

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

DECEMBER 31, 2012

Prepared for	SUICIDE PREVENTION AND CRISIS SERVICE, INC., D/B/A CRISIS SERVICES 2969 MAIN STREET BUFFALO, NY 14214
Prepared by	TOSKI & CO., CPAS, P.C. 300 ESSJAY RD, SUITE 115 WILLIAMSVILLE, NY 14221
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	AUGUST 15, 2013
Special Instructions	<p>NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.</p> <p>ENCLOSE A CHECK FOR \$125 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.</p>

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2012Open to Public
Inspection**A For the 2012 calendar year, or tax year beginning****and ending****B Check if applicable:**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organizationSUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES**Doing Business As**Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2969 MAIN STREETCity, town, or post office, state, and ZIP code
BUFFALO, NY 14214**F Name and address of principal officer:** SCOTT WEBER
SAME AS C ABOVE**D Employer identification number**

16-0956222

E Telephone number

716-834-3131

G Gross receipts \$ 3,560,897.**H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c) Group exemption number** ▶**I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.CRISISSERVICES.ORG**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** 1968 **M State of legal domicile:** NY**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	103
	6 Total number of volunteers (estimate if necessary)	6	143
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,528,224.	3,470,915.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,817.	81,492.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,549.	397.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,707.	8,093.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,580,297.	3,560,897.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,289,025.	3,095,645.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,703.	0.	0.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	558,652.	580,739.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,847,677.	3,676,384.
	19 Revenue less expenses. Subtract line 18 from line 12	-267,380.	-115,487.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,098,465.	1,207,632.
	22 Net assets or fund balances. Subtract line 21 from line 20	144,339.	368,993.

Part II Signature Block

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

Sign Here ▶ Signature of officer SCOTT WEBER Date 7/11/13
 ▶ Type or print name and title SCOTT WEBER, PRESIDENT

Paid Preparer Use Only ▶ Print/Type preparer's name JOHN T. O'BRIEN, MBA, MST Preparer's signature [Signature] Date 07/02/13 Check ☐ self-employed ☐ PTIN P01253588
 ▶ Firm's name TOSKI & CO., CPAS, P.C. ▶ Firm's EIN 16-1170608
 ▶ Firm's address 300 ESSJAY RD, SUITE 115 ▶ Phone no. 716-634-0700
WILLIAMSVILLE, NY 14221

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

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2012 Open to Public Inspection
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1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2012 and ending (mm/dd/yyyy) 12/31/2012

b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization SUICIDE PREVENTION AND CRISIS SERVICE, INC., D/B/A CRISIS SERVICES Number and street (or P.O. box if mail not delivered to street address) Room/suite 2969 MAIN STREET City or town, state or country and ZIP + 4 BUFFALO, NY 14214	d. Fed. employer ID no. (EIN) 16-0956222 e. NY State registration no. 04-41-38 f. Telephone number 716 834-3131 g. Email
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2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer	Signature _____ Printed Name SCOTT WEBER	Title PRESIDENT Date _____	
b. Chief Financial Officer or Treas.	Signature _____ Printed Name DOUGLAS FABIAN	Title EXECUTIVE DIRECTOR Date _____	

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)
 Check ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)
 Check ☐ if gross receipts did not exceed \$25,000 **and** assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.
Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... ☐ Yes* ☒ No
 * If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? ... ☒ Yes* ☐ No
 * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee	\$	25.	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee	\$	100.	
c. Total fee	\$	125.	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ➡ ➡ ➡

Schedule 4b: Government Contributions (Grants)

[illegible]

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

- ☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> IRS Form 990 | <input type="checkbox"/> IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-PF |
| <input checked="" type="checkbox"/> All required schedules (including Schedule B) | <input type="checkbox"/> All required schedules (including Schedule B) | <input type="checkbox"/> All required schedules (including Schedule B) |
| <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T |

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

- ☒ Audit Report (total support & revenue more than \$250,000)
- ☐ Review Report (total support & revenue \$100,001 to \$250,000)
- ☐ No Accountant's Report Required (total support & revenue not more than \$100,000)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No. 1545-0047

2012Open to Public
Inspection

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

A For the 2012 calendar year, or tax year beginning**and ending****B** Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ated
- ☐ Amended
return
- ☐ Applica-
tion
pending

C Name of organizationSUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2969 MAIN STREET

