Form **990**

Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Ā	For t	ie 2016 calendar yea				i, and en	ding			, 20	
_			zation NATIONAL A	ALLIANCE FOR RE	SEARCH (NC		D Employer ide	ntifica	ation number	
B	Check if	SCHIZOPH SCHIZOPH	RENIA AND DEP	RESSION				31-102	001	0	
	Addi	Doing business	as BRAIN & BEH	AVIOR RESEARCH	FOUNDAT	LION					
	7		reet (or P.O. box if mail is	not delivered to street addre	ss)	Room/sui	te	E Telephone nu	ımber		
	Initia	return 90 PARK .	AVENUE, 16TH	FLOOR				(646) 68	1 - 4	888	
Г	Final	city or town, st	ate or province, country,	and ZIP or foreign postal cod	e						
	Ame	ded NEW YORK	, NY 10016					G Gross receipts	s \$	18,5	55,112.
		alion F Name and addr	ess of principal officer:	JEFFREY BOREN	ISTEIN,	M.D.,		H(a) is this a grou		rn for Y	es X No
L	pend		AVENUE, 16TH	FLOOR, NEW YORK	, NY 10	016		subordinates H(b) Are all subord		rcluded? Y	es No
ī	Tax-ex	empt status: X 501(c) 🍕 (insert no.)	4947(a)(1)	i	527	` '		t. (see instruction	1S)
<u>:</u>		te: ▶ WWW.BBRFOU		/ () /	1	, ,		H(c) Group exem	otion n	umber 🔈	
		 	oration Trust	Association Other	>	L Ye	ar of format	ion: 1981 M		•	cite: KY
0027/1000	aid	Summary	VIOLETT 11404 1	7100000007							
B. 3.	1	Briefly describe the ord	anization's mission o	r most significant activitie	· TO RAI	ISE & I	DISTRI	BUTE FUND	S F	OR THE	MOST
a	1	PROMISING PSY	THTATRIC DISE	ASE RESEARCH IN	ORDER	ro DEV	. NEW	PREVENT.			
ů	İ	MEASURES, BETT									
E L	١,	w		iscontinued its operation					_		
Activities & Governance	2	· · · · · · · · · · · · · · · · · · ·		•	•				3		20.
დ დ	3			body (Part VI, line 1a)					4		20.
es	4			the governing body (Part					5		20.
Ξ	5			endar year 2016 (Part V, li					6		173.
(cti	6	Total number of volunte	ers (estimate if neces	sary)					-		
•	'#			III, column (C), line 12					7a		0.
	b	Net unrelated business	taxable income from	Form 990-T, line 34				Prior Year	7b	C	0.
									_	Curren	
ē	8						•	19,964,16	-+	15,80	00,995.
Revenue	9								0.		0.
ě	10			es 3, 4, and 7d)				-725,79	-		30,916.
_	11			6d, 8c, 9c, 10c, and 11e)				-96,71			52,927.
	12	Total revenue - add line	es 8 through 11 (must	equal Part VIII, column (/	A), line 12) .	<u></u>		19,141,66			78,984.
	13	Grants and similar amo	unts paid (Part IX, colu	ımn (A), lines 1-3)				18,971,87		12,46	52,235.
	14	Benefits paid to or for n	nembers (Part IX, colui			0.		0.			
ģ	15	Salaries, other compen	sation, employee bene		2,467,34	5.	2,80	01,848.			
Expenses	16a	Professional fundraising	g fees (Part IX, column			0.		0.			
dx	·b	Total fundraising expen	ses (Part IX, column (I	D), line 25) ⊳	930,447	•				41.1	
Ш	17	Other expenses (Part I)			2,472,58	7.	2,46	55,345.			
	18	Total expenses. Add lin	es 13-17 (must equal	Part IX, column (A), line 2	25)			23,911,80	2.	17,72	9,428.
	19	Revenue less expenses	s. Subtract line 18 from	n line 12				-4,770,13	9.	-1,75	0,444.
or ses	<u> </u>						Beginn	ning of Current Y	'ear	End of	Year
iets	20	Total assets (Part X, line	16)					36,072,92	2.	30,58	31,524.
Net Assets Fund Balanc	21	Total liabilities (Part X, I						24,297,07	4.	19,35	2,243.
E.E	22	Net assets or fund bala		from line 20				11,775,84	8.	11,22	9,281.
	rt II	Signature Block			. "						
Und	ler per		that I have examined thi	s return, including accompa officer) is based on all infor	anying schedu	iles and sta	itements, ai	nd to the best of	my k	nowledge and	i belief, it is
true	, corre	t, and complete. Declaration	on of preparer (other than	officer), is based on all infor	mation of whic	ch preparer	has any kn	owledge.			
				14				1 11	1/9	9/2017	,
Sig		Signature of officer		<u> </u>				Date			
Her	re	Arthu	- Radin	7reasu	rer						
		Type or print name a	r Radin	N							
		Print/Type preparer's nam		Preparer's signature		Date		Check	if P	TIN	
Paid		PAUL HAMMERSC		JOUD HIMM	19	+m	7/261	7 self-employe	"	P01384	178
Prep	oarer	. 7770	USA, LLP	4 -100 ON 4 May	<u>'V</u>		1.//.UL	Firm's EIN ▶ 1			
Jse	Only			NEW YORK, NY 10	017-500	1		-		885-800	<u></u>
14	the 17			above? (see instructions		-		Phone no. 2	4	X Yes	
vidy			itin the preparer show		/	<u></u>	• • • • •				No On (2016)

