EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

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

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

<u>A F</u>	or the	2020 calendar year, or tax year beginning $$ JUL $1$ , $2020$ and en	nding 🎵	<u>UN 30, 2021</u>	CALLY					
<b>B</b> c	heck if pplicable	C Name of organization AMERICAN FOUNDATION FOR SUICIDE		D Employer identific	eation number					
	Addres change									
	Name change	THE PROPERTY OF THE PROPERTY O	***************************************	13-33933:	29					
F	Initial		oom/suite	E Telephone number	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					
	Final return/ termin- ated	199 WATER STREET, 11TH FLOOR	oon round	(212)363-3500						
	ated TAmeno	,		G Gross receipts \$ 37,487,262.						
<u></u>	reium Applic	NEW TORK, NI 10038		H(a) Is this a group re						
	tion pendin	F Name and address of principal officer: NODERT GEDDIA		for subordinates						
indicharies	Note the second	JAME AS C ABOVE		H(b) Are all subordinates in						
Character at the party of the p	MARKENSAN SANDARY	mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	· ·	list. See instructions					
SASTAS ASTAS	AND DESCRIPTION OF THE PERSON	e:▶ WWW.AFSP.ORG		H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Year o	of formation: 1987 N	1 State of legal domicile; DE					
ГС	rt I	Summary	~ s & C m m	manamanamanamanamanamanaman F. M. S. S. S. S. S. S. S. T.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Activities & Governance		Briefly describe the organization's mission or most significant activities: <u>TO PRC</u> PREVENTION OF SUICIDE	OMO.T.E!	UNDERSTANDI	ING AND					
ë	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	ets.							
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	28					
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	28					
δ. 80		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			142					
Aftic		Total number of volunteers (estimate if necessary)			4500					
2	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a	0.					
42(		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
Revenue				Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		<u>46,607,253.</u>	33,886,359.					
	£ .	Program service revenue (Part VIII, line 2g)		117,205.	209,033.					
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		650,184.	1,331,421,					
lokes	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,860,857.	-2,277,244.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	र्वजर्वकार्यक्रमध्येत्रात्रात्रात्र 🎝 सक्तवन्त्रात्र 🕸	42,513,785.	33,149,569.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,336,803.	6,233,180.					
		Benefits paid to or for members (Part IX, column (A), line 4)	Zengozona	0.	0.					
y,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,406,552.	13,975,005.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	.0.					
ά	b	Total fundraising expenses (Part IX, column (D), line 25) 🔻 👤 4 , 005 , 256								
u.i	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · · · · · · · · · · · · · · · · · ·	15,024,116.	10,635,990.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,767,471.	30,844,175.					
135745341744	19	Revenue less expenses. Subtract line 18 from line 12		7,746,314.	2,305,394.					
Net Assets or Find Balances			Ber	ainning of Current Year	End of Year					
Set	20	Total assets (Part X, line 16)		57,280,666.	69,758,088.					
of A	21	Total liabilities (Part X, line 26)		17,489,682.	12,068,833.					
ĘŠ	22 Irt II	Net assets or fund balances, Subtract line 21 from line 20		<u>39,790,984.</u>	57,689,255.					
	<del></del>									
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules are			knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	nas any knowledge.						
C*1		Signature of officer		Date	5/2022					
Sigr		DANIEL KILLPACK, CFO		C (ACO	•					
Нег	<b>.</b>	Type or print name and title								
.erea	,,,	Print/Type preparer's name Preparer's signature		Date Check	PIN					
Paid		MICHELLE O'NEILL MICHELLE O'NEILL		4/14/22 self-employ						
Prep	,	Firm's name RSM US LLP		Firm's FIN	42-0714325					
	Only	Firm's address 4 TIMES SQUARE	and clearly brom hat should all charded	1 1111 0 1111	v was an two still not					
	•	NEW YORK, NY 10036		Phone no. 21	2-372-1000					
A doz	www.u	De diagram this esture with the reserver plants about 2 Cas instructions	******************	aranamanan Madahida da kanaman karana	N Von Bio					

# AMERICAN FOUNDATION FOR SUICIDE

	990 (2020) PREVENTION 13-3393329 Page 2
	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 X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
Nicoly I bean	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 7,440,947. including grants of \$ 6,233,180.) (Revenue \$ 200.)
	WE FUND RESEARCH TO IMPROVE INTERVENTIONS AND TRAIN CLINICIANS IN
	SUICIDE PREVENTION.
	иминиминателиватиров подавинаров телеформатели и пред пред пред пред пред пред пред пред
	минания от применя применя применя применя на при
4b	(Code: ) (Expenses \$ 9,120,114. including grants of \$ ) (Revenue \$ 221,233.)
	PREVENTION EDUCATION PROGRAMS: OFFERS EDUCATIONAL PROGRAMS FOR PROFESSIONALS, EDUCATES THE PUBLIC ABOUT MOOD DISORDERS AND SUICIDE
	PREVENTION, DEVELOPS INNOVATIVE PROJECTS TO IMPROVE SUICIDE PREVENTION
	NACTORING TO THE ATTENDED TO A CONTROL OF THE CONTROL OF THE ATTENDED TO THE TENDES OF THE PARTY AND A PARTY ATTENDED TO THE A
	.  ***********************************
**********	
4c	(Code: ) (Expenses \$ 5,508,618 including grants of \$ ) (Revenue \$ 7,600 · )
	LOSS AND HEALING PROGRAMS: PROVIDES PROGRAMS AND INFORMATION FOR SURVIVING FAMILY AND FRIENDS AFTER A SUICIDE
	SORVIVING FAMILII AND FRIENDS AFTER A SOLUTION
	на на применя на
ateunestanes	
4d	
	(Expenses \$ 2,798,727. including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 24,868,406.
<u>4e</u>	Total program service expenses ► 24,868,406.  Form 990 (2020)
	roim and (2020)

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)?			
	If "Yes," complete Schedule A	1	Χ	NORTH SECTION
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_4_	X	***************************************
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		AURIO AVAINA	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b></b>
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		20.00	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	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			7.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part Vil	<u>11b</u>		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			4.5
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u> 11c</u>	ARAGRAN BIRKES	_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	PAYORE STATE OF THE STATE OF TH		٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	<u> 11d</u>	77	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>	X	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		יעד	
46.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u> 11f</u>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-t/-
	Schedule D, Parts XI and XII	12a	***************************************	X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
400	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	**********	1.2
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		47	
ю	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1 <u>0</u>	47	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>16</u>		<u> </u>
17	•	47		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17_		
10	The state of the s	40	Х	
19	1c and 8a? # "Yes," complete Schedule G, Part # Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes."	18_	<b></b>	<b>†</b>
1-77	· · · · · · · · · · · · · · · · · · ·	10		Х
200	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	TABLE II A DE MAR MATALE DE LA COLONIA DE LA	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Levi		COLUMN PORTOTTO
eti. I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	CONDUCTOR OF FIRE 175, CONDITE 175, FRO FF II 16S, COMDITTE SCHOOL I. PRISTAND II	1 6	8 .27	ř.

Form 990 (2020) 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			ĺ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		~~	İ
	Schedule J	23	X	***********
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
h	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C		24c		
ь	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		*****	***************************************
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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%			İ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	2+2+h2++h6h+	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? If "Yes," complete Schedule L., Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):		Call Dr	
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			7.7
à	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<u> 28b</u>		<u> </u>
C		28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? // "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	***************************************	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a		35a	Х	<b></b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	******	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
APR 2222	If "Yes," complete Schedule R, Part V, line 2	36_	**********	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37_		<u> </u>
38		38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	1 90	<u> </u>	L
	Check if Schedule O contains a response or note to any line in this Part V			
ROMENTO SO			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 76		dina ika	
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
03200	4 12-23-20	Form	990	(2020)

Form 990 (2020)

AMERICAN FOUNDATION FOR SUICIDE 13-3393329 PREVENTION Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 142 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See Instructions for filling 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? Бa b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 X any contributions that were not tax deductible as charitable contributions? ба b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .... 79 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Soonsoring 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? 8 Sponsoring organizations maintaining donor advised funds. 9 9a a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13a

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

c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

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? If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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16

X

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X

PREVENTION

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		<u> </u>	X				
Sec	tion A. Governing Body and Management	***********	10005/28 v v v 8 v 6	generates				
	r f	·	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	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 0.		-44.5					
b	Enter the number of voting members included on line 1a, above, who are independent							
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		Х				
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		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Tanaman .				
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
_	The governing body?	8a	Х					
h	Each committee with authority to act on behalf of the governing body?	8b	Х	***************************************				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1 22	<del></del> -					
Ð	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies This Section B requests information about policies not required by the Internal Revenue Code.)	.1		The second				
Marie Contraction	GOT OT 1 OTGGG TIPIS Section 8 requests information about policies not required by the internal Revenue Code.)		Yes	No				
400	Did the organization have local chapters, branches, or affiliates?	10a	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100	1	-				
Ю		10b	х					
سدامة	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	Τ̈́					
		11a		<b>†</b>				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х					
12a	· · · · · · · · · · · · · · · · · · ·							
	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	1	W					
	in Schedule O how this was done	12c	X	<b>_</b>				
13	Did the organization have a written whistleblower policy?	13	Ĥ					
14	Did the organization have a written document retention and destruction policy?	14						
15	Did the process for determining compensation of the following persons include a review and approval by independent	io disco						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			. Hana				
	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X 77	<b></b>				
þ	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			16-16-1				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			Possis S				
	taxable entity during the year?	16a		X				
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			tanio e				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
CONTRACTOR	exempt status with respect to such arrangements?	<u> 16b</u>	1	<u> </u>				
Sec	tion C. Disclosure		~~~~~	AAAAAAAAAAAAAAAA				
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							
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	) avail	able				
	for public inspection, indicate how you made these available. Check all that apply.							
	X Own website X Another's website X 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, ar	id finar	cial					
	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	***************************************	044×4040×300000	***********				
03200	SEE SCHEDULE O FOR FULL LIST OF STATES	Fori	n 990	(2020)				