Room/suite

City, town, or post office, state, and ZIP code

BUFFALO, NY 14214

F Name and address of principal officer: SCOTT WEBER

SAME AS C ABOVE

D Employer identification number

16-0956222

E Telephone number

716-834-3131

G Gross receipts \$ 3,560,897.**H(a)** Is this a group return
for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CRISISSERVICES.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1968 **M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,528,224.	3,470,915.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,817.	81,492.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,549.	397.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,707.	8,093.
			3,580,297.	3,560,897.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,289,025.	3,095,645.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,703.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	558,652.	580,739.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,847,677.	3,676,384.
	19	Revenue less expenses. Subtract line 18 from line 12	-267,380.	-115,487.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,098,465.	1,207,632.
	22	Net assets or fund balances. Subtract line 21 from line 20	144,339.	368,993.
		954,126.	838,639.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	SCOTT WEBER, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN T. O'BRIEN, MBA, MST	<i>[Signature]</i>	07/02/13		P01253588
	Firm's name ▶	Firm's EIN ▶			
	TOSKI & CO., CPAS, P.C.	16-1170608			
	Firm's address ▶	Phone no.			
	300 ESSJAY RD, SUITE 115	716-634-0700			
	WILLIAMSVILLE, NY 14221				

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X**

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,081,468. including grants of \$) (Revenue \$)

ADVOCATE PROGRAM- IMMEDIATE CRISIS INTERVENTION AND SUPPORT FOR SURVIVORS OF RAPE, SEXUAL ASSAULT, DOMESTIC VIOLENCE, FAMILY VIOLENCE AND ELDER ABUSE VIA CRISIS SERVICES' 24 HOUR HOTLINE OR HOSPITALS IN ERIE COUNTY.

4b (Code:) (Expenses \$ 1,121,480. including grants of \$) (Revenue \$)

EMERGENCY OUTREACH- IMMEDIATE MENTAL HEALTH INTERVENTION TO INDIVIDUALS IN ERIE COUNTY OFFERED 24 HOURS A DAY TO HELP THOSE WHO ARE IN MENTAL HEALTH CRISIS REMAIN IN THE COMMUNITY AND RECEIVE SERVICES THEY NEED IN ORDER TO BE HEALTHY AND SAFE. ALSO PROVIDED TRAUMA RESPONSE SERVICES FOR THOSE EXPOSED TO TRAUMATIC EVENTS INCLUDING SUICIDE, FIRE, ROBBERY, COMMUNITY VIOLENCE, WORKPLACE DEATH, WITNESSING OF HOMICIDE, DOMESTIC VIOLENCE, AND NATURAL DISASTER.

4c (Code:) (Expenses \$ 769,595. including grants of \$) (Revenue \$)

CRISIS PHONE COUNSELING- RECEIVED CALLS DEALING WITH THE FOLLOWING AREAS OF NEED: SUICIDE PREVENTION AND MENTAL HEALTH ISSUES, INFORMATION AND REFERRAL, SUPPORTIVE COUNSELING, FINANCIAL ISSUES, EVICTION/BACK RENT, UTILITY PROBLEMS/SHUTOFF, EMERGENCY HOUSING AND SHELTER, DOMESTIC VIOLENCE, STRESS AND ANXIETY, AND RELATIONSHIP ISSUES.

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

(Expenses \$ 332,011. including grants of \$) (Revenue \$ 81,492.)

4e Total program service expenses 3,304,554.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**SUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES**

Form 990 (2012)

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Part IV Checklist of Required Schedules (continued)

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

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 19		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 103		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
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?	7a		X
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 to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the 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	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒ **X**

Section A. Governing Body and Management

	1a	12	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 in Schedule O.		12		
b Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

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

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
DOUGLAS FABIAN - 716-834-3131
2969 MAIN STREET, BUFFALO, NY 14214

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

[illegible]

**SUICIDE PREVENTION AND CRISIS SERVICE,
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								84,512.	0.	5,984.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								84,512.	0.	5,984.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**SUICIDE PREVENTION AND CRISIS SERVICE,
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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 47,522.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,212,867.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 210,526.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		3,470,915.			
Program Service Revenue	2 a <u>SERVICE INCOME</u>	Business Code 624100	81,492.	81,492.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		81,492.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		397.			397.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 6,087.				
	b Less: direct expenses	b 0.				
	c Net income or (loss) from fundraising events		6,087.			6,087.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a <u>TRAINING/SPEAKING ENGA</u>	611430	1,290.			1,290.	
b <u>CONFERENCE</u>	611430	575.			575.	
c <u>MISCELLANEOUS</u>	900099	141.			141.	
d All other revenue						
e Total. Add lines 11a-11d		2,006.				
12 Total revenue. See instructions.		3,560,897.	81,492.	0.	8,490.	