C	m 990 (2016) Page 2
and the same	m 990 (2016) Page Z
**L	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION
	(NARSAD) D/B/A THE BRAIN & BEHAVIOR RESEARCH FOUNDATION IS COMMITTED
	TO ALLEVIATING THE SUFFERING OF MENTAL ILLNESS BY AWARDING GRANTS
	THAT WILL LEAD TO ADVANCES AND BREAKTHROUGHS IN SCIENTIFIC RESEARCH.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.
J	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 11,932,235. including grants of \$ 11,932,235.) (Revenue \$ 0.)
	GRANTS AND SCHOLARSHIPS TO FUND SCIENTIFIC RESEARCH INTO THE
	CAUSES, CURES, AND PREVENTION OF CHRONIC AND SEVERE MENTAL
	ILLNESSES SUCH AS DEPRESSION, SCHIZOPHRENIA, ANXIETY, AUTISM,
	BIPOLAR, ADHD, PTSD AND OCD.
4h	(Code:) (Expenses \$ 3,184,285. including grants of \$ 530,000.) (Revenue \$ 0.)
41)	
	ATTACHMENT 1
	The state of the s
····	
1c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1 62	Other program services (Describe in Schedule O.)
	·
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 15.116.520

Form 990 (2016)
Part IV

Page 3

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	İ		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ا ا	3.5	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	00000000
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		x	
L	complete Schedule D, Part VI	11a		
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446	x	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		***************************************	х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
120	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a		14a		
	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	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
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 (see instructions)	17		Х
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	18	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	19		X

Felt	Checklist of Required Schedules (continued)		T	т
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	- 21	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		ĺ	
	employees? If "Yes," complete Schedule J	23	x	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
٠	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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	li		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	İ	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			Mar.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
		35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		<u> </u>
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			**
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	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? If "Yes," complete Schedule R,	ا ۔۔ ا	į	v
0.0	Part VI	37		<u>X</u> _
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	25	x	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	000	

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
-	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	}		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	C abstaclis at 2
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 20	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ARIKAN.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	ļ
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	40		x
1.	account)?	4a		21
D	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
E a	(FBAR).	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	"		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	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).			
	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	X	
	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	0000000	X/53/43X5
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	87.6780X.043	1000000
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			l
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		× 1000000000000000000000000000000000000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			
	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		
JSA 6E 1040	1.000	Form	990	
	93323E 702V 11/7/2017 11:20:23 AM V 16-7.6F		PA	\GE