Form 990 (2020) 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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(B)	(C)			******	<b>2</b>	(D)	(E)	(F)			
Name and title	Average	/clo	Position (do not check more than one				nn e	Reportable	Reportable	Estimated		
	hours per	Kod	, unie	as ner	erson is both an director/trustee)			compensation	compensation	amount of		
	week		cer ar	id a di	reoto	r/trus	tea)	from	from related	other		
	(list any	drector						the	organizations	compensation		
	hours for	or di	왕			ated		organization	(W-2/1099-MISC)	from the		
	related	ustee	trust		왔	Seadi		(W-2/1099-MISC)		organization and related		
	organizations below	1 2	iona		iplaye	i com				organizations		
	line)	Indevidual trustee or	Institutional trustee	Officer	Кеу етріауее	Highest compensated employee	Foggrand	-th		or got macetor to		
(1) ROBERT GEBBIA	40.00			T		T	***************************************					
CEO	0.00	1		X				467,887.	0.	60,335.		
(2) CHRISTINE MOUTIER	40.00		1						**************************************			
CMO	0.00	1		Х				460,977.	0.	60,317.		
(3) MICHAEL LAMMA	40.00	***************************************	T			T	Γ					
SVP FIELD MGT & DEVELOPMENT	0.00				Х	L	L	277,524.	0.	57,231.		
(4) DANIEL KILLPACK	40.00											
CFO	0.00			X.	Ĺ			229,512.	0.	50,330.		
(5) STEPHANIE ROGERS	40.00								477 - 477 -			
SVP COMMUNICATION	0.00		<u> </u>		X	<u></u>		<u> </u>	<u> </u>	40,894.		
(6) DOREEN MARSHALL	40.00											
VP PROGRAMS	0.00	<b>.</b>	<u> </u>	<u> </u>		LX.		<u> 165,254.</u>	0.	47,627.		
(7) JILL HARKAVY-FRIEDMAN	40.00					NAVA NA			as a constraint of the constra	34444444444444444444444444444444444444		
VP RESEARCH	0.00		<u> </u>			X		182,320.	<u> 0.</u>	27,360.		
(8) HEATHER MAVRONICOLAS	40.00											
SR. DIRECTOR IMPACT MEASUREMENT	0.00	ļ	ļ	<u></u>		<u>LX</u>	ļ	147,744.	0.	46,596.		
(9) JANICE HURTADO	40.00	4					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
CENTRAL DIVISION DIRECTOR	0.00		ļ		- - -	X		141,824.	0.	31,050.		
(10) ASHLY ALBERTO	40.00											
SR. DIRECTOR DEVELOPMENT	0.00	ļ	<b></b>	ļ	ļ	X	<b>Ļ</b>	144,766.	0.	24,596.		
(11) VICTORIA AARANGO, PHD	1.00	_	l									
DIRECTOR	0.00	lx	ļ			<b>ļ</b>	ļ	0.	0.	<u> </u>		
(12) ERIKA BARBER	1.00	١					No.					
DIRECTOR (AS OF 1/1/20)	0.00	X	-	<b>-</b>	ļ	<b>-</b>	<b></b>	<u> </u>	<u> </u>	0.		
(13) YEATES CONWELL, MD	1.00							_		<u>ر</u> ا		
DIRECTOR	0.00	X	<u></u>	<u> </u>	ļ	<b>Ļ</b>	<b>.</b>	0.	0.	0.		
(14) TONY CORNELIUS	1.00	4				***************************************	and the second			١ ,		
DIRECTOR	0.00	<u> IX</u>		<u>.</u>	ļ	ļ	ļ	0.	ļ	0		
(15) MELISSIA D'ARABIAN	1.00			***************************************				-	_			
DIRECTOR	0.00	OLD BUILDING	-	ļ		<b>ļ</b> .	<b>.</b>		. 0	<u> </u>		
(16) CHRISTOPHER EPPERSON	1.00					W. Carlo						
DIRECTOR	0.00		<b>.</b>	<b>.</b>	<u> </u>			0.	<u> </u>	0.		
(17) ARTHUR EVANS, JR. PHD	1.00						Total Section 1		_			
DIRECTOR (AS OF 1/1/20)	0.00	X	1	<u> </u>	<u></u>	1	1	0.	<u> </u>	0.		
032007 12-23-20										Form 990 (2020)		

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PREVENTION

Parvilla			******			*		nankaanmanamanin ohaisamanamanaman ohainman ohai			
Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)							(D)	(E)	(F)	
Name and title	Average		(do not check more than one		Reportable	Reportable	Estimated				
	hours per week		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	(list any	(CONTRACTOR					r é	from the	from related organizations	other compensation	
	hours for	firect				,		organization	(W-2/1099-MISC)	from the	
	related	10 a	siee			rs3le(		(W-2/1099-MISC)	(**************************************	organization	
	organizations	ndividual mistee or director	aj fruk		35	ызре		, , , , , , , , , , , , , , , , , , , ,		and related	
	below	idia	Institutional t	ä	(ey em piloyee	est cr loyee	191			organizations	
	line)	Npul	Insti	Officer	Key.	Highest compensated employee	Former			V 44 - 0 (V4-V4 A) A-V4 (44 ) 8 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
(18) NANCY FARRELL	1.00										
DIRECTOR	0.00	X						0.	0.	0.	
(19) NINA M GUSSACK	1.00										
DIRECTOR	0.00	X						0.	0.	0.	
(20) GRETCHEN HAAS, PHD	1.00										
DIRECTOR	0.00	X		<u> </u>	L			0.	0.	0.	
(21) DAVID JOBES, PHD	1.00										
DIRECTOR	0.00	X	<u> </u>	<u> </u>		<u></u>		<u> </u>	0.	0.	
(22) GARY KENNEDY	1.00								19-00-00-00-00-00-00-00-00-00-00-00-00-00		
DIRECTOR	0.00	X		<u></u>	ļ	ļ	<u> </u>	0.	0.	0.	
(23) JONATHAN KELLERMAN	1.00								***	_	
DIRECTOR	0.00	X	L			<u> </u>		<u> </u>	0.	0.	
(24) RICHARD KIRCHHOFF	1.00		. W						value de la companya del companya de la companya de la companya del companya de la companya de l	_	
DIRECTOR (THRU 12/31/20)	CT STORES CONTRACTOR AND AND AND AND AND AND AND AND AND AND	X	<u></u>	<u> </u>	<b></b>	<u> </u>		0.	0.	0.	
(25) DENISSE C. LAMAS	1.00					*****	1	_	_	_	
DIRECTOR (AS OF 1/1/20)	0.00	X	<u> </u>	<u>.                                    </u>	<u> </u>	<u> </u>	ļ	0.	0.	0.	
(26) MICHAEL A. LINDSEY	1.00	ļ							***************************************		
DIRECTOR (AS OF 1/1/20)	1 0.00	X	<u> </u>	<u> </u>	L.	L	<u></u>	0.	0.	0.	
1b Subtotal								2,441,733.	0.	446,336.	
c Total from continuation sheets to Part V	II, Section A							0.	<u>0.</u>	0.	
d Total (add lines 1b and 1c)								2,441,733.	<u> </u>	446,336.	
2 Total number of individuals (including but r	not limited to th	IOS <del>O</del>	liste	d at	oove	) wh	io re	eceived more than \$100	,000 of reportable		
a reserve and a section of former the a manuscrimentians										22	

compensation from the organization

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GLOBAL CLOUD-DONORDRIVE		
P.O. BOX 412711, BOSTON, MA 02241	EVENT-SOFTWARE	538,197.
KOTIS DESIGN		
P.O. BOX 24003, SEATTLE, WA 98124	EVENT-PRINTING	459,093.
ALLISON AND PARTNERS, 475 10TH AVENUE 7TH		
FLOOR, NEW YORK, NY 10018	PUBLIC RELATIONS	356,1 <u>50.</u>
THE ADVERTISING COUNCIL, 815 SECOND AVENUE		
9TH FL, NEW YORK, NY 10017	PUBLIC AWARENESS	313,764.
FACEBOOK I INC, 15161 COLLECTIONS CENTER		
DRIVE, CHICAGO, AA 60693	EVENT-ADVERTISING	294,872.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 18		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

Form 990 PREVEN	TION	***	A 4	£ ()	do to		notice after	andre show Mount	13-339	3329
	s, Trustees, Key En	olan	yees	s. ar	nd H	ighe	st (	Compensated Employ	ees (continued)	PARKETTON TO STATE OF THE STATE
(A)	(B)	(C				(D)	(E)	(F)		
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cł	1eck	all t	hat	appl	у)	compensation	compensation	amount of other
	per week					ж		from the	from related organizations	compensation
	(list any	sler				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or director	an.			ted es		(W-2/1099-MISC)		organization
	related	93	riste		بو	genea				and related
	organizations below	ual tr	ional		pioye	tcom			***	organizations
	line)	Individual	institutional trustee	Officer	Key empioyee	Highest compensaled employee	Former		Negative statement of the statement of t	
(27) CARA MCNULTY	1.00		*****	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*****			1.37.2. <del>1.7.4.77. 2. 144</del> 1.44.144.147.147.147.147.147.147.147.147
DIRECTOR (AS OF 1/1/20)	0.00	X						0.	0.	0.
(28) PHILIP NINAN	1.00									
DIRECTOR (THRU 12/31/20)	0.00	Х						0.	0.	0.
(29) KELLY POSNER, PHD	1.00									
DIRECTOR	0.00	Х	<u> </u>		<u> </u>			0.	<u> </u>	0.
(30) LISA M RILEY	1.00								**************************************	_
DIRECTOR	0.00	X				<u> </u>		0.	<b></b> 0.	0.
(31) JERROLD ROSENBAUM, MD	1.00									
DIRECTOR	0.00	X			ļ			0.	0.	0.
(32) PHILLIP SATOW	1.00							_	4	and the state of t
DIRECTOR (THRU 12/31/20)	0.00	X	<b></b>	-	ļ	<u> </u>	<u> </u>	0.	<u> </u>	0.
(33) STEVEN SIPLE	1.00								_	
DIRECTOR	0.00	X	<b></b>	-	<b></b>	<b>ļ</b>		0.	<u> </u>	0.
(34) LAWRENCE SPRUNG	1.00	Ψ,				Na war			_	0.
DIRECTOR	0.00 1.00	X			<b></b>	<b>!</b>	**********	0.	<u> </u>	<u> </u>
(35) DENNIS TACKETT	0.00	X				l		0.	0.	0.
DIRECTOR (36) MARCO TAGLIETTI	1.00	IA.	<del> </del>	<b>-</b>	<b>L</b>	<b>ֈ</b>	<b> </b> -	ł	<del> </del>	J
DIRECTOR	0.00	X	-					0.	0.	0,
(37) CHRISTOPHER THOMAS	1.00	<del>ا</del> ث	ļ		,	<b>!</b>		<u> </u>		<u> </u>
DIRECTOR	0.00	Х				AVAVA		0.	0.	0.
(38) JAMES COMPTON	1.00	4 X			<b></b>	<b>†</b>				
CHAIR	1.00	Х		Х				0.	0.	0.
(39) MARIA OQUENDO, MD	1 1.00	Ť	<b>†</b>	†	<b>†</b>	<b>†</b>	T			
PRESIDENT	0.00	X		X				0.	0.	0.
(40) RAY PAUL, JR.	1.00	-	<b>*******</b>	Î.		1	WW. 121			
SECRETARY	0.00	Х		X				0.	0.	0.
(41) EDWARD SELMAKH	1.00			Ī	T		ľ	**************************************		
TREASURER	0.00	X	<b>L</b>	<u> X</u>		L.		0.	0.	0 .
	***************************************									
		ļ	ļ	1	-	<b>!</b>	-		er argental elementer er die der der der de der der de de de de de de de de de de de de de	***************************************
	***************************************	1		W-72W7-24			***************************************			
(COS) DETERMINED OF THE SERVICE OF T	, pp. 111 11 11 11 11 11 11 11 11 11 11 11 1	-	ļ	1		<b>†</b>		***************************************	AND STATE OF THE S	
			<u></u>							
We want to the second of the s										
CERTIFICATION OF THE RESIDENCE AND A STREET	524555555555	1	1	<b> </b>	1-	1		maradakan (Aladek Archan (an Alacan) da kada da (BERENNERN STOR, SACENDER	AND THE PROPERTY OF THE PROPER	
	ALEXANDER OF THE PROPERTY OF T	<u>L</u>	<u></u>	<u></u>	<u>.</u>	1	<u></u>			
									X	
Total to Part VII, Section A, line 1c							منشند	<u> </u>	<u> </u>	1

