 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| SCOTT RISING 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR (AS OF 10/1/22) 1.00 | 0. |
| JERROLD ROSENBAUM, MD 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| NAOMI SIMON 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |

AMERICAN FOUNDATION FOR SUICIDE PREVENT

13-3393329

| | | |
|--|------------------------|----|
| STEVEN SIPLE 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| EDWARD STELMAKH 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| DENNIS TACKETT 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| MARCO TAGLIETTI 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | DIRECTOR 1.00 | 0. |
| RAY PAUL, JR. 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | CHAIR 1.00 | 0. |
| GRETCHEN HAAS, PHD 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | PRESIDENT 1.00 | 0. |
| YEATES CONWELL, MD 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | VICE PRESIDENT 1.00 | 0. |
| NINA M. GUSSACK 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | TREASURER 1.00 | 0. |
| CHRISTOPHER THOMAS 199 WATER STREET, 11TH FLOOR NEW YORK, NY 10038 | SECRETARY 1.00 | 0. |

TOTAL TO FORM 199, PART II, LINE 11

2,436,814.

| CA 199 | OTHER EXPENSES | STATEMENT 7 |
|---------------------------------------|----------------|-------------|
| DESCRIPTION | | AMOUNT |
| RESEARCH, EDUCATIONAL A | | 4,021,132. |
| OUT OF THE DARKNESS PRO | | 2,582,626. |
| EQUIPMENT RENTAL & MAIN | | 179,330. |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | | 5,485,058. |
| PENSION PLAN CONTRIBUTIONS | | 783,338. |
| OTHER EMPLOYEE BENEFITS | | 2,116,925. |
| ACCOUNTING FEES | | 135,196. |
| LOBBYING FEES | | 180,000. |
| INVESTMENT MANAGEMENT FEES | | 86,700. |
| OTHER PROFESSIONAL FEES | | 1,224,519. |
| ADVERTISING AND PROMOTION | | 2,097,687. |
| OFFICE EXPENSES | | 2,795,609. |
| INFORMATION TECHNOLOGY | | 1,842,741. |
| TRAVEL | | 1,494,512. |
| INSURANCE | | 36,165. |
| TOTAL TO FORM 199, PART II, LINE 17 | | 25,061,538. |

| CA 199 | OTHER INVESTMENTS | STATEMENT 8 |
|---------------------------------------|-------------------|-------------|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| | 50,224,983. | 55,765,015. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | 50,224,983. | 55,765,015. |

| CA 199 | OTHER ASSETS | STATEMENT 9 |
|--|--------------|-------------|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| PLEDGES AND GRANTS RECEIVABLE | 338,122. | 86,680. |
| PREPAID EXPENSES AND DEFERRED CHARGES | 1,442,854. | 1,832,481. |
| DEFERRED EDUCATIONAL COST | 7,583. | 0. |
| SECURITY DEPOSIT | 23,001. | 35,475. |
| OPERATING LEASE ASSET | 0. | 11,870,744. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 1,811,560. | 13,825,380. |

| CA 199 | OTHER LIABILITIES | STATEMENT 10 |
|--|-------------------|--------------|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| DEFERRED RENT CREDIT | 2,623,065. | 0. |
| OPERATING LEASE LIABILITY | 0. | 14,410,866. |
| DEFERRED REVENUE | 2,909,003. | 3,194,163. |
| UNSECURED NOTES AND LOANS PAYABLE | 2,000,000. | 0. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 7,532,068. | 17,605,029. |

| CA 199 | INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN | STATEMENT 11 |
|---|---|--------------|
| DESCRIPTION | | AMOUNT |
| UNREALIZED GAIN ON INVESTMENTS | | 4,646,470. |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | | 4,646,470. |

| CA 199 | FUND BALANCES | STATEMENT 12 |
|--|---------------|--------------|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| NET ASSETS WITHOUT DONOR RESTRICTIONS | 55,195,727. | 63,507,396. |
| NET ASSETS WITH DONOR RESTRICTIONS | 5,539,650. | 4,591,773. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | 60,735,377. | 68,099,169. |

2022 Political or Legislative Activities by Section 23701d Organizations

For calendar year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023.

Attach to Form 199. FTB 199N filers see instructions.

Table with 4 columns: Corporation/Organization name, California corporation number, Street address, FEIN, City, State, ZIP code.