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management				X
	tion in our or in ing south and management		***	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	g		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 2	d		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?	· · · · · · · · · · · · · · · · · · ·	2		X
3	Did the organization delegate control over management duties customarily performed by or ur				ĺ
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fil	•	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el-	ect or appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following:	5			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot	be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	Code	e.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of s				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form?	11a	Х	
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		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests ti				
	rise to conflicts?		12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the po-	licy? If "Yes,"			
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and	d approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement			
	with a taxable entity during the year?	-	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t	o evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the			
	organization's exempt status with respect to such arrangements?		16b		
<u>Secti</u>	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶AR, CA, FL, IL, MD, M				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and				
	available for public inspection. Indicate how you made these available. Check all that apply.		-		-
	X Own website Another's website X Upon request Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	s, conflict of int	erest :	oolicy.	, and
	financial statements available to the public during the tax year.		•	•	
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and record	s: >		
	LOUIS INNAMORATO, SU PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016 546-581-4888				
JSA 6E1042	1000		Form	990(2016

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See 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.

		(C)										
(A)	(B)	١			sition			(D)	(E)	(F)		
Name and Title	Average	1				e than o		Reportable	Reportable	Estimated		
	hours per week (list any	1				is both or/trust		compensation from	compensation from related	amount of other		
	hours for		т		_		<u> </u>	the	organizations	compensation		
	related organizations below dotted line)	1 <u>11</u> =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
(1)STEPHEN A. LIEBER	2.00											
CHAIRMAN	.50	Х		Х				0.	0.	0.		
(2)ANNE ABRAMSON-DIR. (THRU 7/16)	1.00											
VICE PRESIDENT (FROM 7/16)	0.	х		Х				0.	0.	0.		
(3)SUZANNE GOLDEN -VP (THRU 7/16)	1.00									***************************************		
DIRECTOR (FROM 7/16)	0.	Х		Х				0.	0.	0.		
(4)ARTHUR RADIN	1.00		Ī									
TREASURER	.50	Х		Х				0.	0.	0.		
(5)JOHN B. HOLLISTER	1.00											
SECRETARY	0.	Х		Х				0.	0.	0.		
(6)ERIC F. BAM (FROM 10/16)	.50											
DIRECTOR	0.	Х						0.	0.	0.		
(7)DONALD M. BOARDMAN	.50		l .									
DIRECTOR	0.	Х						0.	0.	0.		
(8)J. ANTHONY BOECKH	.50											
DIRECTOR	0.	Х						0.	0.	0.		
(9)SUSAN LASKER BRODY	.75											
DIRECTOR	0.	X						0.	0.	0.		
(10)PAUL T. BURKE	.50									-		
DIRECTOR	0.	X						0.	0.	0.		
(11)BONNIE D. HAMMERSCHLAG	.50											
DIRECTOR	0.	Х						0.	0.	0.		
(12)JOHN (KEN) HARRISON	.50											
DIRECTOR	0.	Х						0.	0.	0.		
(13)CAROLE MALLEMENT	. 75								-			
DIRECTOR	0.	Х						0.	0.	0.		

Form 990 (2016)

0.

0

(14)MILTON MALTZ

DIRECTOR

.50

0.