Form 990 (2020) PREVENT

			Check if Schedule O contains a response or no	te to any line	e in this Part VIII	************		
				·	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts Its	1	a	Federated campaigns1a					
ira gur			Membership dues	***************************************				
S, C			· · · · · · · · · · · · · · · · · · ·	763,305.	riselidi el Abdrij	propositionistica	fire to the second section	
E E			Related organizations 1d					
ns,			Government grants (contributions) 1e	719,810.				Augus sesiksivas
Contributions, Gifts, Grants and Other Similar Amounts.			All other contributions, gifts, grants, and	102 244				
Ēā			· · · •	403,244. 409,303.				a di maranan k
L PI		**	Noncesh contributions included in lines 1a-1f 1g1\$  Total. Add lines 1a-1f	<b>*</b> 02,202.	33,886,359.			
<u> </u>		31		iness Code				
u)	2	2	Section 2015	0099	209,033.	209,033.		
Program Service Bevenue		b		*************************	***************************************	***************************************		
Be		c						
are ente		d	\$\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{					
8		е		*************************	***************************************			
ď		ť	All other program service revenue					
		9_	Total, Add lines 2a-2f	·	209,033.		aveluiteetentatude	
	3		Investment income (including dividends, interest, ar					Quanting and the second and the seco
			other similar amounts)		702,811.	**************************************		702,811
	4		Income from investment of tax-exempt bond proceed	eds 📂	a na na nina e ke maina na nina e a maina e an dia e a dia fara dia dia ea dia			
	5		Royalties (i) Real (ii)	Personal				
	_			LAI20191		u judo doube breita.		
	6		Gross rents 6a				productival during	
			Less: rental expenses 6b  Rental income or (loss) 6c				4 (14 (2 P) (40 (4) (3)	
				<b></b>	****	**************************************	THE STATE OF THE S	***
	7		, Sanareanidizenessentenesenesenesenesenesenesenesenes	ii) Other	decine in the distribution of the		Pati disebe di di di	
	•	•••	assets other than inventory 7a 2,581,813.				ari kawatata K	Mariak di dendirah
		b	Less: cost or other basis					
e E			and sales expenses			and a company	energe made double	nd entire de
Revenue		¢	Gain or (loss) 7c 628,610.				English of Allegania	ingile de denigle casa
ä		d	Net gain or (loss)	<b>.</b>	628,610.			628,610
je	8	а	Gross income from fundraising events (not		ecusional and e			
S			including \$ 18,763,305. of					
			contributions reported on line 1c). See				and representations	HOUSE MUSEUM
			Part IV, line 18	0,				
***************************************			* ************************************	338,153	2 220 252			2 220 152
-			Net income or (loss) from fundraising events		-2,338,153.	<u> Santa recontra agricio al 1048.</u> El 12 de galeis de la 12012.		-2,338,153
	A	а	Gross income from gaming activities. See					
		b	Part IV, line 19 9a	***************************************		196496000000		
			Less: direct expenses 95  Net income or (loss) from gaming activities	<b>&gt;</b>				
	10							
	- 15		and allowances 10a	107,246.	ente de officiale de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co			uros coros de Christia. Sas signas
		b	Less: cost of goods sold 10b	46,337.	espectuse status prop			
			Net income or (loss) from sales of inventory	····	60,909.	20,000.		40,909
10				iness Code	maranir umpagagit missitist		a a tri a crossocial	ran erekinden in di
Si d	11	₹3						
ane		b	THE STATE OF THE S	M2444444444444				
Miscellaneous Revenue		C	ONIGNATION of the state of the	**************************************	***************************************			
Wis A			All other revenue	alla linka o o o o o o o o o o o o o o o o o o o	a de el constitución de constitución de el constitución de el constitución de encuenta en cultura constitución			
estarie de la constante de la	*********		Total. Add lines 11a-11d					
	12		Total revenue. See instructions	₩.	33,149,569.	229,033.	0.	-965,823

PREVENTION

Form 990 (2020) PREVENTION
Part IX Statement of Functional Expenses

************	Check if Schedule O contains a respons	e or note to any line in t	his Part IX (B)		(D)
	t include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,933,244.	4,933,244.		
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	***	30-04-5-31-04-5-31-04-5-31-04-5-31-04-5-31-04-5-31-04-5-31-04-5-31-04-5-31-04-5-31-04-5-31-04-5-31-04-5-31-04		energia de la como de la como de la como de la como de la como de la como de la como de la como de la como de La como de la como dela como de la como de
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16	1,299,936.	1,299,936.		
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	•	1,912,643.	1,419,978.	146,515.	346,150
	rustees, and key employees Compensation not included above to disqualified				
	· · · · · · · · · · · · · · · · · · ·				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	9,580,733.	7,100,627.	746,012.	1,734,094
	Other salaries and wages	2,200,133.			1,/32,032
	Pension plan accruats and contributions (include	555,062.	411,301.	43,295.	100,466
	section 401(k) and 403(b) employer contributions)	1,190,510.	882,168.	92,860.	215,482
	Other employee benefits				133,223
	Payroll taxes	736,057.	545,642.	57,192.	133,443
	Fees for services (nonemployees):				
	Vlanagement	d 101 d 20 A		49 47 4	**************************************
	_egal	17,154.	***************************************	17,154.	
	Accounting	84,339.		84,339.	
	Lobbying	113,243.	113,243.		
	Professional fundraising services. See Part IV, line 17 👢	\$2\$\$\$\$\$\$2;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			
	nvestment management fees	***************************************	71.51.51.51.51.51.72.51.41.51.51.51.51.51.51.51.51.51.51.51.51.51	***************************************	
	Other. (If line 11g amount exceeds 10% of line 25,		as an ear an an an an		~ 25 M M M
	column (A) amount, list line 11g expenses on Sch O.) 👢	3,155,779.	2,640,676.	141,180.	373,923
	Advertising and promotion				de e
	Office expenses	1,596,571.	1,375,787.	40,030.	180,754
4 I	Information technology	114,837.	96,828.	3,412.	14,597
5 I	Royalties	MANAGEMENT OF RECIPION OF STREET	***************************************		
6 (	Occupancy	1,707,013.	1,265,414.	132,637.	308,962
7 ~	Travel	81,203.	63,278.	10,447.	7,478
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials 👢			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
9 (	Conferences, conventions, and meetings		CZCZZA TOTO O TOCO 100 TO CONTO TO TOTO 1 TO CONTO 1 TO		
-	Interest			~ = 0,111 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	
	Payments to affiliates			***************************************	
2 i	Depreciation, depletion, and amortization	425,158.		425,158.	
	Insurance				
a l	Other expenses, Itemize expenses not covered		itani mangada arang kang		
i	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 0.)		padromininkoppinija (52) Padrinistalia (40) paparinja (	efet) inemeg královárát akter sé drumanovánapsá	
	RESEARCH, EDUCATIONAL A	1,847,419.	1,694,830.		152,589
	OUT OF THE DARKNESS PRO	1,090,325.	723,902.		366,423
	EQUIPMENT RENTAL & MAIN	402,949.	301,552.	30,282.	71.11
. '					and the second s
d,	All other expenses				
	Total functional expenses. Add lines 1 through 24e	30,844,175.	24,868,406.	1,970,513.	4,005,256
CONTRACTOR CONTRACTOR	Joint costs. Complete this line only if the organization				
			NE 000000000000000000000000000000000000	######################################	
	reported in column (B) joint costs from a combined		X	***************************************	
	educational campaign and fundraising solicitation.		900	***************************************	

Form 990 (2020)

controlled entity or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

of Schedule D

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .....

Organizations that do not follow FASB ASC 958, check here

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Form 990 (2020)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 10,077,964. 12,456,123. Cash - non-interest-bearing 3.163.051. 2 5,164,896. 2 Savings and temporary cash investments 2,496. 942,607. 3 Pledges and grants receivable, net 943,058. Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net assets 3,885,512. 5,108,015. Inventories for sale or use Ω 915,993. 1,084,586. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 4,711,330. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 1,381,182. 3,542,187. 3,330,148. b Less: accumulated depreciation 10b 10c 33.272.777 42,996,383. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 89,479. 63,479. 15 15 Other assets. See Part IV, line 11 57,280,666. 69,758,088. 16 Total assets, Add lines 1 through 15 (must equal line 33) 1,712,667. 1,904,263. Accounts payable and accrued expenses 17 17 959,394. 8,311,840. 18 Grants payable 18 2,379,006. 2,215,993. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Form 990 (2020)

57,689,255.

69,758,088.

6,989,183.

12,068,833.

53,109,995.

4,579,260.

23

28

29

30 31

32

Net Assets or Fund Balances

22

23

24

25

26

27

29

30

31

32

5,086,169.

17,489,682.

36,069,904.

39,790,984.

57,280,666

3,721,080.

Pai	TXI Reconciliation of Net Assets						
i Inni Milandan	Check if Schedule O contains a response or note to any line in this Part XI						
		l					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,149</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,84			
3	Revenue less expenses. Subtract line 2 from line 1	3		,30			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39	,79	0,91	34.	
5	Net unrealized gains (losses) on investments	5	8	<u>, 05</u>	2,41	<u> </u>	
6	Donated services and use of facilities	6				anne d'anne	
7	Investment expenses	7		****	www.No.		
8	Prior period adjustments	8	7	,54	0,4	71.	
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	57	,68	9,2	<u>55.</u>	
Par	TXIII Financial Statements and Reporting				^		
	Check if Schedule O contains a response or note to any line in this Part XII		11.55151111111		14447		
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		*******				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		.,	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schr	edule C	),		Pictor Con		
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		lit				
	Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it	Taka Maria			
aromainto latilatial	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	<u> </u>		
				Form	990	(2020)	

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2020
Open to Public
Inspection

Name of the organization

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

Par	Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The c	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiza						the hospital's name.	
•	<b>1</b>	city, and state:		,			(-)(-)(-)(-)(-)	,	
5		An organization operated for	r the hanafit of a coll	lege or university owned	or operate	d by a nov	vernmental unit describe	rlin	
	ll	section 170(b)(1)(A)(iv). (C		ogo or annioromy orinoa	or oporace	. w y y	to the total active wooding	W (1)	
6		A federal, state, or local gov		antal unit described in	antion 17	n/W/4VAV	u)		
~	X	An organization that normal	**				· ·	ublic described in	
,		section 170(b)(1)(A)(vi). (Co	•	mai part of its support in	om a gove	iiiiioniai c	init of home the general p	able described in	
0		A community trust describe		4VAVal /Complete Dart	-113				
8						d in again	notion with a land grant	nolloge	
9	L	An agricultural research org				· ·			
		or university or a non-land-g	tant college of agrict	uture (see instructions), i	ciitei tiie i	iame, city,	and state of the college	OI .	
40		university:		Jan 00 1/00/ at he arms				l een en en en einde fram	
10		An organization that normal							
		activities related to its exem							
		income and unrelated busin		ness section 5 ( ) tax) ito	m busines	ses acquir	ed by the organization a	iter June 30, 1975.	
4.4		See section 509(a)(2). (Cor		and the density for markette and	ممكينية		W-141		
11	님	An organization organized a	*	•	_			ar umanana of one or	
12	J	An organization organized a more publicly supported org							
		lines 12a through 12d that						MIGCK THE DOX III	
-		m						nii dese	
a	L	Type I. A supporting orga the supported organization	•	,					
		• • • • • •			пајонку о	i nie diec	iors or trustees or the so	phornig	
Į.,		organization. You must c			ion with its	s accompanda	d organization(a) by bay	ine	
b	L	J Type II. A supporting org	•						
		control or management o			rilla haraoi	is that coi	more in manage me supt	ortea	
	[	organization(s). You mus	•		in aannaat	ionuáth o	and functionally intograto	d with	
G	i	☐ Type III functionally inte						Ci vvitis,	
الم	Γ	its supported organization  Type III non-functionally						ention(a)	
d	L.,	that is not functionally int							
		requirement (see instructi			-			91 1999	
		¬							
0		<ul> <li>Check this box if the orga functionally integrated, or</li> </ul>					iybai, iybaii, iybaiii		
a	Ent	or the number of supported o	" "	rally integrated supports	ig organiz	auon,		***************************************	
ž r•s		vide the following information	· ·	d organization(e)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) is the orga is your dovern	mization listed	(v) Amount of monetary	(vi) Amount of other	
		· organization	944-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
COLUMN TO A STREET	***************************************			above (see instructions)				CONTRACTOR OF THE PROPERTY OF	
***************************************	MARKET MEN	rarararannen erena estatibilatural errenaren esmalulikilistatut distribit. Eistat				******************	***************************************		
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			Page 1				*******	9	
erementesáment	e ememetikkienee					<b></b>			
			******	***************************************			C	Panacon	
Tota					1		Parameter		

13-3393329 Page 2

Schedule A (Form 990 or 990-EZ) 2020 PREVENTION 13-3393

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	29059104.	<u>39716259.</u>	45887967 <b>.</b>	46607253.	<u>33886359.</u>	<u> 195156942</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				ĺ		
	the organization without charge						
Δ	Total. Add lines 1 through 3	29059104.	39716259.	45887967.	46607253.	33886359.	195156942
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 6 from line 4.						195156942
	ction B. Total Support	***************************************				Acciditation in programme and a construction of the construction o	
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	29059104.	39716259.	45887967.	46607253.	33886359.	195156942
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,					Table 201	
	and income from similar sources	203,008.	277,975.	493,385.	650,080.	702,811.	2327259.
9	Net income from unrelated business		22,022,032,022,033,033,033,033,033,033,0				
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	***************************************	·				
	or loss from the sale of capital		- Company			***	
	assets (Explain in Part VI.)	132,941.	1787852.	121,665.			2042458.
11							199526659
12		etc. (see instruction	ons)			12 ]	.,632,599.
	First 5 years. If the Form 990 is for the	·				01(c)(3)	
	organization, check this box and sto	-					<b>»</b>
Sec	ction C. Computation of Publ						
14	Public support percentage for 2020 (	line 6, column (f), c	livided by line 11,	column (f))		14	97.81 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	97.95 %
16a	33 1/3% support test - 2020. If the					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	,.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>▶</b> [X]
t	33 1/3% support test - 2019. If the						
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						lb.
k	10% -facts-and-circumstances tes	-					
•	more, and if the organization meets t						
	organization meets the facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization		-				ns ,,,,,,, 🕨 🔲
and intercent		ana na mana ana ana ana ana ana ana ana					0 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 PREVENTION 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.)