**SUICIDE PREVENTION AND CRISIS SERVICE,
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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	90,496.		90,496.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,370,572.	2,285,077.	85,495.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,989.	86,387.	4,602.	
9 Other employee benefits	344,124.	330,419.	13,705.	
10 Payroll taxes	199,464.	185,200.	14,264.	
11 Fees for services (non-employees):				
a Management				
b Legal	18,333.	243.	18,090.	
c Accounting	3,302.	2,787.	515.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	127,185.	50,786.	68,899.	7,500.
12 Advertising and promotion				
13 Office expenses	15,744.	15,594.	150.	
14 Information technology	38,641.	18,557.	20,084.	
15 Royalties				
16 Occupancy	58,307.	55,257.	3,050.	
17 Travel	54,951.	54,951.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,225.		31,225.	
23 Insurance	32,057.	29,342.	2,715.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	81,540.	76,992.	4,548.	
b CLIENT SUPPORT	48,417.	48,417.		
c MAINTENANCE	15,312.	15,312.		
d POSTAGE AND PRINTING	14,030.	13,458.	572.	
e All other expenses	41,695.	35,775.	4,717.	1,203.
25 Total functional expenses. Add lines 1 through 24e	3,676,384.	3,304,554.	363,127.	8,703.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**SUICIDE PREVENTION AND CRISIS SERVICE,
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Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	66,127.	1	62,621.
	2 Savings and temporary cash investments	321,494.	2	434,740.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	607,055.	4	628,247.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,636.	9	9,632.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	521,043.		
	b Less: accumulated depreciation	448,651.		
		94,153.	10c	72,392.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,098,465.	16	1,207,632.	
Liabilities	17 Accounts payable and accrued expenses	131,492.	17	130,818.
	18 Grants payable		18	
	19 Deferred revenue	12,847.	19	238,175.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	144,339.	26	368,993.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	954,126.	27	838,639.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	954,126.	33	838,639.	
34 Total liabilities and net assets/fund balances	1,098,465.	34	1,207,632.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,560,897.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,676,384.
3	Revenue less expenses. Subtract line 2 from line 1	3	-115,487.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	954,126.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	838,639.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2012)

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization	SUICIDE PREVENTION AND CRISIS SERVICE, INC., D/B/A CRISIS SERVICES
--------------------------	---

Employer identification number
16-0956222

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

SUICIDE PREVENTION AND CRISIS SERVICE,

Schedule A (Form 990 or 990-EZ) 2012 INC., D/B/A CRISIS SERVICES

16-0956222 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,608,083.	3,489,497.	3,416,274.	3,528,224.	3,470,915.	17,512,993.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,608,083.	3,489,497.	3,416,274.	3,528,224.	3,470,915.	17,512,993.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						17,512,993.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,608,083.	3,489,497.	3,416,274.	3,528,224.	3,470,915.	17,512,993.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,665.	451.	2,598.	3,549.	397.	12,660.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	15,354.	5,736.	8,777.	7,707.	8,093.	45,667.
11 Total support. Add lines 7 through 10						17,571,320.
12 Gross receipts from related activities, etc. (see instructions)					12	357,033.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.67 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.57 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012**Name of the organization**SUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES**Employer identification number**

16-0956222

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

SUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES

Employer identification number

16-0956222

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ERIE COUNTY DEPT OF MENTAL HEALTH 478 MAIN STREET #2 BUFFALO, NY 14202	\$ 1,455,827.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ERIE COUNTY MEDICAL CENTER 462 GRIDER STREET BUFFALO, NY 14215	\$ 382,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ERIE COUNTY DEPT OF SOCIAL SERVICES 95 FRANKLIN STREET BUFFALO, NY 14202	\$ 245,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CITY OF BUFFALO URBAN RENEWAL AGENCY 920 CITY HALL BUFFALO, NY 14202	\$ 167,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NYS CRIME VICTIMS BOARD 65 COURT STREET BUFFALO, NY 14202	\$ 284,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	NYS DIVISION OF CRIMINAL JUSTICE SVCS 4 TOWER PLACE ALBANY, NY 12203	\$ 108,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

SUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES

Employer identification number

16-0956222

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NYS OFFICE FOR THE PREVENTION OF DOMESTIC VIOLENCE 80 WOLF ROAD COLONIE, NY 12205	\$ 322,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CHAUTAUQUA COUNTY 3 NORTH ERIE STREET MAYVILLE, NY 14757	\$ 102,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	JOHN R OISHEI FOUNDATION 1 HSBC CENTER #3650 BUFFALO, NY 14203	\$ 90,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

16-0956222

Part II

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

Name of organization

Employer identification number

SUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES

16-0956222

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012Open to Public
InspectionName of the organization **SUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES**Employer identification number
16-0956222**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last
day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

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

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

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Temporarily restricted endowment ☐ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations ☐ Yes ☐ No
- (ii) related organizations ☐ Yes ☐ No
- 3a(i) ☐ 3a(ii) ☐ 3b ☐
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

- | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 450,819. | 386,093. | 64,726. |
| e Other | | 70,224. | 62,558. | 7,666. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 72,392. |

**SUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES**

Schedule D (Form 990) 2012

16-0956222 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements	1	3,818,455.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	257,558.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	257,558.
3	Subtract line 2e from line 1	3	3,560,897.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,560,897.

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

1	Total expenses and losses per audited financial statements	1	3,933,942.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	257,558.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	257,558.
3	Subtract line 2e from line 1	3	3,676,384.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,676,384.

Part XIII Supplemental Information

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

PART X, LINE 2: THE AGENCY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE AGENCY HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE AGENCY PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES.