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	box,	unles	Pos heck ss pe	erson	e than o is both tor/trus	an	(D) Reportable compensation from	(E Repor compensa relat	table tion from ed	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individ or dire	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiz: (W-2/109		compensation from the organization and related organizations
15) MARC R. RAPPAPORT	.50										, 1000
DIRECTOR	0.	Х						0.		0.	0
16) VIRGINIA M. SILVER DIRECTOR	.50	x						0.		0.	0
17) KENNETH H SONNENFELD	.50							<u> </u>		- 0.1	
DIRECTOR	-	Х						ο.		0.	О
18) BARBARA K. STREICKER	.50	····									
DIRECTOR	0.	х						0.		0.	0
19) BARBARA TOLL	.50										
DIRECTOR	0.	Х						0.		0.	0
20) ROBERT WEISMAN	.50							_			
DIRECTOR	.50	Х						0.		0.	0
21) JEFFREY BORENSTEIN PRESIDENT & CEO	35.00			x				486,538.		0.	0
22) LOUIS INNAMORATO	35.00			^				400,530.		0.	O
CFO	0.			x				287,849.		0.	29,991
23) FAITH ROTHBLATT	35.00										
VP OF DEVELOPMENT	0.					х		182,529.		0.	12,020
24) LAUREN DURAN	35.00										
VP OF M&C	0.					Х		167,752.		0.	0
25) CHRISTINA BISHOP-FEENEY	35.00							105 100			
CHIEF DEV. OFFICER(THRU 12/16)	0.					Х		127,132.		0.	12,689 0
1b Sub-total	ontion A						A	1,251,800.		0.	54,700
d Total (add lines 1b and 1c)								1,251,800.		0.	54,700
Total number of individuals (including but not I reportable compensation from the organization.)	imited to th		isted				re		\$100,000	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduling	er, directo lle J for suc	r, or h indi	tru: <i>vidu</i>	stee	∋, k	key e	mpl	loyee, or highest	compens	sated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	ater than	\$15	0,00	00?	lf	"Yes	," (complete Schedul	e J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npens	atio	n fi	rom	any	unr	elated organizatio	n or indiv	idual	5 X
Section B. Independent Contractors	····										
1 Complete this table for your five highest components of compensation from the organization. Report of year.											
(A) Name and business add	ress							(B) Description of ser	vices	Co	(C) ompensation
ATTACHMENT 2		••							•		
								······································			
Total number of independent contractors (in more than \$100,000 in compensation from the				ited		thos	e lis	sted above) who	received		

Part VIII Statement of Revenue

31-1020010

		Check if Schedule O contains a respo	nse or note to a	ny line in this Part	<u> </u>		<u>X</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at st	1a	Federated campaigns 1a	62,756.				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
And A	C	Fundraising events 1c	429,584.				
ᆵ	d	Related organizations 1d	3,038,680.				
Sim's	e	Government grants (contributions) 1e	15,000.				
utio	f	All other contributions, gifts, grants,					
言言		and similar amounts not included above . 1f	12,254,975.				
Sp	g	Noncash contributions included in lines 1a-1f: \$	154,867.				
	<u>h</u>	Total. Add lines 1a-1f	1	15,800,995.			
Program Service Revenue	2a b c		Business Code				
gra	e	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including divider and other similar amounts)	nds, interest,	511,070.			511,070.
	5	Royalties	•	0.			
		(i) Real	(ii) Personal		0.0000000000000000000000000000000000000		
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	1	0.			777000000000000000000000000000000000000
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 2,130,393.	-				
	b	Less: cost or other basis					15
		and sales expenses 2,410,547.					
	Ç	Gain or (loss)280,154.					
	d	Net gain or (loss)		-280,154.			-280,154.
evenue	8a	Gross income from fundraising events (not including \$	ATCH 3				
ir ir		See Part IV, line 18 a	165,581.				
Other Rev	b	Less: direct expenses b	165,581.		11 (11 (12 (12 (12 (12 (12 (12 (12 (12 (
~	С	Net income or (loss) from fundraising events	ATCH 4 ▶	0.		SEAS ATTION OF THE PARTY OF THE	
	9a	Gross income from gaming activities. See Part IV, line 19 a	0.				
	þ	Less: direct expenses b					
	C	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code				
	11a	NET APPRECIATION OF ASSETS HELD IN					
	b	CHARITABLE REMAINDER TRUST	900099	-52,927.		*******	-52,927.
	С						
	d	All other revenue	L		STANSSICANOS HASISTANICAS ANTONIO ANTO	STATES AND STREET AND SHALL WINDOWS AND AND STREET AND AND AND AND AND AND AND AND AND AND	SACE DISCOUNT CONTRACTOR OF THE PROPERTY OF TH
	е	Total. Add lines 11a-11d		-52,927.			
	12	Total revenue. See instructions	<u></u>	15,978,984.			177,989.

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).

Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	e in this Part IX (B) Program service	(C) Management and	(D) Fundraising
8b, 9b, and 10b of Part VIII.	Total axpolloso	expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,066,064.	9,066,064.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	327,500.	327,500.		
Grants and other assistance to foreign organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	3,068,671.	3,068,671.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				·····
trustees, and key employees	804,378.	321,751.	321,751.	160,876
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
· · · · · · · · · · · · · · · · · · ·	1,613,705.	645,482.	645,482.	322,741
7 Other salaries and wages	1,013,703.	015/102.	043,402.	J22,141
8 Pension plan accruals and contributions (include	0.			
section 401(k) and 403(b) employer contributions)	226,175.	90,470.	90,470.	45,235
9 Other employee benefits	157,590.	63,036.	63,036.	31,518
10 Payroll taxes	137,330.	05,050.	03,030.	31,310
11 Fees for services (non-employees):	0.			
a Management	900.		900.	
b Legal	47,797.		47,797.	
c Accounting	0.		41,737.	**********
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column	402,928.	100 650	121 052	00 225
(A) amount, list line 11g expenses on Schedule O.),	61,707.	180,650.	131,953.	90,325 30,707
12 Advertising and promotion	331,685.	30,707.		***************************************
13 Office expenses	13,785.	39,224.	146,864.	145,597
14 Information technology	13,785.	5,514.	5,514.	2,757
15 Royalties	316,225.	126 400	126,490.	62.045
16 Occupancy		126,490.		63,245
17 Travel	45,535.	18,214.	18,214.	9,107
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.	A 7.4°	20 070	0 000
19 Conferences, conventions, and meetings	35,295.	4,145.	29,078.	2,072
20 Interest	0.			
21 Payments to affiliates	29,556.	11 000	11 000	
22 Depreciation, depletion, and amortization		11,822.	11,823.	5,911
23 Insurance	27,328.	10,931.	10,931.	5,466
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.)	383 100	272 100		
aRESEARCH AWARDS AND PRIZES	373,102.	373,102.		
bSCIENTIFIC ADVANCEMENT	369,379.	369,379.		WILL
cNEWSLET., BROCH. & ANN. REP.	226,300.	226,300.		
dRESEARCH SYMPOSIA	56,376.	56,376.	21 25	3
e All other expenses	127,447.	80,692.	31,865.	14,890
25 Total functional expenses. Add lines 1 through 24e	17,729,428.	15,116,520.	1,682,461.	930,447
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		1100		
following SOP 98-2 (ASC 958-720)	0.			
ISA	0.			Form 990 (2016

JSA 6E1052 1.000

Part X Balance Sheet

	Check if Schedule O contains a response or	note	e to any line in this F	Part X		
	ones in constant of contains a response of	1100	o to any mio m ano i	(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			2,175,828.		3,029,754
2	Savings and temporary cash investments			12,183,029.		5,206,916
3	Pledges and grants receivable, net			505,583.	3	291,419
4	Accounts receivable, net		17,038.	4	130	
5	Loans and other receivables from current and for	rme	r officers, directors,			
	trustees, key employees, and highest com	nper	nsated employees.			
	Complete Part II of Schedule L			0.	5	(
6	Loans and other receivables from other disqualified person					
	4958(f)(1)), persons described in section 4958(c)(3)(B), a and sponsoring organizations of section 501(c)(9) volunt					
	organizations (see instructions). Complete Part II of Schedu	ıle L		0.	6	
Assets 8 4	Notes and loans receivable, net	0.	7	(
8 3	Inventories for sale or use	0.	8			
9	Prepaid expenses and deferred charges			28,612.	9	61,739
10	Land, buildings, and equipment: cost or					· 基準管理 强烈性的
	other basis. Complete Part VI of Schedule D	0a	691,602.			
	Less: accumulated depreciation			48,577.	10c	24,063
11	Investments - publicly traded securities			16,226,407.	11	16,909,800
12	Investments - other securities. See Part IV, line 11		3,447,269.	12	3,670,051	
13	Investments - program-related. See Part IV, line 11		0.	13	(
14	Intangible assets		0.	14		
15	Other assets. See Part IV, line 11		1,440,579.	15	1,387,652	
16	Total assets. Add lines 1 through 15 (must equal lin			36,072,922.		30,581,524
17	Accounts payable and accrued expenses		17	245,394		
18	Grants payable	22,943,344.	18	18,084,922		
19	Deferred revenue		· · · · · · · · · · · · · · · · · · ·	19	O	
20	Tax-exempt bond liabilities	0.	20	C		
21	Escrow or custodial account liability. Complete Part	 IV o	of Schedule D	0.	21	C
	Loans and other payables to current and form					
Liabilities	trustees, key employees, highest compensa					
Ξ	disqualified persons. Complete Part II of Schedule L			. O	22	Tuan see element elementer de la contraction of the
<u>23</u> ا	Secured mortgages and notes payable to unrelated			0.	23	0
24	Unsecured notes and loans payable to unrelated thir			0.		0
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines 1	•				
	of Schedule D			1,093,023.	25	1,021,927
26	Total liabilities. Add lines 17 through 25			24,297,074.		
120	Organizations that follow SFAS 117 (ASC 958), ch					
တ္က	complete lines 27 through 29, and lines 33 and 34	leck I.	illere 🚩 🛅 ariu			
ğ 27				6,862,348.	27	6,315,781
28	Unrestricted net assets Temporarily restricted net assets			0.	28	0,313,701
2 29	Permanently restricted net assets			4,913,500.	29	4,913,500
5 23	Organizations that do not follow SFAS 117 (ASC 958), c			#, 515, 500.	28	10.00.00
-	complete lines 30 through 34.					
2 30	· · · · · · · · · · · · · · · · · · ·			and the second of the security of the	20	e pro e le ji li sidufito di
30 31	Capital stock or trust principal, or current funds		30			
5 31 1 20	Paid-in or capital surplus, or land, building, or equip	nen	t tuilu		31	
Net Assets of Fund balances 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated incom	11 775 040	32	11 220 223		
	Total net assets or fund balances		• • • • • • • • • • • • •	11,775,848.	33	11,229,281
34	Total liabilities and net assets/fund balances			36,072,922.	34	30,581,524