Sect	ion A. Public Support	tow, picage comp	TO TO TO THE TIME	dassa aran anda maran kan mada inka ka ili sunken ka ada aki aki kenta kenta ara	maca anima san'i carimine idao bindam alai n'ao finindra din dan dan assassa din administra da	krydeninalarubrakninas (dalvaninatad) vallininas valtininas (dalvaninas) Harelininas (Harelininas) Harelininas	and the second s
Calen	dar year (or fiscal year beginning in) 📂 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not				ì		
	nclude any "unusual grants.")	PAGAGA NAGAGA		***************************************			
1 1	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		gent manne samma khile dan dahkhik ili 2500 da khili 2000	Annone Marie Control of			
3 (	Gross receipts from activities that				****		
é	are not an unrelated trade or bus-						
ì	ness under section 513	····		***************************************			
	Tax revenues levied for the organ- zation's benefit and either paid to		93090000000000000000000000000000000000	***************************************			
•	or expended on its behalf	***************************************	· ·			***************************************	
_	The value of services or facilities						
	urnished by a governmental unit to						
	he organization without charge					***	
	Fotal. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons		'			and opposite the second	
	Amounts included on lines 2 and 3 received			e de la companya de l	***************************************		
	rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		-	AND THE PROPERTY OF THE PROPER	girk de av still o Nobel de still de s		
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)					r tanta kir di namaji (500	
Sec	tion B. Total Support					****	
Calen	dar year (or fiscal year beginning in) 📂	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 .	Amounts from line 6						######################################
:	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		NACTOR DESCRIPTION OF THE PROPERTY OF THE PROP			***	
	Add lines 10a and 10b	nancana nancana nancana nancana nancana nancana la mate de Molte ett					***************************************
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	sommerce emance varies de la la la de la la del de la del de la del de la del de la del de la del de la del de		**************************************	M 6		egyptyterigi et de in nor odd ei de eidd o'r o'r oed o'd ddiddiddiddiddiddiddiddiddiddiddiddidd
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	arapus suuma muunga suuman mana mana mana suuna suoma manana mana suuma suuma suuma manana mana suuma suuma su					44444444444444444444444444444444444444
14	<b>First 5 years.</b> If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
	check this box and stop here	de accinacion e de camenta e de camento de la camenta de del camento de la camenta de la camenta de la camenta					<b>)</b>
NAMES AND POST OF	tion C. Computation of Publi			F1X54170413XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		***************************************	
	Public support percentage for 2020 (li			column (f))		15	<u>%</u>
	Public support percentage from 2019 tion D. Computation of Inves					<u> </u>	%
COLUMN TO SERVICE STATE OF THE	Investment income percentage for 20		CAN COLUMN TO SERVICE DE LA COLUMN TERROR DE L	ine 13, column (f))	arrommersenamersenamenselvinenaveldinenavaldidektikkibi	1 17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						<b>&gt;</b>
	33 1/3% support tests - 2019. If the	•					ınd
	line 18 is not more than 33 1/3%, che						· · · · · · · · · · · · · · · · · · ·
	Private foundation. If the organization						<b>&gt;</b>

16290503 148922 4922018-4922018

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Dld the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes." *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3b		
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Pari	IV	Supporting Organizations (continued)			*********
				res	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
		3. Type I Supporting Organizations			
	**********			Yes	No
		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effecti	ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,		do no	illiarii:
in a land a land a land	super	vised, or controlled the supporting organization.	<u> </u>		
Sect	ion (	C. Type II Supporting Organizations		······································	rage <b>a sa</b> an o <b>ssen</b> i
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the sy	ipported organization(s)	1_1_1		SOME STREET, S
seci	ion i	D. All Type III Supporting Organizations			Richmonomers
				Yes	No_
		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	111		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		sization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		17:11:11:11
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a			initation:
		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Mündə		Manduri
Cont	SUDDO	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	1 3 1		***************************************
************************	inament nemata kaika		. 3	***	MINISTER STATE OF THE STATE OF
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	5).		
a		The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see it	nném intíma	<b>.</b> )	
c 2	Activi	ities Test. Answer lines 2a and 2b below.	กรแนนแบกร	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
а		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
			2a	;:::::::::::::::::::::::::::::::::::::	hatakadiirii - 24
Ь		hese activities constituted substantially all of its activities. he activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	127000.00	(D)	
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		eactivities but for the organization's involvement.	2b		<u> </u>
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4.0		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
ь		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
**		supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	17 (17079)	[

### AMERICAN FOUNDATION FOR SUICIDE

Schedule A (Form 990 or 990-EZ) 2020 PREVENTION 13-3393329 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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 (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3. 4 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 10 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3 4 4

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Schedule A (Form 990 or 990-EZ) 2020

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Section D. Distributions  1. Amounts paid to supported organizations to accomplish exempt purposes  2. Amounts paid to supported organizations to accomplish exempt purposes  3. Amounts paid to partition organizations to accomplish exempt purposes of supported organizations in excess of impose from activity. Autitions owneys purposes of supported organizations  3. Amounts paid to partition organizations to accomplish exempt purposes of supported organizations  3. Amounts paid to accura exemptuse assets  4. 4. Coulified zelevation grounts (note IRS approval required organizations  5. 3. Other distributions (describer) part IVI). See instructions.  7. Total annual distributions Add lines 1 through 5.  8. Distributions to attentive supported organizations to which the organization is responsive (introduce desire in Part IVI). See instructions (in Part IV	Schedule A (Form 990 or 990-EZ) 2020 PREVENTION	(a)(a) Cumpartina Azaa	ainatia.	***********	3-3393329 Page 7		
1. Amounts paid to succorted organizations to accomplish exempt purposes: 2. Amounts paid to parform activity that disordly furthers exempt purposes of supported organizations; in section to floreing from articly purposes of supported organizations. 3. Administrative expenses paid to accomplish exempt use assets: 4. A country of the paid to acquire exemptuse assets: 5. Qualified set-asite amounts (prior IFS approval required - provide datable in Part VI). 5. Country of establishing (Amounts) Part VI). See a structions. 6. Other destributions (Amounts) Part VI). See a structions. 7. Yotal amount distributions. Add fires 1 through 6. 8. Other destributions. Add fires 1 through 6. 9. Distributions is trained as supported organizations to which the organization is responsive (septice datable in Part VI). See instructions. 9. Distributable amount for 2000 from Section C, line 6. 9. Section E - Distribution Allocations (see instructions)  Section E - Distributable amount for 2000 from Section C, line 8. 2. Underdistributions. If any, for years prior to 2000 (reasonable causes from 2014)  1. Distributable amount for 2000 from Section C, line 8. 2. Underdistributions. If any, for years prior to 2000 (reasonable causes from 2014)  3. Excess distributions of prior years. 4. A position of the part VI). See estructions. 5. Excess distributions of prior years. 5. Excess from 2015 (see instructions) 6. From 2016 6. From 2016 7. From 2017 7. From 2017 8. From 2016 8. From 2017 9. Applied to underdistributions of prior years. 8. Applied to underdistributions for years prior to 2000 (reasonable causes) 8. Applied to underdistributions for years prior to 2000 (reasonable causes) 8. Applied to underdistributions for years prior to 2000 (reasonable causes) 9. Applied to underdistributions for years prior to 2000 (reasonable causes) 9. Applied to underdistributions for years prior to 2000 (reasonable causes) 9. Applied to underdistributions for years prior to 2000 (reasonable causes) 9. Applied to underdistributions for 2000 (reaso		(a)(a) anhharmiñ Arña	IIIZAUVIIS (CONTINL	ied).	Commence Value		
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5 Outsified sehabitis amounts (prior IRS approval recurred) - provide details in Part VI) 5 6 6. Other destributions (propaga in Part VI). See instructions		es of supported organizations			***************************************		
6 Other distributions (describe in Pert VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 7 Total annual distributions to attentive supported organizations to which the organization is responsive (crowder details in Pert VI). See instructions. 8	***************************************	Andrew Anna Andrew Anna Anna Anna Anna Anna Anna Anna Ann	***************************************	<del>Junearia</del>	DECEMBER CONTEST CONTEST CONTEST CONTEST CONTEST CONTEST CONTEST CONTEST CONTEST CONTEST CONTEST CONTEST CONTES		
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c         Excess from 2018           d         Excess from 2019	a Excess from 2016						
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	c Excess from 2018						
e Excess from 2020	d Excess from 2019						
	e Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

# AMERICAN FOUNDATION FOR SUICIDE

Schedule A (Form 990 or 990-EZ) 2020 PREVENTION	13-3393329 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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	and 2; Part IV, Section C, , 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 addition (See instructions.)	al information.
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
SPECIAL EVENTS	
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# SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

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

	ection 501(c)(4), (5), or (6) organizati	ions: Complete Part III			
CONTRACTANA		N FOUNDATION FOR	SUICIDE	] En	ployer identification number
	PREVENT		and this area this role that their		13-3393329
Par		anization is exempt under	section 501(c) or	is a section 527 o	
2	Provide a description of the organiza Political campaign activity expendita Political campaign	ures	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Dar	BBB Complete if the org	anization is exempt under	eaction 501/cV/3		**************************************
THE PERSON NAMED IN	Enter the amount of any excise tax i				. O
1 1	Enter the amount of any excise tax i	noured by organization manager	section 4000		• •
	f the organization incurred a section				
	Vas a correction made?				
	f "Yes," describe in Part IV.			**************************	,,,,,, 1
Par	Complete if the org	anization is exempt unde	section 501(c), e	xcept section 501	(c)(3).
	Inter the amount directly expended	manangapunaga nagawa manayan yana manana manana manana mahara mananah dalah dalah dalah dalah dalah dalah dalah		****	
2	Enter the amount of the filing organi exempt function activities	zation's funds contributed to othe	er organizations for sect	tion 527	
	Total exempt function expenditures				(September of Control
ı	ne 17b			<b>&gt;</b>	* \$
5 f	Did the filing organization file Form Enter the names, addresses and en made payments. For each organizat contributions received that were pro- political action committee (PAC). If a	ployer identification number (EIN) tion listed, enter the amount paid omptly and directly delivered to a	of all section 527 politi from the filing organizat separate political organ	ical organizations to wh tion's funds. Also enter ization, such as a sepa	ich the filing organization the amount of political
*XC**XC**X**XC*	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter d	contributions received and
X 0.00 0 X 4 X 12 0 X 1				**************************************	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

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#### AMERICAN FOUNDATION FOR SUICIDE

Schedule C (Form 990 or 990-EZ) 2020 PREVENTION 13-3393329 Page 2 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 D 🔟 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. (b) Affiliated group (a) Filing Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) 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) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line le, 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. \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 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 -0i Subtract line 1f from line 1c. If zero or less, enter-0i 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? 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 (e) Total (a) 2017 (b) 2018(c) 2019 (d) 2020(or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020

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)).