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? 1 [] Yes [X] No

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? 2 [] Yes [X] No

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? 3 [X] Yes [] No

4a Has the organization, during the 2022 taxable year, filed a federal Form 5768? 4a [] Yes [X] No

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? 4b [] Yes [X] No

Furnish the following financial information for the taxable year:

5 Exempt Purpose Expenditures

The total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose 5 _____ 00

6 Lobbying Expenditures

The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation 6 _____ 00

7 Grass Roots Expenditures

The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it 7 _____ 00

CA 3509

STATEMENT 13

LINE D - MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC: AFSP MAINTAINS DATABASES OF FIELD ADVOCATE VOLUNTEERS AND MEMBERS OF CONGRESS. AFSP PERIODICALLY EMAILS ITS FIELD ADVOCATES WITH INFORMATION ABOUT PENDING SPECIFIC LEGISLATION AND REQUESTS THAT THEY CONTACT THEIR REPRESENTATIVES TO EXPRESS AN OPINION ON THE LEGISLATION. AFSP ALSO EMAILS LEGISLATORS AND THEIR STAFF URGING THEM TO VOTE FOR LEGISLATION THAT ADVANCES THE CAUSE OF SUICIDE PREVENTION AND SUICIDE RELATED RESEARCH.

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

LINE G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: EACH YEAR AFSP VOLUNTEERS SPEND ONE DAY ON CAPITOL HILL SPEAKING WITH THEIR STATES' CONGRESSIONAL LEADERS ABOUT LEGISLATION THAT SUPPORTS AFSP STRATEGIC PRIORITIES. ADDITIONALLY, THROUGHOUT THE YEAR, AFSP STA

CA 3509

LINE 3 - EXPENDITURE SCHEDULE

STATEMENT 14

| <u>ITEM</u> | <u>EXPENSE</u> |
|--|----------------|
| MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC | 148,480. |
| PUBLICATIONS OR PUBLISHED OR BROADCAST STATEMENTS | 296,960. |
| DIRECT CONTACT WITH LEGISLATORS, STAFFS, OFFICIALS, OR A LEGISLATIVE BODY | 388,333. |
| RALLIES, DEMOS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, ETC. | 308,382. |

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

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

Part I Electronic Return Information (whole dollars only)

| | | |
|--|----------|-------------------|
| 1 Total gross receipts (Form 199, line 4) | 1 | 53,858,077 |
| 2 Total gross income (Form 199, line 8) | 2 | 53,475,656 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 50,758,332 |

Part II Settle Your Account Electronically for Taxable Year 2022

| | | |
|---|------------------|--|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|---|------------------|--|

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

| | |
|-------------------------------|--|
| 5 Routing number _____ | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number _____ | |

Part IV Declaration of Officer



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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**



| | | | | | |
|------------------|---|-------------------------------|-------|---|---------------------|
| Sign Here |  | _____ Signature of officer | _____ |  | CFO Title |
| | | | Date | | |

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | | |
|------------------|---|--|------|---|---|--|
| ERO | ERO's signature  | RSM US LLP | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P01372721 |
| Must Sign | Firm's name (or yours if self-employed) and address  | RSM US LLP 30 SOUTH 17TH STREET, SUITE 710 PHILADELPHIA, PA | | | | Firm's FEIN 42-0714325 ZIP code 19103 |

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

| | | | | | |
|----------------------|---|-------|------|---|-------------------------|
| Paid Preparer | Paid preparer's signature  | _____ | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| Must Sign | Firm's name (or yours if self-employed) and address  | _____ | | | Firm's FEIN ZIP code |

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

AMERICAN FOUNDATION FOR SUICIDE
PREVENTION
199 WATER STREET, 11TH FLOOR
NEW YORK, NY 10038

PREPARED BY:

RSM US LLP
30 SOUTH 17TH STREET, SUITE 710
PHILADELPHIA, PA 19103

AMOUNT OF TAX:

BALANCE DUE OF \$1,525

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT:
[HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML](https://charitiesnys.com/annual_filing.html)

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2022

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| | |
|--|-------------------------|
| Name of Organization: | NY Registration Number: |
| AMERICAN FOUNDATION FOR SUICIDE PREVENTION | 04-35-92 |

2. Government Grants

| Name of Government Agency | Amount of Grant |
|---|-------------------|
| 1. US SMALL BUSINESS ADMINISTRATION | 1. 2,000,000. |
| 2. COMMONWEALTH OF MASSACHUSETTS | 2. 82,521. |
| 3. STATE OF NORTH CAROLINA | 3. 109,471. |
| 4. NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES | 4. 61,787. |
| 5. COMMONWEALTH OF KENTUCKY | 5. 37,746. |
| 6. SOUTH CAROLINA STATE TREASURY | 6. 114,629. |
| 7. STATE OF NEBRASKA | 7. 13,460. |
| 8. COUNTY OF ALLEGHENY PA | 8. 2,000. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |
| Total Government Grants: | Total: 2,421,614. |