Form **990** (2016)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2016)

SCHEDULE A

Public Charity Status and Public Support

(Form 990 or 990-EZ) 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. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

NATIONAL ALLIANCE FOR RESEARCH ON

Employer identification number

50	HIZ	OPHRENIA AND DEPRES	STON				31-10200	10
Pa		Reason for Public Ch	arity Status (All	organizations must o	comple	te this pa	art.) See instructions	5.
The	org	anization is not a private for	undation because i	it is: (For lines 1 throu	gh 12, c	heck only	one box.)	
1		A church, convention of ch	nurches, or associa	ation of churches desc	ribed in	section 1	l70(b)(1)(A)(i).	
2		A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E	(Form 9	90 or 990)-EZ).)	
3		A hospital or a cooperative	e hospital service o	organization described	in sectio	on 170(b))(1)(A)(iii).	
4		A medical research organi hospital's name, city, and s	· ·	conjunction with a ho	spital de	escribed i	n section 170(b)(1)(A)(iii). Enter the
5		An organization operated		a college or universi	tv owne	d or one	erated by a governme	ental unit described in
•		section 170(b)(1)(A)(iv). (.,	с о. орс	orana by a government	in and addonibod in
6		A federal, state, or local g		ernmental unit describe	d in sec	tion 170	(b)(1)(A)(v).	
7	х	An organization that norm	=					om the general public
		described in section 170(b				5-		and gonoral pash
8		A community trust describ		•	e Part II.)		
9		An agricultural research or	-				in conjunction with a	land-grant college
		or university or a non-land-	-				•	-
		university:		•	•		, ,	Ū
10		An organization that normal receipts from activities relasupport from gross investracquired by the organization	nent income and u on after June 30, 1	inrelated business tax 975. See <mark>section 509</mark>	able inc (a)(2). (4	ome (les: Complete	s section 511 tax) from e Part III.)	hip fees, and gross in 331/3 %of its businesses
11		An organization organized	•	•	-			
12	Ш	An organization organized		*				
		of one or more publicly su						
	-	Check the box in lines 12a		= :			•	
а	L	☐ Type I. A supporting org	-	•	-		• • • • • • • • • • • • • • • • • • • •	
		the supported organization				ajority of	f the directors or truste	es of the
	r	supporting organization.						
b	L.	_ Type II. A supporting org						
		control or management of		-	the sam	ie persor	is that control or man	age the supported
		organization(s). You mus	•					
С	<u> </u>	☐ Type III functionally inte		= = =				ily integrated with,
لد		its supported organization						and non-order attacks
d	_	Type III non-functionally that is not functionally int						- , ,
		requirement (see instruct						an altentiveness
е		Check this box if the orga	-	=				II Type III
-	١	functionally integrated, or						n, rype m
f	Ent	ter the number of supported		ionally integrated sup		,		
a		vide the following informati	•	orted organization(s).				
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	•	-		(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
,							***************************************	
(A)								
(B)			- Control of Control o					
(C)								
(D)								
(E)								19////
					43 (% 45)	1250 11 500		
Tota	1			[2] 10 10 11 11 11 11 11 11 11 11 11 11 11				