Fore	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	[ (a	a) [	(b)
	o lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or			andonara de la composição de la composição de la composição de la composição de la composição de la composição La composição de la compo
	local legislation, including any attempt to influence public opinion on a legislative matter	0.000 000 000 000 000 000 000 000 000 0		
	or referendum, through the use of:			
a	Volunteers?	L X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	77	
	Media advertisements?	X	X	69,306.
		X		138,612.
_		A	X	100,0144
f	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?	X	h43	181,262.
9	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		143,943.
11	Other activities?	4,19	Х	
i	Total. Add lines 1c through 1i			533,123.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
	If "Yes," enter the amount of any tax incurred under section 4912			
	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?			
Par	till-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion
X-10-20-00-14	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			MANAGEMENT OF THE PROPERTY OF
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year	? 3 J	L
<u>Par</u>	tiliss Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 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).	icai		
2	Current year		2a	
	Carryover from last year		1	THE CONTRACTOR OF THE PARTY OF
c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
4	if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-			ACTION AND PROPERTY OF THE PRO
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p			
	expenditure next year?		1,1	
5	Taxable amount of lobbying and political expenditures (See instructions)			
TANTANTANIATS	CIV Supplemental Information			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II	-A, lines 1 ar	nd 2 (See
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.  RT II-B, LINE 1, LOBBYING ACTIVITIES:			
LII	VE D - MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUB	LIC: A	FSP	a stada kun sa aranga an arang an arang an arang an kanang an arang an arang an arang an arang an arang an ara
MA.	INTAINS DATABASES OF FIELD ADVOCATE VOLUNTEERS AND	MEMBER	SOF	
COI	NGRESS. AFSP PERIODICALLY EMAILS ITS FIELD ADVOCATE	S WITH	INFOR	MATION
<u>AB(</u>	OUT PENDING SPECIFIC LEGISLATION AND REQUESTS THAT	THEY C	ONTACT	THEIR
REI	PRESENTATIVES TO EXPRESS AN OPINION ON THE LEGISLAT	ION. A	FSP AL	50
		Sched	ule C (Form	990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020

# **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

Department of the Treasury Internal Revenue Service

➤ 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 Open to Public Inspection

Name of the organization

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

Par			imilar Funds	or Accounts. Comple	ite if the
*******	organization answered "Yes" on Form 990, Part IV, line 6.	(a) Donor advise	d funds	(b) Funds and other	accounts
1	Total number at and of year				
2	A man water of a white which a to (decide a regard)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			ACCIONATION AND AND AND AND AND AND AND AND AND AN
	Aggregate value of grants from (during year)		***************************************		The second secon
3				enter de la company de la comp	
4	Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing	ing that the agents be		ad funda	
5	are the organization's property, subject to the organization's exc				es No
_	Did the organization inform all grantees, donors, and donor advis				es140
6	for charitable purposes and not for the benefit of the donor or do				
	impermissible private benefit?				res No
Par					(CS 140
1	Purpose(s) of conservation easements held by the organization (		G GIII 02111 GOO;	tention to the contract of the	
ř.	Preservation of land for public use (for example, recreation		Preservation of	f a historically important lar	nd area
	Protection of natural habitat	Tor education)	_	f a certified historic structu	
	Preservation of open space	<u>L</u>	_ rreservation of	a commod matorio sudoto:	
-0	Complete lines 2a through 2d if the organization held a qualified	concention contrib	ution in the form	of a concentation eccemen	it on the last
2	day of the tax year.	CONSERVACION CONCID	adon to the torn	E:::::::::::::::::::::::::::::::::::::	nd of the Tax Year
_					
a					
b	Number of conservation easements on a certified historic structu				<del>, , , , , , , , , , , , , , , , , , , </del>
c d	Number of conservation easements included in (c) acquired after				***************************************
u	listed in the National Register				
3	Number of conservation easements modified, transferred, release				×
ð	vear	ica, extriguisrica, or	commission by the	organization doing the ta	^
4	Number of states where property subject to conservation easer	ent is located !			
5	Does the organization have a written policy regarding the period		tion handling of		
*3	violations, and enforcement of the conservation easements it ho				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har				
V	>	, , , , , , , , , , , , , , , , , , ,			<i>y y</i>
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and er	nforcina conserva	tion easements during the	year
•	<b>\$</b>	<b>,</b>		• • • • • • • • • • • • • • • • • • • •	,
8	Does each conservation easement reported on line 2(d) above s	atisfy the requiremen	ts of section 170	(h)(4)(B)(i)	
•	and section 170(h)(4)(B)(ii)?	·			Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnote				
	organization's accounting for conservation easements.				
Pa	TIII Organizations Maintaining Collections of A	rt, Historical Tre	easures, or O	ther Similar Assets.	
***********	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its rev	enue statement a	and balance sheet works	
	of art, historical treasures, or other similar assets held for public	exhibition, education	, or research in fi	urtherance of public	
	service, provide in Part XIII the text of the footnote to its financial	al statements that de	scribes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenu	e statement and	balance sheet works of	
	art, historical treasures, or other similar assets held for public ex	hibition, education, d	or research in furt	herance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$	grave and an analysis of the second s
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasu				
	the following amounts required to be reported under FASB ASC				
a	m 1 1 1 1 10 000 m 1 1000 ft				
b	Assets included in Form 990, Part X			b. A.	
	For Paperwork Reduction Act Notice, see the Instructions to				(Form 990) 2020

032051 12-01-20

		N FOUNDATIO	N FOR SUIC	CIDE	13-33	02270 c9
	dule D (Form 990) 2020 PREVENT:  Organizations Maintaining Ce		Listorical Tro	aciirae ar Otha	****	
-	<del>Managa Managa na kamaga na Maga ka kaka kamana kama kama ka ka kaka ka</del>	*****************		CASA TOTAL DE LA MINISTERIO DE CASA MANDO MANDO DE CASA DE CAS	######################################	(continued)
3	Using the organization's acquisition, accessic	on, and other records	, check any of the i	bliowing that make s	ignincant use or its	
	collection items (check all that apply):		l and or avoid			
a	Public exhibition	d	[ATEMATAN]	nange program		
b	Scholarly research	е	Other	NAMES AND THE COMPANY OF THE CONTRACT OF THE TRACT OF THE CONTRACT OF THE CONT	######################################	
C	Preservation for future generations	Hamatimana ana di assarda ba	le a continue de mila a mila	a namanimatinala ava	anni arrangan in Davi	x/311
4	Provide a description of the organization's co	•	-	•	. , ,	<b>^}</b>   ,
5	During the year, did the organization solicit or		•		<del></del>	Yes No
Da.	to be sold to raise funds rather than to be ma				Form 000 Dart N/ II	***************************************
245	reported an amount on Form 990, Par		te ii trie organizatio	Tansweieu 165 OF	i roiin 990, raii iv, i	irie 9, Oi
4	Is the organization an agent, trustee, custodia		ar dor contibution	or other posets and	inabidad	
14					,	l γes □ No
٤.,	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a				., L	] FCS 140
Ð	ii res, explain the allangement in Part Alli a	and complete the foli	CAALLE FEDICE			Amount
^	Beginning balance					ZEHOZH
	Additions during the year Distributions during the year					
	Ending balance				· I If	
	Did the organization include an amount on Fo				· · · · · · · · · · · · · · · · · · ·	
						Yes No
	_					Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	orovided on Part XIII		Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp f the organization ans	olanation has been swered "Yes" on Fo	orovided on Part XIII rm 990, Part IV, line	10.	
b Pai	If "Yes," explain the arrangement in Part XIII.  TV Endowment Funds. Complete in	Check here if the exp	olanation has been	orovided on Part XIII		(e) Four years back 3,191,914.
b Pai	If "Yes," explain the arrangement in Part XIII.  TV Endowment Funds. Complete in Beginning of year balance	Check here if the exp f the organization and (a) Current year	olanation has been swered "Yes" on Fo (b) Prior year	orovided on Part XIII rm 990, Part IV, line (c) Two years back	10. (d) Three years back	(e) Four years back
b Pai 1a b	If "Yes," explain the arrangement in Part XIII.  TY Endowment Funds. Complete in  Beginning of year balance  Contributions	Check here if the exp f the organization and (a) Current year	olanation has been swered "Yes" on Fo (b) Prior year 3,954,314.	orovided on Part XIII rm 990, Part IV, line (c) Two years back	10. (d) Three years back	(e) Four years back
b Pal 1a b	If "Yes," explain the arrangement in Part XIII.  IT I Endowment Funds. Complete in Beginning of year balance  Contributions  Net investment earnings, gains, and losses	Check here if the ext f the organization and (a) Current year 4,093,100.	planation has been swered "Yes" on Fo (b) Prior year 3,954,314. 52,742.	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469.	10. (d) Three years back 3,519,183.	(e) Four years back 3,191,914.
Pal Pal 1a b c d	If "Yes," explain the arrangement in Part XIII.  TY Endowment Funds. Complete in  Beginning of year balance  Contributions	Check here if the ext f the organization and (a) Current year 4,093,100.	planation has been swered "Yes" on Fo (b) Prior year 3,954,314. 52,742.	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469.	10. (d) Three years back 3,519,183.	(e) Four years back 3,191,914.
Pal Pal 1a b c d	If "Yes," explain the arrangement in Part XIII.  TV Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities	Check here if the ext f the organization and (a) Current year 4,093,100.	planation has been swered "Yes" on Fo (b) Prior year 3,954,314. 52,742.	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469.	10. (d) Three years back 3,519,183.	(e) Four years back 3,191,914.
Pal Pal 1a b c d	If "Yes," explain the arrangement in Part XIII.  TOV Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	Check here if the ext f the organization and (a) Current year 4,093,100.	planation has been swered "Yes" on Fo (b) Prior year 3,954,314. 52,742.	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469.	10. (d) Three years back 3,519,183.	(e) Four years back 3,191,914.
Pal Pal 1a b c d	If "Yes," explain the arrangement in Part XIII.  TV Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	Check here if the ext f the organization and (a) Current year 4,093,100.	planation has been swered "Yes" on Fo (b) Prior year 3,954,314. 52,742.	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469.	10. (d) Three years back 3,519,183.	(e) Four years back 3,191,914.
Par ta b c d e	If "Yes," explain the arrangement in Part XIII.  TV Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	Check here if the exp f the organization and (a) Current year 4,093,100. 1,149,440.	Dlanation has been swered "Yes" on Fo  (b) Prior year  3,954,314.  52,742.  86,044.	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469. 185,845.	10. (d) Three years back 3,519,183. 249,286.	(e) Four years back 3,191,914. 327,269.
b Pall	If "Yes," explain the arrangement in Part XIII.  Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr	Check here if the exp f the organization and (a) Current year 4,093,100. 1,149,440.	Dlanation has been swered "Yes" on Fo  (b) Prior year  3,954,314.  52,742.  86,044.	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469. 185,845.	10. (d) Three years back 3,519,183. 249,286.	(e) Four years back 3,191,914. 327,269.
Pail la b c d e f g 2 a b	If "Yes," explain the arrangement in Part XIII.  Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment  15 9 0 0 0	Check here if the exp f the organization and (a) Current year 4,093,100. 1,149,440. 5,242,540. ent year end balance	blanation has been swered "Yes" on Fo  (b) Prior year  3,954,314.  52,742.  86,044.  4,093,100.  (line 1g, column (a)	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469. 185,845.	10. (d) Three years back 3,519,183. 249,286.	(e) Four years back 3,191,914. 327,269.
Pail la b c d e f g 2 a b	If "Yes," explain the arrangement in Part XIII.  Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment  15 9 0 0 0	Check here if the exp f the organization and (a) Current year 4,093,100. 1,149,440. 5,242,540. ent year end balance 60.8000	blanation has been swered "Yes" on Fo  (b) Prior year  3,954,314.  52,742.  86,044.  4,093,100.  (line 1g, column (a)	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469. 185,845.	10. (d) Three years back 3,519,183. 249,286.	(e) Four years back 3,191,914. 327,269.
Pail la b c d e f g 2 a b	If "Yes," explain the arrangement in Part XIII.  Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment	Check here if the exp of the organization and (a) Current year 4,093,100.  1,149,440.  5,242,540. ent year end balance 50.8000 %	blanation has been swered "Yes" on Fo  (b) Prior year  3,954,314.  52,742.  86,044.  4,093,100.  (line 1g, column (a)	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469. 185,845.	10. (d) Three years back 3,519,183. 249,286.	(e) Four years back 3,191,914. 327,269.
Pail la b c d e f g 2 a b c	If "Yes," explain the arrangement in Part XIII.  Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment	Check here if the exp of the organization and (a) Current year 4,093,100.  1,149,440.  5,242,540.  ent year end balance 60.8000  %  uld equal 100%.	clanation has been swered "Yes" on Fo (b) Prior year 3,954,314. 52,742. 86,044. 4,093,100. c (line 1g, column (a)	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469.  185,845.  3,954,314. ) held as:	10. (d) Three years back 3,519,183. 249,286.	(e) Four years back 3,191,914. 327,269.
Pail la b c d e f g 2 a b c	If "Yes," explain the arrangement in Part XIII.  Endowment Funds. Complete in Beginning of year balance Contributions  Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment  15.9000  Term endowment  23.3000  The percentages on lines 2a, 2b, and 2c shoot	Check here if the exp of the organization and (a) Current year 4,093,100.  1,149,440.  5,242,540.  ent year end balance 60.8000  %  uld equal 100%.	clanation has been swered "Yes" on Fo (b) Prior year 3,954,314. 52,742. 86,044. 4,093,100. c (line 1g, column (a)	orovided on Part XIII rm 990, Part IV, line (c) Two years back 3,768,469.  185,845.  3,954,314. ) held as:	10. (d) Three years back 3,519,183. 249,286.	(e) Four years back 3,191,914. 327,269.