Part XIII Supplemental Information (continued)

MANAGEMENT HAS CONCLUDED THAT THE AGENCY HAS TAKEN NO UNCERTAIN TAX
POSITIONS THAT REQUIRE ADJUSTMENT IN ITS FINANCIAL STATEMENTS. U.S. FORMS
990 FILED BY THE AGENCY ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.
THE AGENCY IS NO LONGER SUBJECT TO TAX EXAMINATION FOR THE YEARS ENDED
DECEMBER 31, 2008, AND PRIOR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

SUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES

Employer identification number
16-0956222

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CRISIS SERVICES IS THE 24-HOUR CRISIS CENTER FOR ERIE COUNTY. WE ARE
THE MOST COMPREHENSIVE CRISIS CENTER IN THE WESTERN NEW YORK AREA. THE
HUB OF OUR AGENCY IS OUR 24-HOUR CRISIS COUNSELING PROGRAM THAT
PROVIDES IMMEDIATE RESPONSE TO ALL CALLERS 24 HOURS A DAY, OFFERING
ASSESSMENT, SUPPORTIVE COUNSELING, CRISIS INTERVENTION, REFERRAL AND
INFORMATION. FROM THE EXPERIENCE OF OUR AGENCY'S PROGRAMS, OUR HOTLINE
COUNSELORS HAVE EXPERTISE IN HOMELESSNESS, DOMESTIC VIOLENCE, SEXUAL
ASSAULT, ELDER ABUSE, SUICIDE PREVENTION, TRAUMA RESPONSE AND RESPONSE
TO MENTAL HEALTH CRISIS. WE MANAGE THE MENTAL HEALTH HOTLINE FOR
CHAUTAUQUA COUNTY, RECEIVE THE CALLS FROM THE NATIONAL SUICIDE
PREVENTION LIFELINE FROM CALLERS FROM OUR AREA REACHING OUT TO THEM,
AND ALSO MANAGE THE NEW YORK STATE DOMESTIC AND SEXUAL VIOLENCE
HOTLINE. IN ADDITION TO OUR STAFFED HOTLINE 24 HOURS A DAY, EACH
PROGRAM PROVIDES SERVICES 24 HOURS DAY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

C.S.S. HOMELESS OUTREACH- SERVICES TO HOMELESS PEOPLE FOR EMERGENCY
PLACEMENT AND FOLLOW-UP CASE MANAGEMENT SERVICES, OUTREACH SERVICES TO
HOMELESS SHELTERS AND SOUP KITCHENS IN BOTH THE CITY OF BUFFALO AND
RURAL AND SUBURBAN ERIE COUNTY, NY.

EXPENSES \$ 332,011. INCLUDING GRANTS OF \$ 0. REVENUE \$ 81,492.

FORM 990, PART VI, SECTION B, LINE 11: PROVIDED TO BOARD PRIOR TO FILING.

Name of the organization SUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES

Employer identification number
16-0956222

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY UPDATES THE DISCLOSURE
POLICY AND BOARD MEMBERS COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE COMMITTEE MANAGES
EVALUATION PROCESS AND REVIEWS COMPARATIVE DATA FROM INDEPENDENT SOURCES
AND DOCUMENTS DELIBERATION.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

FORM 990 PART XII LINE 2C:

NO CHANGES HAVE TAKEN PLACE DURING THE FISCAL YEAR ENDED DECEMBER 31,
2012.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

2012

Open to Public Inspection

Name of the organization

SUICIDE PREVENTION AND CRISIS SERVICE,

INC., D/B/A CRISIS SERVICES

Employer identification number
16-0956222

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

[illegible]

Part II
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

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

Schedule R (Form 990) 2012

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

[illegible]

Part IV
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

SUICIDE PREVENTION AND CRISIS SERVICE,
INC., D/B/A CRISIS SERVICES

16-0956222 Page 3

Schedule R (Form 990) 2012

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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CRISIS SERVICES FOUNDATION	K	43,838.	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SUICIDE PREVENTION AND
CRISIS SERVICE, INC.

Financial Statements and
Supplementary Information

December 31, 2012

(With Independent Auditors' Report Thereon)

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

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* * * * *

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Suicide Prevention and
Crisis Service, Inc.:

Report on the Financial Statements

We have audited the accompanying financial statements of Suicide Prevention and Crisis Service, Inc. (the Agency), which comprise the statement of financial position as of December 31, 2012, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Agency's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Agency's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Suicide Prevention and Crisis Service, Inc. as of December 31, 2012, and the changes in its net assets and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated May 2, 2013, on our consideration of the Agency's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Agency's internal control over financial reporting and compliance.

Report on Summarized Comparative Information

We have previously audited Suicide Prevention and Crisis Service, Inc.'s 2011 financial statements, and our report dated April 4, 2012, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2011, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Toski & Co., CPAs, P.C.