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

Schedule A (Form 990 or 990-EZ) 2016

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.)

Sec	ction A. Public Support				·		······
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,149,646.	10,650,931.	31,066,797.	19,964,167.	15,800,995.	103,632,536.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	26,149,646.	10,650,931.	31,066,797.	19,964,167.	15,800,995.	103,632,536.
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						
6	shown on line 11, column (f)		Property and property and the con-				37,826,408.
	tion B. Total Support				Activities and the control of the co	president and the	65,806,128.
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	26,149,646.	10,650,931.	31,066,797.	19,964,167.	15,800,995.	103,632,536.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	495,097.	344,568.	322,676.	423,677.	511,070.	2,097,088.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	56,407.	271,676.	55,885.	-96,713.	-52,927.	234,328.
11	Total support. Add lines 7 through 10		MARKA MA		http://practical		105,963,952.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup						
14	Public support percentage for 2016 (lin						62.10 % 60.28 %
15	Public support percentage from 2015						
ıoa	331/3% support test - 2016. If the or this box and stop here. The organization						
b	331/3% support test - 2015. If the o	rganization did	not check a bo	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The orga	anization qualifie	es as a publicly :	supported orga	nization		▶ 📖
17a	a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b	organization	015. If the org	anization did not the "facts-and	ot check a box l-circumstances'	on line 13, 16 ' test, check ti	a, 16b, or 17a, nis box and ste	op here.
18	Explain in Part VI how the organization supported organization Private foundation. If the organization						▶ □
	instructions						
					S	chedule A (Form 9:	90 or 990.EZ) 2016