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

PROPERTY AND ADDRESS OF	Termentonistics.	WWW.SCCCORNERS
 3a(i)		X
 3a(ii)		X
 3b		and the state of t
 ************	······································	

# 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.

o orreproduct a rest of specimental and the second		,		TOTAL CONTRACTOR AND ADDRESS OF THE PARTY OF	
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value	
	basis (Investment)	basis (other) depreciation			
ta Land			orași de Araballa de Araballa de Araballa de Araballa de Araballa de Araballa de Araballa de Araballa de Arabal		
<b>b</b> Buildings					
		0 4 8 0 0 0 0	444 844		
c Leasehold improvements		2,440,001.	411,244.	2,028,757.	
d Equipment					
A reduibitions		0 0 27 4 0 0 0		4 004 004	
e Other		2,271,329.	969,938.	1,301,391.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					
	harian Marian da karan da Marian da karan da ka	the contract of the second of the second of the second of the second of the second of the second of the second	aana ka aanaka aanaka mada da		

Schedule D (Form 990) 2020

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2006G016 D (Lottl) 880) SOSO LIVE A BIM I TOW	***************************************	1 J	JJJJZJ Fage G
Part VIII Investments - Other Securities.			
Complete if the organization answered "Yes" or		(c) Method of valuation: Cost or end-o	favor portest value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of end-o	ryear marker value
(1) Financial derivatives	###:#:################################		
(2) Closely held equity interests			
(3) Other			
(A)	ereconnection and the second section of the section of the secti		
(B)			
(C)		***************************************	
(D)			**************************************
		TO CONTROL TO SECURE AND AND AND AND AND AND AND AND AND AND	
(F)		***************************************	
(G)	2.2252724242422727422474247447447444444444		
(H)	-M-6-814-18-14-14-14-14-14-14-14-14-14-14-14-14-14-		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 📂 📗			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		A CONTROL OF THE CONT
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
(1)			
(2)	M POLICE TO THE EXTENT OF STREET STREET, STREE		
(3)		27.75	
(4)	ere programment de la company de la company de la company de la company de la company de la company de la comp		
(5)	************************************		
	***************************************		
(6)			
(7)	***************************************		
(8)			TANK A TANK TANK TANK TANK TANK TANK TAN
(9)	erra ranna anna amiaka miaka miaka na Sudaiska kikikiki kikiki kikiki kikiki kikiki kikiki kikiki kikiki kikik		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		#44558HBRZWIRKERUPKKIRKABUKTEWEDVERFERENGERENGEREN	
The state of the s	m Cours OOO Doet W. Ho	a 11 d San Farm 600 Dark V Bra 15	
Complete if the organization answered "Yes" o	n rom 990, rait iv, iin Description	e Tra See Point 990, Part A, line 15.	(b) Book value
	THE PROPERTY OF THE PROPERTY O		(6) 5001 (6)
(1)			
(3)	NAKATAN MANAMATAN MA		yzznią maniemose a mose a m
(4)		and and market and analysis are the second and the second and seco	
<u></u>			
(6)	ente in constituti e mantino e constituti e mantino de la mantino constituti e mantino e con e mantino e con e	***************************************	
(7)			
(8)	ingsykriger entrice et een eer paren een en eer en eer en en en en en en en en en en en en en		
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	<u> </u>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25.	4245000 - COUNTY TO BE T
1. (a) Description of liability		######################################	(b) Book value
(1) Federal income taxes	2747212177721217741217741217741		737 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(2) DEFERRED RENT CREDIT			2,716,273.
(3) PAYCHECK PROTECTION PROGRA	M LOAN		4,272,910.
(4)			· possession
(5)	***************************************		
(6)	AND THE PROPERTY OF THE PROPER		(0.20.20.20.20.20.20.20.20.20.20.20.20.20
(7)		**************************************	
The contraction of the contracti			
(9)		***************************************	
Total (Column In) must accord Form DOV Port V and (P) line	~~ /	AND THE PROPERTY OF THE PROPER	6.989.183.

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

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Schedule D (Form 990) 2020

Schedule Differn 1980 (2000 PREYSHITON 13-43) 13.9 Page 4 MEAT ALL RECOMMENDIATION 13-43) 13.19 Page 4 MEAT ALL RECOMMENDIATION 15 PAIR ALL RE	Caba	idule D (Form 990) 2020 PREVENTION		13-339332	9 Page 4
Competed if the agranteding answered Year' on Form 1980. Part IV, line 12a.  1 Total revenue, gailes, and other support per suitation familiar instanced statements  2 Amounts included on line 1 but not an Form 1980. Part VIII, line 12  B let unnatized gains (losses) on investments  1 Domited amyters and use of facilities  2 Possessing of prior year grants  2 Possessing on the Competence of the Competence of the Competence of the Competence of prior year grants  2 Possessing on the Competence of the Competence o			ments With Rever		J Page 7
Total evenue, gains, and other support per suction from policy Part VIII, line 12:  a Not unrealized gains bossed on investments  b Donated services and use of feelibles  c Recoveries of prior year gains  d Other Describe in Part XIII,  a Amounts included on From 950, Part VIII, line 12:  b Other Chesconie in Part XIII,  c Add lines 26 short min 1  a Investment exponses not included on Form 950, Part VIII, line 12:  b Other Chesconie in Part XIII,  c Add lines 49 and 45  b Other Chesconie in Part XIII,  c Add lines 49 and 45  b Other Chesconie in Part XIII,  c Add lines 49 and 45  c Total evenue, Add lines 3 and 46. (This cause small Farm 950) Part I, line 12:  b Total exponses and losses per audited financial statements  Complete if the organization snaward "Very or Form 950, Part X, line 25:  a Donated services and uses feet and an in Part XIII.  c Add lines 20 and 40:  b Prior year adjustments  d Other Chesconie in Part XIII.  c Add lines 20 attraction 28  d Other Chesconie in Part XIII.  d Amounts included on Form 950, Part X, line 25:  a Donated services and use of facilities  b Prior year adjustments  d Other Chesconie in Part XIII.  d Amounts included on Form 950, Part X, line 25, but not on Form 150;  d Other Chesconie in Part XIII.  d Amounts included on Form 950, Part X, line 25, but not on Form 150;  d Other Chesconic in Part XIII.  d Amounts included on Form 950; Part X, line 25, but not on Form 150;  d Other Chesconic in Part XIII.  d Amounts included on Form 950; Part X, line 25, but not on Form 150;  d Other Chesconic in Part XIII.  d Amounts included on Form 950; Part X, line 25, but not on Form 150;  d Other Chesconic in Part XIII.  d Amounts included on Form 950; Part X, line 26, but not on Form 150;  d Other Chesconic in Part XIII.  d Amounts included on Form 950; Part X, line 26, but not on Form 150;  d Other Chesconic in Part XIII.  d Amounts included on Form 950; Part X, line 26, but not on Form 150;  d Other Chesconic in Part XIII.  d Amounts included on Form 950;  d Other Chesconic in Pa		<del>vorza vanto za d</del>		ino has sames	
2 Anounce included on first 1 but not on Form 980, Part VIII, line 12:  a Net unrestroid gaine Spease of investments  b Donaled services and use of facilities  c Peccessfus of pior year grants  d Other Describe in Part XIII,  a Anounce included on Form 980, Part VIII line 12, but not on line 1:  a Investment suppressed not included on Form 980, Part VIII line 7b  b Cliner Describe in Part XIII,  c Add lines 2e and 4b  5 Total systems and Sease part and suppress of the Audited Financial Statements With Expenses per Return.  Competed if the organization pressage of "ee" on Form 590, Part IV, line 12:  2 Anounts included on Form 980, Part IV, line 7b  1 Total systems and because part called of forming 15 and statements  2 Anounts included on Form 980, Part IV, line 25:  a Donated services and cluste of facilities  b Prior year adjustments  c Other Researches and cluste part adjustments  b Prior year adjustments  c Other Researches and cluste of facilities  b Prior year adjustments  c Other Researches and Form 980, Part IV, line 25:  a Donated services and clusted on Form 980, Part IV, line 25:  a Donated services and clusted forming and statements  d Other (Researches and clusted forming and statements)  a Prior year adjustments  c Other Researches and clusted forming and statements  b Prior year adjustments  d Other (Researches and clusted forming and statements)  a Prior year adjustments  c Other Researches and clusted forming and statements  b Prior year adjustments  c Other Researches and clusted forming and the part XIII,  a Add lines de through 2d  3 Subtract line Per NIII,  a Add lines de and 4b  5 Total regements. Add lines 3 and 4a, (The cause count Form 590, Fart IV, line 7b  4 Anounts included on Form 990, Part IV, line 7b  4 Anounts included on Form 990, Part IV, line 7b  5 Country (Part IV, Line 4; Part XIII)  a Add lines de and 4b  5 Total regemental Information.  Provide the descriptions recupied for Part IV, line 2b, but not on Sin 1;  The POUNDATION S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOW	4			141	<u> </u>
a Not unrealized gains Reasond on investments 20		* * * * * * * * * * * * * * * * * * * *	*,,*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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Schedule D (Form 990) 2020

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# AMERICAN FOUNDATION FOR SUICIDE Schedule D (Form 990) 2020 PREVENTION 13-3393329 Page 5 Part XIII Supplemental Information (continued) 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.

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# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

Attach to Form 990. Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number

13-3393329

OMB No. 1545-0047

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region (b) Number of expénditures employees, (by type) (such as, fundraising, prois a program service, offices agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region NORTH AMERICA -CANADA AND MEXICO, GRANTS TO RECIPIENTS BUT NOT THE UNITED STATES OCATED IN REGION SUICIDE RELATED RESARCH 521,348. MIDDLE EAST AND NORTH AFRICA -GRANTS TO RECIPIENTS ALGERIA, BAHRAIN, LOCATED IN REGION SUICIDE RELATED RESEARCH 99,970. DJIBOUTI, EGYPT EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, GRANTS TO RECIPIENTS 389,980. AUSTRIA, BELGIUM 0 LOCATED IN REGION SUICIDE RELATED RESEARCH EAST ASIA AND THE PACIFIC - AUSTRALIA. BRUNEI, BURMA, GRANTS TO RECIPIENTS SUICIDE RELATED RESEARCH 288,638, OCATED IN REGION CAMBODIA 299,936. 0 3 a Subtotal ..... b Total from continuation ٥. sheets to Part I Õ 0 c Totals (add lines 3a

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

Schedule F (Form 990) 2020

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13-3393329

PREVENTION

Schedule F (Form 990) 2020

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.