Williamsville, New York
May 2, 2013

SUICIDE PREVENTION AND CRISIS SERVICE, INC.
Statement of Financial Position
December 31, 2012
with comparative totals for 2011

<u>Assets</u>	<u>2012</u>	<u>2011</u>
Cash and equivalents	\$ 497,361	387,621
Receivables	628,247	607,055
Prepaid expenses	9,632	9,636
Furniture and equipment, at cost	521,043	511,579
Less accumulated depreciation	<u>(448,651)</u>	<u>(417,426)</u>
Net furniture and equipment	<u>72,392</u>	<u>94,153</u>
Total assets	<u><u>\$ 1,207,632</u></u>	<u><u>1,098,465</u></u>
<u>Liabilities and Net Assets</u>		
Accounts payable and accrued expenses, including accrued vacation pay of \$82,676 in 2012 and \$97,932 in 2011	130,818	131,492
Deferred revenue	<u>238,175</u>	<u>12,847</u>
Total liabilities	368,993	144,339
Unrestricted net assets	<u>838,639</u>	<u>954,126</u>
Total liabilities and net assets	<u><u>\$ 1,207,632</u></u>	<u><u>1,098,465</u></u>

See accompanying notes to financial statements.

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

Statement of Activities

Year ended December 31, 2012

with comparative totals for 2011

	<u>2012</u>	<u>2011</u>
Unrestricted revenue:		
Fees and grants	\$ 3,422,747	3,470,308
United Way of Buffalo and Erie County	47,522	47,567
In-kind support	257,558	544,389
Fundraising	6,087	-
Miscellaneous	<u>84,541</u>	<u>62,422</u>
Total unrestricted revenue	<u>3,818,455</u>	<u>4,124,686</u>
Unrestricted expenses:		
Program services:		
Crisis phone counseling	879,417	901,213
Outreach program	1,121,480	1,036,594
Advocate program	1,229,204	1,480,710
Homeless outreach	<u>332,011</u>	<u>508,731</u>
Total program services	<u>3,562,112</u>	<u>3,927,248</u>
Supporting services:		
Management and general	363,127	442,318
Fundraising	<u>8,703</u>	<u>22,500</u>
Total supporting services	<u>371,830</u>	<u>464,818</u>
Total unrestricted expenses	<u>3,933,942</u>	<u>4,392,066</u>
Decrease in unrestricted net assets	(115,487)	(267,380)
Unrestricted net assets at beginning of year	<u>954,126</u>	<u>1,221,506</u>
Unrestricted net assets at end of year	<u>\$ 838,639</u>	<u>954,126</u>

See accompanying notes to financial statements.

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

Statement of Functional Expenses

Year ended December 31, 2012
with comparative totals for 2011

	Program services				Supporting services			Total expenses
	Crisis phone counseling	Outreach program	Advocate program	Homeless outreach	Total program services	Management and general	Fundraising	Total supporting services
Salaries	\$ 573,242	752,655	753,093	200,531	2,279,521	175,563	-	2,455,084
Payroll taxes and employee benefits	130,682	241,000	180,826	55,054	607,562	32,999	-	640,561
Salaries, in-kind	109,822	-	147,736	-	257,558	-	-	257,558
Total salaries and related benefits	813,746	993,655	1,081,655	255,585	3,144,641	208,562	-	3,353,203
Insurance	6,155	13,083	5,136	4,968	29,342	2,715	-	32,057
Building maintenance	3,673	7,570	2,634	1,435	15,312	-	-	15,312
Office supplies	2,105	3,680	3,112	568	9,465	704	-	10,169
Program supplies	232	757	2,528	114	3,631	-	-	3,631
Volunteer food and stipend	1,442	1,019	47	-	2,508	146	-	2,654
Postage and printing	1,132	1,732	9,981	613	13,458	572	-	14,030
Telephone	18,563	27,212	22,443	8,774	76,992	4,548	-	81,540
Travel and conferences	2,365	24,038	24,557	3,991	54,951	-	-	54,951
Utilities	3,641	6,829	1,706	1,147	13,323	1,146	-	14,469
Consultants	2,392	1,204	40,865	30	44,491	13,735	7,500	65,726
Office expense	4,173	7,445	2,450	1,526	15,594	150	-	15,744
Staff recruitment	1,367	70	795	-	2,232	368	-	2,600
Pager service	170	1,715	4,384	-	6,269	408	-	6,677
Professional services	7,674	8,223	9,934	2,051	27,882	93,853	-	121,735
Minor equipment	1,873	360	3,427	-	5,660	-	-	5,660
Membership dues	-	-	1,228	-	1,228	750	-	1,978
Rent	8,329	22,796	7,740	3,069	41,934	1,904	-	43,838
Client support	-	-	369	48,048	48,417	-	-	48,417
Depreciation	-	-	-	-	-	31,225	-	31,225
Miscellaneous	385	92	4,213	92	4,782	2,341	1,203	8,326
Total expenses	\$ 879,417	1,121,480	1,229,204	332,011	3,562,112	363,127	8,703	3,933,942
								4,392,066

See accompanying notes to financial statements.