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(i) Method of valuation (book, FMV, appraisal, other)			aartuuppyyysyttättä tyystämistoista olevaa	and and a state of the state of		******************************	ALLAN MANAGEMENT AND AND AND AND AND AND AND AND AND AND			Schedule F (Form 990) 2020
(h) Description of noncash assistance									***************************************	Sched
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(f) Manner of cash disbursement	aire transper	VIRE TRANSFER						ecognized as a tax ivalency letter		CALACATA A A A A A A A A A A A A A A A A A
(e) Amount of cash grant	100,935,	100,946.					all and side as connected on compression and municipal consistency connected on a section of con	foreign country, r	The failed can up	The same of the sa
(d) Purpose of grant	SCIENTIFIC RESEARCH	SCIENTIFIC RESEARCH		A CONTRACTOR OF THE CONTRACTOR				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	DI DOGRESSIO DI CAMPA E E	
(c) Region	MIDDLE EAST AND NORTH AFRICA	NORTH AMERICA			A CONTRACTOR OF THE PROPERTY O		NAMES AND ADDRESS OF THE PROPERTY OF THE PROPE	is listed above that are r	rockings are granted	A A A A A A A A A A A A A A A A A A A
(b) IRS code section and EIN (if applicable)								recipient organization	offher ordanizations o	THE REAL PROPERTY AND PERSONS ASSESSED FOR THE
1 (a) Name of organization								2 Enter total number of	sxempt ou (c)(a) organization by the mo, or not write s.  S Enter total number of other organizations or entities.	

# AMERICAN FOUNDATION FOR SUICIDE

PREVENTION

Schedule F (Form 990) 2020

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

13-3393329

Part III can be duplicated if additional space is needed

Schedule F (Form 990) 2020 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance

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	X 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	X 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	X 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	X 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	X 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	X No
	Sc	hedule F (For	m 990) 2020

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.

# **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number

Part Fundraising Activities.	Complete if the organization ans	wered "Yes"	on Form 990, Part IV.	line 17. Form 990-EZ	A THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS
required to complete this part  1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written o key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	ed funds through any of the follow e Solic f Solic g Spec r oral agreement with any individuals or entities (fundraisers) pur	ving activities itation of nor itation of gov sial fundraisin ual (including n professiona	s. Check all that applygovernment grants ernment grants g events officers, directors, trus I fundraising services?	stees, orYes	. No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundralser have custod or control o contribution	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
776-19-19-19-19-19-19-19-19-19-19-19-19-19-	**************************************	Yes N	O		
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S List all states in which the organizatio or licensing.	n is registered or licensed to solic	oit contributio	kienenin liggiken in die Krithin der en haer den anneren in an einem machen mit samt	d it is exempt from re	gistration
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Schedule G (Form 990 or 990-EZ) 2020

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

Schedule G (Form 990 or 990-EZ) 2020 PREVENTION 13-3393329 Page 2 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events OUT OF THE LIFE SAVER'S (add col. (a) through darkness wal gala 2322 col. (c)) (event type) (event type) (total number) 14,854,466. 423,164. 3,485,675. 18,763,305. 1 Gross receipts 14,854,466. 423,164. 3,485,675. 18,763,305. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 822,920. 36,760. 34,036. 893,716. Noncash prizes 169,767. 6 Rent/facility costs 139,020. 30,747. 11,244. 1,929. 13,173. 7 Food and beverages 134,234. 68,425. 245,073. 42,414. 8 Entertainment 946,583. 13,154. 56,687. 1,016,424. Other direct expenses 2,338,153. 10 Direct expense summary. Add lines 4 through 9 in column (d) -2,338,153.Net income summary, Subtract line 10 from line 3, column (d) **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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs ..... Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 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? b If "No," explain: \_\_\_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," explain: \_\_\_

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 PREVENTION 13-3393329 Page 3
11 Does the organization conduct gaming activities with nonmembers? Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name >
Address >
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
c If "Yes," enter name and address of the third party:
Name >
Address 🄛
16 Gaming manager information:
Name >
Gaming manager compensation 🕨 \$
Description of services provided 🕨
Director/officer Employee Independent contractor
17 Mandatory distributions:
a is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
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.
032083 11-25-20 Schedule G (Form 990 or 990-EZ) 2020

## AMERICAN FOUNDATION FOR SUICIDE Schedule G (Form 990 or 990-EZ) PREVENTION Part W Supplemental Information (continued) 13-3393329 Page 4

Schedule G (Form 990 or 990-EZ)

### SCHEDULE I

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.

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OMB No. 1545-0047

Open to Public

Ö Š 25 Employer identification number 13-3393329 SUICIDE RELATED RESEARCH SUICIDE RELATED RESEARCH SUICIDE RELATED RESEARCH NUICIDE RELATED RESEARCH SUICIDE RELATED RESEARCH SUICIDE RELATED RESEARCH (h) Purpose of grant or assistance X Yes 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other ్ట 0 <u>.</u> c (2) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ecipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 975. 965 90,000, 90,000 000 06 066 66 (d) Amount of cash grant ස දැ 8 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table AMERICAN FOUNDATION FOR SUICIDE (c) IRC section (if applicable) 501(0)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(0)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 36-2170136 95-2557063 13-6171197 53-0196549 56-1176030 13-1740451 General Information on Grants and Assistance (G) criteria used to award the grants or assistance? PREVENTION 3424 S. STATE ST. TECH CENTRAL BLDG BOX 3500 - NEW YORK, NY 10029-6574 1 (a) Name and address of organization - ONE GUSTAVE L. LEVY PLACE ICAHN SCHOOL OF MEDICINE AT MOUNT ILLINOIS INSTITUTE OF TECHNOLOGY SUITE 450 - COTU PF OMDISTRU, CA 13300 CROSSROADS PARKWAY NORTH 4400 MASSACHUSETTS AVENUE NW APPALACHIAN STATE UNIVERSITY or government WEST HARRISON, NY 10604 400 WESTCHESTER AVENUE WASHINGTON, DC 20016 Name of the organization AMERICAN UNIVERSITY FORDHAM UNIVERSITY IL 60616 BOONE, NC 28608 P.O. BOX 32043 HELUNA HEALTH CHICAGO, Parti Part SIMAI 91746 N

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Schedule I (Form 990) 2020

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Schedule (Form 990) PREVENTION						<del>,  </del>	3-3393329 Page 1
Partil Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Do	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	4 昆)	THE PROPERTY OF THE PROPERTY O
(a) Name and address of organization or government	(D) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 550 NORTH BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	180,000.	0			SUICIDE RELATED RESEARCH
MCLEAN HOSPITAL CORPORATION 115 MILL ST BELMONT, MA 02478	04-2697981	501(c)(3)	112,000	ô			SUICIDE RELATED RESEARCH
MONTCLAIR STATE UNIVERSITY 1 NORMAL AVENUE MONTCLAIR, NJ 07043	22-2912682	501(C)(3)	30,000	° (c)	THE PROPERTY OF THE PROPERTY O		SUICIDE RELAYED RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 415026 - BOSTON, MA 02241	13-5562308	\$01(C)(3)	30,000	0			SUICIDE RELATED RESEARCE
RRODE ISLAND HOSPITAL 167 POINTS STREET BOX 42 SUITE 1A PROVIDENCE, RI 02903	05-0258954	<b>501(C)(3)</b>	00000	Õ			SUICIDE RELATED RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 3333 CALIFORNIA ST. SUITE 315 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	0 0 0	ů			SUICIDE RELATED RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 1026 WOLVERINE TOWER 3003 S. STATE ST ANN ARBOR, MI 48109	38-6006309	501(c)(3)	189, 808.	Ç			SUICIDE RELATED RESEARCH
THE RESEARCH FOUNDATION FOR MENTAL HYGENE, INC - 150 BROADWAY SUITE 301 - MENANDS, NY 12204	14-1410842	\$01(C)(3)	189, 994.	0			SUICIDE RELATED RESEARCE
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - DET 781653 P.O. BOX 78000 - DETROIT MI 48278	31-6056230	<b>501(C)(3)</b>	000	0.			SUICIDE RELATED RESEARCH
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Schedule   (Form 990) PREVENTION  Schedule   Continuation of Grants and Other Assistance to Domestic Or	FUUNDATION N Assistance to Do	AMEKICAN FOUNDATION FOR SUICIDE PREVENTION Grants and Other Assistance to Domestic Organizations and Domestic Governments.	JE and Domestic Go	1 1	(Schedule ! (Form 990), Part II.)	1 11)	3-3393329 Page 1	
(a) Name and ac organization or go	e e	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THE TRUSTEES OF COLOMBIA UNIVERSITY IN THE CITY OF NEW YORK - P.O. BOX 29789 GENERAL POST OFFICE - NEW YORK, NY 10087	13-5598093	501(c)(3)	125,600.	0			SUICIDE RELATED RESEARCH	
THE UNIVERSITY OF MICHIGAN 1026 WOLVERINE TOWER 3003 S. STATE ANN ARBOR, MI 48109	38~6006309	<b>501(c)(3)</b>	124,880,	۰			SUICIDE RELATED RESEARCH	
TRUSTEES OF INDIANA UNIVERSITY 509 RAST 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501(c)(3)	223,778.	(C)			SUICIDE RELATED RESEARCH	
UNIVERSITY OF CENTRAL FLORIDA P.O. BOX 160118 ORLANDO, FL 32816	59-2924021	D01(C)(3)	.000,06	C.			SUICIDE RELATED RESEARCJ	
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 N, STATE STREET - JACKSON, MS 39216	64-6008520	<b>501</b> (C)(3)	100,000.	Ö			SUICIDE RELATED RESEARCH	
	56-6001393	501(C)(3)	100,000.				SUICIDE RELATED RESEARCH	
UT SOUTHWESTERN MEDICAL CENTER P.O. BOK 841753 DALLAS, TX 75284	75-6002868	501(C)(3)	1,495,939,	Ö			SUICIDE RELATED RESEARCH	
VETERANS HEALTH RESEARCH INSTITUTE OF CENTRAL NEW YORK INC - 800 IRVING AVENUE - SYRACUSE, NY 13210	16-1365231	501(C)(3)	189,821.	Ö			SUICIDE RELATED RESEARCH	
YALE UNIVERSITY P.O. BOX 208327 NEW HAVEN, CT 06520	06-0646973	501(0)(3)	178,548,	¢			SUICIDE RELATED RESEARCH	
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Schedule I (Form 990) PREVENTION Reatin Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	N ssistance to Dor	PREVENTION rants and Other Assistance to Domestic Organizations and	and Domestic Go	, ,	(Schedule I (Form 990), Part II.)		13-3393329 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA-LOS ANGELES - P.O. BOX 957089 1125 MURPHY HALL 405 HILGARD AVENUE - LOS ANGELES, CA	95-6006143	501(C)(3)	000000000000000000000000000000000000000	0			SUICIDE RELATED RESEARCH
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13-3393329

Page 2

PREVENTION

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. Schedule I (Form 990) 2020
| Rart III. Grants and Other

(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
		one of the state o			
Rain W   Supplemental Information. Provide the information required in	nuired in Part I, lin	e 2; Part III, column	Part I, line 2: Part III, column (b); and any other additional information.	ditional information,	
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DETAILED INFORMATION.	ALL FORMS	1 1	D BY	INVESTIGATORS, AS	
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FELLOWS, AND FINANCIAL/ADMINISTRATIVE	IVE OFFICERS	ERS DESIGNATED	ATED BY THE	E SUPPORTING	THE PROPERTY OF THE PROPERTY O
INSTITUTION. PRIMARY INVESTIGATORS	ALSO PROVIDE	AFSP	WITH A DEU	DETAILED BUDGET	нада алада курунунун контонен канада канада курунун контонен канада канада курунун контонен канада канада кана
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### AMERICAN FOUNDATION FOR SUICIDE 13-3393329 Page 2 PREVENTION Schedule I (Form 990) Part IV Supplemental Information NECESSARY.