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

Statement of Cash Flows

Year ended December 31, 2012

with comparative totals for 2011

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities:		
Decrease in unrestricted net assets	\$ (115,487)	(267,380)
Adjustments to reconcile increase in unrestricted net assets to net cash used in operating activities:		
Depreciation	31,225	40,952
Changes in:		
Receivables	(21,192)	18,287
Prepaid expenses	4	(9,636)
Accounts payable and accrued expenses	(674)	57,512
Deferred revenue	<u>225,328</u>	<u>(310,125)</u>
Net cash provided by (used in) operating activities	119,204	(470,390)
Cash flows from investing activities - additions to furniture and equipment	<u>(9,464)</u>	<u>(42,935)</u>
Net increase (decrease) in cash and equivalents	109,740	(513,325)
Cash and equivalents at beginning of year	<u>387,621</u>	<u>900,946</u>
Cash and equivalents at end of year	<u>\$ 497,361</u>	<u>387,621</u>
Supplemental schedule of cash flow information:		
In-kind support	<u>\$ 257,558</u>	<u>544,389</u>
Salaries, in-kind	<u>\$ 257,558</u>	<u>544,389</u>

See accompanying notes to financial statements.

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

Notes to Financial Statements

December 31, 2012

(1) Summary of Significant Accounting Policies

(a) Nature of Activities

Suicide Prevention and Crisis Service, Inc. (the Agency) is the 24-hour crisis center for Erie County. The Agency is the most comprehensive crisis center in the Western New York area. The hub of the Agency is the 24-hour Crisis Counseling Program that provides immediate response to all callers 24 hours a day, offering assessment, supportive counseling, crisis intervention, referral and information. From the experience of the Agency's programs, the hotline counselors have expertise in homelessness, domestic violence, sexual assault, elder abuse, suicide prevention, trauma response and response to mental health crisis. The Agency manages the mental health hotline for Chautauqua County, receives the calls from the National Suicide Prevention Lifeline from callers from the Western New York area reaching out to them, and also manages the New York State Domestic and Sexual Violence Hotline. In addition to the staffed hotline 24 hours a day, each program described below provides services 24 hours a day:

Outreach to the Homeless Program - providing homeless case management and prevention services for those who are homeless or on the verge of becoming homeless.

Emergency Outreach Program - providing immediate crisis intervention and mental health assessments for those deemed harm to self or others.

Trauma Response Services - Critical Incident Street Debriefing for individuals, families or groups who have experienced a traumatic situation.

The Advocate Program - the NYS-Approved Department of Health designated Rape Crisis Center for Erie County and a NYS OCFS-Approved Non-Residential Domestic Violence Services Provider, Family Violence, Elder Abuse Service Provider, and training and coordination of most Sexual Assault Nurse Examiners in Erie County.

The Agency also manages the Police Mental Health Coordination Project which brings law enforcement and mental health providers together to improve the systems' response to mental health consumers and the Rape Crisis Advisory Committee that is made up of multidisciplinary community stakeholders whose mission is to develop a coordinated response to rape and sexual assault in Erie County.

(b) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

Notes to Financial Statements, Continued

(1) Summary of Significant Accounting Policies, Continued

(c) Basis of Presentation

The Agency reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. The Agency had only unrestricted net assets in 2012 and 2011.

(d) Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

(e) Cash and Equivalents

For purposes of the statement of cash flows, the Agency considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

(f) Receivables

Receivables are recorded at the amount the Agency expects to be reimbursed, as described under the revenue recognition policy in place at the time the service is provided. Management evaluates if receivables are collectible and adjusts for uncollectible amounts through an allowance for doubtful accounts. As of December 31, 2012 and 2011, no allowance for doubtful accounts has been deemed necessary. Recoveries of amounts previously written off are recorded as revenue at the time such amounts are collected.

(g) Concentration of Credit Risk

The Agency provides social services primarily in Erie County of the State of New York. A substantial portion of the Agency's receivables are due from New York State and local governmental agencies.

Financial instruments that potentially subject the Agency to concentrations of credit risk consist principally of cash and cash equivalent accounts in financial institutions. Although the accounts exceed the federally insured deposit amount, management does not anticipate nonperformance by the financial institution.

(h) Capitalization and Depreciation

Furniture and equipment are recorded at cost or fair market value at the date of the gift in the case of contributed furniture and equipment. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of furniture and equipment are recorded as unrestricted support. Depreciation is provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives using the straight-line method. Improvements are capitalized, while expenditures for maintenance and repairs are charged to expense as incurred. Upon disposal of depreciable property, the appropriate property accounts are reduced by the related costs and accumulated depreciation. The resulting gains and losses are reflected in the statement of activities.

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

Notes to Financial Statements, Continued

(1) Summary of Significant Accounting Policies, Continued

(i) Deferred Revenue and Revenue Recognition

Grant awards accounted for as exchange transactions are recorded as revenue when expenditures have been incurred in compliance with the grant restrictions. Amounts unspent are recorded in the statement of financial position as deferred revenue.

(j) Promises to Give

Contributions are recognized when the donor makes an unconditional promise to give to the Agency. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

(k) Contributed Services

During the years ended December 31, 2012 and 2011, the value of contributed services meeting the requirements for recognition in the financial statements amounted to \$257,558 and \$544,389, respectively. These services were provided for crisis phone counseling and advocate program.

(l) Expense Allocation

The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities and in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

(m) Subsequent Events

The Agency has evaluated events after December 31, 2012, and through May 2, 2013, which is the date the financial statements were available to be issued, and determined that any events or transactions occurring during this period that would require recognition or disclosure are properly addressed in these financial statements.

(n) Income Taxes

The Agency is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code), therefore, no provision for income taxes is reflected in the financial statements. The Agency has been classified as a publicly supported organization that is not a private foundation under Section 509(a) of the Code. The Agency presently discloses or recognizes income tax positions based on management's estimate of whether it is reasonably possible or probable that a liability has been incurred for unrecognized income taxes. Management has concluded that the Agency has taken no uncertain tax positions that require adjustment in its financial statements. U.S. Forms 990 filed by the Agency are subject to examination by taxing authorities. The Agency is no longer subject to tax examination for the years ended December 31, 2008, and prior.

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

Notes to Financial Statements, Continued

(2) Deferred Revenue

Deferred revenue amounted to \$238,175 and \$12,847 at December 31, 2012 and 2011, respectively. These amounts represent cash provided to the Agency in advance of the period to be benefited in order to provide working capital for the operation of the various programs of the Agency.

(3) Notes Payable

The Agency maintain two lines of credit with M&T Bank. Both of these lines of credit have an available balance of \$200,000, and interest is at prime plus 1.5% (4.75% at December 31, 2012). There was no outstanding balance on either one of these lines of credit at December 31, 2012 and 2011.

(4) Fees and Grants

A summary of fees and grants for the years ended December 31, 2012 and 2011 is as follows:

	<u>2012</u>	<u>2011</u>
Erie County Department of Mental Health	\$ 1,455,827	1,456,930
Erie County Medical Center	382,463	346,391
Erie County Sheriffs Department	35,591	55,785
Erie County Department of Social Services	245,456	169,396
Erie County Department of Environment and Planning	8,949	32,062
Erie County District Attorney's Office	-	10,000
City of Buffalo Urban Renewal Agency	167,136	256,974
New York State Office of Children and Family Services	36,860	28,223
New York State Department of Health	61,936	60,658
New York State Crime Victims Board	284,473	296,654
New York State Division of Criminal Justice Services	108,227	111,649
New York State Office for the Prevention of Domestic Violence	322,146	309,169
Chautauqua County	102,583	102,367
Office of Court Administration - Eighth Judicial District	1,220	9,206
Belmont Housing Resources	863	18,812
John R. Oishei Foundation	90,962	60,000
Patrick Lee Foundation	-	43,045
Miscellaneous	<u>118,055</u>	<u>102,987</u>
Total fees and grants	\$ <u>3,422,747</u>	<u>3,470,308</u>

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

Notes to Financial Statements, Continued

(4) Fees and Grants, Continued

Under the terms of various grants, periodic audits are required and certain costs may be questioned as not being appropriate expenditures under the terms of the grants. Such questioned costs could lead to reimbursement to the grantor agencies. Management believes that it would be able to provide support acceptable to the grantor and that any disallowances would not be material.

(5) Retirement Plan

The Agency participates in a defined contribution retirement plan which is underwritten by Mutual of America Life Insurance Company. All employees who are at least age 21 and have worked at least 1,000 hours during their first 12 months of employment are eligible for coverage under the plan. The Agency contributes 5% of participant's annual salary to the plan. Participants become fully vested after three years of service. The Agency's policy is to fund the current retirement benefit costs accrued which amounted to \$95,393 and \$100,915 for the years ended December 31, 2012 and 2011, respectively.

(6) Economic Dependency

A material part of the Agency's funding is dependent upon a few grants, the loss of any one would have a material adverse effect on the Agency. In 2012, the Eric County Department of Mental Health accounted for 38% of the Agency's total revenue.