Schedule I (Form 990)

### **SCHEDULE J** (Form 990)

Department of the Treasury

**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.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Go to www.irs.gov/Form990 for instructions and the latest information. AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			in più
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
			277714	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		******
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X 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?	<u>4a</u>	ļ	X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<u> </u>	X
C	Participate in or receive payment from an equity-based compensation arrangement?	40		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			i i
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:			
8	The organization?	<u>6a</u>	ļ	X
b	Any related organization?	6b		Х
	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		iid ic	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
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	8	<b>_</b>	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	

Schedule J (Form 990) 2020

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

Schedule J (Form 990) 2020 PREVE

PREVENTION

Partit 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.

ONTO THE PROPERTY OF THE PROPE		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT GEBBIA	E	407,647.	60,240.	• 0	28,500.	31,835.	528,222。	•
CEO		L	ŧ	• 0	0	0	.0	•0
(2) CHRISTINE MOUTIER	le	401,597.	59,380.	* 0	28,500.	31,817.	521,294.	Ô
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(3) MICHAEL LAMMA		252,124.	25,400.	0	23,912.	33,319.	334,755.	°O
SVP FIELD MGT & DEVELOPMENT	A 2000		0	0.				
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CEO			į	0		.0		• 0
STEPEANIE ROGERS	Le	204,075,	19,850.	•	19,470.	21,424.	264,819.	o
SVP COMMUNICATION				*0	0		1 1	•
	9	157	8,112.	.0	14,308.	33,319.	212,881.	j
VP PROGRAMS	100			0.	°	0	0.	• 0
(7) JILL HARKAVY-FRIEDMAN	Le	174	8,232		16,911.	10,449.	209,	0.
VP RESEARCH			4	* 0	0.0	.0	d Marie Inn	0
(8) HEATHER MAVRONICOLAS	E	147,744.	0	*0	14,774.	31,822.	194,340.	
SR, DIRECTOR IMPACT MEASUREMENT	. 63		Ö	*0	0.	• 0		
2		141,824.	0.	0	13,402.	17,648.	172,874.	o
CENTRAL DIVISION DIRECTOR	100	Ĺ	0.	0	ċ			•
(10) ASHLY ALBERTO	6	144,766.	°	0	14,477.	10,119	169,362。	0
SR, DIRECTOR DEVELOPMENT	: 6		.0	• 0	0	Ö	°	Ō
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							Sched	Schedule J (Form 990) 2020

13-3393329

Page 3

PREVENTION

Schedule J (Form 990) 2020
| Partill | 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.

	LISTED ON PART VII, RECEIVED NON-FIXED PAYMENTS	ING THE YEAR:		3.0												Schedule J (Form 990) 2020
PART I, LINE 7:		IN THE FORM OF A BONUS DURING THE Y	GEBBIA - \$60,240	CHRISTINE MOUTIER - \$59,380	\$2	\$ 2	SKS	*	FEDWAN - 48		and in the property of the pro		евымания бый (устотивную вынами немальный как предественные выпадаты предественные выпадаты в предественные выпадаты в предественные в предест	Accessment and an accessment of the control of the	onnementalandistriktivationisternamaaaassassistiksticonemaansassassistiksticonemaarassassassassassassassassass	

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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. AMERICAN FOUNDATION FOR SUICIDE

Inspection Employer identification number

13-3393329 PREVENTION Part I Types of Property (c) (d) (a)(b) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles A Boats and planes 7 Intellectual property 8 120,433.FMV Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 10 Food inventory ..... 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens ..... 23 24 Archeological artifacts 288,870.FMV (RADIO/TV PROM) 25 Other 20 Other Other **\*** 27 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 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 three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes." describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

Schedule M (Form 990) 2020

LHA

Schedule M (Form 990) 2020 PREVENTION	13-3393329 Page 2
<b>Part II</b> Supplemental Information. Provide the information required by Part I, lines 30b, 3 is reporting in Part I, column (b), the number of contributions, the number of items received this part for any additional information.	32b, and 33, and whether the organization d, or a combination of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
THE NUMBER OF CONTRIBUTIONS ABOVE REPRESENTS THE CON	TRIBUTIONS OF
NON-CASH ITEMS DURING THE FISCAL YEAR 2021.	
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SCHEDULE M, LINE 32B:	
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032142 11-23-20	Schedule M (Form 990) 2020

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Employer identification number 13-3393329

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OUR PUBLIC POLICY OFFICE GIVES OUR VOLUNTEERS THE TOOLS THEY NEED TO
ADVOCATE FOR SUICIDE PREVENTION AT ALL LEVELS OF GOVERNMENT
EXPENSES \$ 2,798,727. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WILL BE REVIEWED BY THE CFO AND THE CEO. 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  LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020

231,952.

2,405,930.

FUNDRAISING EXPENSES

TOTAL EXPENSES

Schedule O (Form 990 or 990-EZ) 2020  Name of the organization	Page 2 Employer identification number 13-3393329
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IT/NETWORK SERVICES:	A & A X 24 54
PROGRAM SERVICE EXPENSES	128,475.
MANAGEMENT AND GENERAL EXPENSES	26,013.
FUNDRAISING EXPENSES	60,594.
TOTAL EXPENSES	215,082.
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PROGRAM SERVICE EXPENSES	29,665.
MANAGEMENT AND GENERAL EXPENSES	346.
FUNDRAISING EXPENSES	925.
TOTAL EXPENSES	30,936.
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PROGRAM SERVICE EXPENSES	269,281.
MANAGEMENT AND GENERAL EXPENSES	14,418.
FUNDRAISING EXPENSES	59,482.
<u>таки менентиндикан кандарын таки таки таки таки таки таки таки таки</u>	
TOTAL EXPENSES	343,181.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,155,779.
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SCHEDULER (Form 990)

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

▼ Attach to Form 990.

OMB No. 1545-0647

Go to www.irs.gov/Form990 for instructions and the latest information. AMERICAN FOUNDATION FOR SUICIDE

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

PREVENTION

Name of the organization

Parti

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number 13-3393329

(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domícile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
oi disregalded entity		roreign country)			CHALLY COMMENTAL AND ADDRESS OF THE COMMENTAL AND ADDRESS OF THE COMMENTAL AND ADDRESS OF THE COMMENTAL AND ADDRESS OF THE COMMENTAL AND ADDRESS OF THE COMMENTAL AND ADDRESS OF THE COMMENTAL ADDRESS OF THE COMMENTAL AND ADDRESS OF THE COMMENTAL A
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part 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.	tions. Complete if the organization an	swered "Yes" on Form 990, Par	t IV, line 34, becaus	se it had one or more	related tax-exempt

eximinations organizations during the lay year.			APPENDED TO STREET, ST	***************************************	***************************************	TATEGRAPH CONTRACTOR WITH A SHARE	PARTICIPATOR
(a)	2	0	9	(e)		(g)	65,7431
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	D. G.	controlled	o be
of related organization	Man and and and and and and and and and a	foreign country)	section	status (if section	entity	entity?	
•		,		501(c)(3))		Yes	No
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For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

032161 10-28-20 LHA

Schedule R (Form 990) 2020 PREVENTION

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. Part

Page 2

13-3393329

Percentage ownership Schedule R (Form 990) 2020 2 Section 512(b)(13) controlled entity? 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 frust during the tax year.  $\cong$ managing partner? Yes No Percentage ownership **(** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 1 1000 1 1000 1 1000 Ö Disproportionate 2 Allocations? Share of total income Yes E Share of end-of-year assets Đ Type of entity (C corp, S corp, or trust) ٩ Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) T (e) Legal domicile (state or foreign country) 2 Direct controlling entity T Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 2 Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 10-28-20 Ž Č

13-3393329

Schedule R (Form 990) 2020

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

3) 2020	orm 990	Schedule R (Form 990) 2020	<i>i</i>		AND VOICE OF THE PROPERTY OF T	032163 10-28-20
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		esercement received department of the service of th			type (a-s)	
	77	nount involved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction	(a) Name of related organization
			ation on who must complete this line, including covered relationships and transaction thresholds.	his line, including covered	tho must complete t	for inform
×		15				F Other transfer of cash or property from related organization(s)
M		Approximation of the second				
×	en X. Steel	ţ.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	g Reimbursement paid by related organization(s) for expenses
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×		10				Sharing of paid employees with related organization(s)
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×	<u></u>	-			minotion(a)	
×		ž				k lease of facilities, equinment, or other assets from related organization(s)
×		7				j Lease of facilities, equipment, or other assets to related organization(s)
×		ina)				Exchange of assets with related organization(s)
×		S.		***************************************		Purchase of assets from related organization(s)
>4 }		10				g Sale of assets to related organization(s)
4						f Dividends from related organization(s)
×		*				
×		10			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e Loans or loan guarantees by related organization(s)
×		<b>7</b>				d Loans or loan guarantees to or for related organization(s)
×	_	2				(0)
×		2				
×	-	<u></u>			^	a Receipt of (f) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
2	Yes		in Parts IHV?	elafed organizations listed	s with one or more r	Note: Complete fine 1 if any entity is fisted 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 IHV?
	>					The second secon

### Form **8868**

(Rev. January 2020)

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

OMB No. 1545-0047

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

	s, for which an extension request must be sent to the IRS nis form, visit www.irs.gov/e-file-providers/e-file-for-charit			etails on th	ne electronic	
***********************	atic 6-Month Extension of Time. Only subm	ne se senska v svok s Veli i Mele Vel				<del>managana kana kana kana kana kana kana ka</del>
***************************************	rations required to file an income tax return other than Fo			e DEMICe	and tructe	
	Form 7004 to request an extension of time to file income			s, nuivilos	, and trusts	
Туре ог	Name of exempt organization or other filer, see instructional formation of the filer of the control of the filer of the fi			Taxpayer	identification num	ber (TIN)
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 13-3393329  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.						
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.						
	City, town or post office, state, and ZIP code. For a fo NEW YORK, NY 10038	reign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			0 1
Applicati	ion	Return	Application			Return
ls For	A LUCE STATE	Code	ls For			Code
Form 990	O or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990-BL         02         Form 1041-A           Form 4720 (individual)         03         Form 4720 (other than individual)						10
***************************************						
	D-T (trust other than above)	06	Form 8870	NAMES OF THE PARTY	***************************************	12
Telepl If the If this box	ooks are in the care of  hone No. (212) 36 3 - 3500  organization does not have an office or place of business is for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box  equest an automatic 6-month extension of time until corganization named above. The extension is for the organization named above. The extension is for the organization or the calendar year or  X tax year beginning JUL 1, 2020  he tax year entered in line 1 is for less than 12 months, of Change in accounting period	in the Un Group Exe and atta MA mization's	Fax No. Interpretation of the properties of the	If this is for all members	r the whole group, ers the extension is opt organization rel	s for.
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less	3a	\$	0.
Sale-Section 1	y nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and			
	nis application is for Porms 990-PF, 990-1, 4720, of 9009 timated tax payments made, Include any prior year overp			3b	\$	0.
-					<u> </u>	20. E
	ilance due, Subtract line 3b from line 3a. Include your pa	•		3c	***	0.
	ing EFTPS (Electronic Federal Tax Payment System). See			omanamomomoficiellolololololololololololololololololol	American compression and a second	************
instruction		of o Me West and a success as a		400-EU 8N		
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.		Form <b>8868</b> (	Rev. 1-2020)

023841 04-01-20