SUICIDE PREVENTION AND CRISIS SERVICE, INC.
Schedule of Expenditures of Federal Awards
Year ended December 31, 2012

<u>Federal Grantor/Pass-Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass Through Grantors' Number/ Program</u>	<u>Federal Expenditures</u>
U.S. Department of Housing and Urban Development:			
Passed through County of Erie - Emergency Solutions Grant Program	14.231	N/A	\$ 9,049
Passed through City of Buffalo Urban Renewal Agency - Emergency Solutions Grant Program	14.231	N/A	<u>167,037</u>
Total Department of Housing and Urban Development			<u>176,086</u>
U.S. Department of Justice:			
Passed through Buffalo State College - Grants to Reduce Domestic Violence	16.525	N/A	4,106
Passed through New York State Crime Victims Board - Crime Victim Assistance	16.575	C501162	227,578
Passed through New York State Division of Criminal Justice Services - Violence Against Women Formula Grants	16.588	C563541	<u>63,914</u>
Total Department of Justice			<u>295,598</u>
U.S. Department of Health and Human Services:			
Passed through New York State Department of Health:			
Injury Prevention and Control Research and State and Community Based Programs	93.136	C026637	30,473
Preventive Health and Health Services Block Grant	93.991	C026637	3,344
Passed through County of Erie - Temporary Assistance for Needy Families	93.558	NCR 3121	13,509
Passed through New York State Office of Children and Family Services - Family Violence Prevention and Services/Grants for Battered Women Shelters	93.671	C025280	<u>36,860</u>
Total Department of Health and Human Services			<u>84,186</u>
Total Federal Awards			<u>\$ 555,870</u>

See accompanying notes to schedule of expenditures of federal awards.

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

The Board of Directors
Suicide Prevention and
Crisis Service, Inc.:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of Suicide Prevention and Crisis Service, Inc. (the Agency), which comprise the statement of financial position as of December 31, 2012, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 2, 2013.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Agency's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Agency's internal control. Accordingly, we do not express an opinion on the effectiveness of the Agency's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Agency's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

We noted certain matters that we have reported to the management of the Agency in a separate letter dated May 2, 2013.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Agency's internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Agency's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Toski & Co., CPAs, P.C.

Williamsville, New York
May 2, 2013

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH
MAJOR PROGRAM AND ON INTERNAL CONTROL OVER
COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

The Board of Directors
Suicide Prevention and
Crisis Service, Inc.:

Report on Compliance for Each Major Program

We have audited Suicide Prevention and Crisis Service, Inc.'s (the Agency) compliance with the types of compliance requirements described in the OMB Circular A-133 Compliance Supplement that could have a direct and material effect on each of the Agency's major federal programs for the year ended December 31, 2012. The Agency's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the Agency's major federal programs based on our audit of the types of compliance requirements referred to above.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations (OMB Circular A-133). Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the compliance requirements referred to above that could have a direct and material effect on the major federal program occurred. An audit includes examining, on a test basis, evidence about the Agency's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on the major programs. However, our audit does not provide a legal determination of the Agency's compliance.

Opinion on Each Major Federal Program

In our opinion, Suicide Prevention and Crisis Service, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs identified above for the year ended December 31, 2012.

Report on Internal Control Over Compliance

Management of the Agency is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Agency's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Agency's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a compliance requirement will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be deficiencies, significant deficiencies or material weaknesses in internal control over compliance. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses may exist that have not been identified.

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Toski & Co., CPAs, P.C.

Williamsville, New York
May 2, 2013

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

Schedule of Findings and Questioned Costs

Year ended December 31, 2012

Part I - SUMMARY OF AUDITORS' RESULTS

Financial Statements:

Type of auditors' report issued:

Unmodified

Internal control over financial reporting:

1. Material weakness(es) identified?

____ Yes x No

2. Significant deficiency(ies) identified?

____ Yes x None
reported

3. Noncompliance material to financial statements noted?

____ Yes x No

Federal Awards:

Internal control over major programs:

4. Material weakness(es) identified?

____ Yes x No

5. Significant deficiency(ies) identified?

____ Yes x None
reported

Type of auditors' report issued on compliance for major programs:

Unmodified

6. Any audit findings disclosed that are required to be reported in accordance with OMB Circular A-133 (section .510(a))?

____ Yes x No

7. The Organization's major program audited were:

- Emergency Solutions Grant Program, CFDA No. 14.231
- Crime Victim Assistance, CFDA No. 16.575

8. Dollar threshold used to distinguish between Type A and Type B programs?

\$300,000

9. Auditee qualified as low-risk auditee?

____ Yes x No

Part II - FINANCIAL STATEMENT FINDINGS SECTION

No reportable findings.

Part III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS SECTION

No reportable findings or questioned costs.

SUICIDE PREVENTION AND CRISIS SERVICE, INC.

Status of Prior Audit Findings

December 31, 2012

There were no audit findings with regard to the prior year financial statements (December 31, 2011).

Application for Extension of Time To File an Exempt Organization Return

1715 Reg #
04-41-38
OMB No. 1545-1709

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

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SUICIDE PREVENTION AND CRISIS SERVICE, INC., D/B/A CRISIS SERVICES	Employer identification number (EIN) or 16-0956222
	Number, street, and room or suite no. If a P.O. box, see instructions. 2969 MAIN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUFFALO, NY 14214	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DOUGLAS FABIAN

- The books are in the care of ► **2969 MAIN STREET - BUFFALO, NY 14214**

Telephone No. ► **716-834-3131**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2012** or
► ☐ tax year beginning , and ending .

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

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

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

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

Form 8868 (Rev. 1-2013)