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

year (or fiscal year beginning in) > , grants, contributions, and membership fees	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
, grants, contributions, and membership fees		(b) 2013	(C) 2014	(a) 2015	(e) 2016	(f) Total
	'		İ]	
ived. (Do not include any "unusual grants.")						
s receipts from admissions, merchandise		1				
or services performed, or facilities						
shed in any activity that is related to the]			
nization's tax-exempt purpose]	
s receipts from activities that are not an						****
lated trade or business under section 513.	ļ				ļ	
revenues levied for the						*****
anization's benefit and either paid		İ		1		
r expended on its behalf			ļ			
,						····
value of services or facilities	1					
ished by a governmental unit to the						
inization without charge						
II. Add lines 1 through 5						
ounts included on lines 1, 2, and 3						
ived from disqualified persons ,						
unts included on lines 2 and 3	 					
ved from other than disqualified ons that exceed the greater of \$5,000						
% of the amount on line 13 for the year					İ	
lines 7a and 7b						
ic support. (Subtract line 7c from				Carrieryn nagy	EVANTARIO / EVA	
6.)						
B. Total Support		The state of the s			to the second territory and second	
•	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
year (or fiscal year beginning in)	(4) 2012	(b) 2010	(6) 2014	(0) 2013	(6) 2010	(i) iotai
unts from line 6						
s income from interest, dividends, nents received on securities loans,						
s, royalties and income from similar						
ces						
elated business taxable income (less						
on 511 taxes) from businesses						
rired after June 30, 1975	1					
lines 10a and 10b					,	
income from unrelated business						
ities not included in line 10b,						
her or not the business is regularly						
ed on						
r income. Do not include gain or					Ì	
from the sale of capital assets						
lain in Part VI.)						
support. (Add lines 9, 10c, 11,						
12.)						
five years. If the Form 990 is f	or the organizat	ion's first, seco	nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
nization, check this box and stop here				***************************************		
nization, check this box and stop here C. Computation of Public Sur		<u> </u>	on (f))		15	9,
C. Computation of Public Sup		a by mic to, colum				
C. Computation of Public Supic support percentage for 2016 (line 8					16	9,
C. Computation of Public Sup ic support percentage for 2016 (line 8 ic support percentage from 2015 Sche	edule A, Part III, lin	e 15				
C. Computation of Public Sup ic support percentage for 2016 (line 8 ic support percentage from 2015 Sche D. Computation of Investmen	edule A, Part III, lin nt Income Perd	e 15				
C. Computation of Public Sup ic support percentage for 2016 (line 8 ic support percentage from 2015 Sche D. Computation of Investment stment income percentage for 2016 (line	edule A, Part III, lin n t Income Perc ne 10c, column (f	e 15	3, column (f))		17	*****
C. Computation of Public Sup ic support percentage for 2016 (line 8 ic support percentage from 2015 Sche D. Computation of Investmer street income percentage for 2016 (listment income percentage from 2015	edule A, Part III, lin n t Income Perc ne 10c, column (f Schedule A, Part I	e 15	3, column (f))		18	9
C. Computation of Public Sup ic support percentage for 2016 (line 8 ic support percentage from 2015 Sche D. Computation of Investmer street income percentage for 2016 (listment income percentage from 2015	edule A, Part III, lin n t Income Perc ne 10c, column (f Schedule A, Part I	e 15	3, column (f))		18	9
C. Computation of Public Supic support percentage for 2016 (line 8 ic support percentage from 2015 School D. Computation of Investment income percentage for 2016 (listment income percentage from 2015 3% support tests - 2016. If the organization of Public Support 1 in 1997 (listment income percentage from 2015 and 1997).	edule A, Part III, lin nt Income Pero ne 10c, column (f Schedule A, Part I ganization did no	e 15 centage) divided by line 1 III, line 17 t check the box	3, column (f))	I line 15 is more	18 than 331/3%, a	nd line
C. Computation of Public Sup ic support percentage for 2016 (line 8 ic support percentage from 2015 Sche D. Computation of Investment street income percentage for 2016 (line street income percentage from 2015 3% support tests - 2016. If the one is not more than 331/3%, check the	edule A, Part III, linnt Income Percone 10c, column (f Schedule A, Part I ganization did no is box and stop	e 15 centage) divided by line 1 III, line 17 it check the box here. The orga	3, column (f))	I line 15 is more	18 e than 331/3%, a supported organiz	nd line
C. Computation of Public Sup- ic support percentage for 2016 (line 8 ic support percentage from 2015 School D. Computation of Investment income percentage for 2016 (line stiment income percentage from 2015 3% support tests - 2016. If the organism of the support tests - 2015. If the organism support tests - 2015. If the organism support tests - 2015. If the organism support tests - 2015.	edule A, Part III, lin nt Income Pero ne 10c, column (f Schedule A, Part I ganization did no is box and stop anization did not o	e 15 centage divided by line 1 III, line 17 t check the box here. The orga check a box on I	3, column (f))	I line 15 is more as as a publicly a, and line 16 is	18 e than 331/3%, a supported organiz more than 331/3	nd line zation ► _ %, and
C. Computation of Public Supic support percentage for 2016 (line 8 ic support percentage from 2015 School D. Computation of Investment income percentage for 2016 (line 1 income percentage from 2015 income support tests - 2016. If the organism of the support tests - 2015. If the organism support tests - 2015. If the organism support tests - 2015. If the organism support tests - 2015. If the organism support tests - 2015. If the organism support tests - 2015. If the organism support tests - 2015. If the organism support tests - 2015.	edule A, Part III, lin nt Income Perc ne 10c, column (f Schedule A, Part I ganization did no nis box and stop anization did not of this box and stop	e 15 centage) divided by line 1 III, line 17 it check the box here. The orga check a box on I op here. The org	3, column (f)) on line 14, and anization qualifies ine 14 or line 19 ganization qualifier	l line 15 is more as a publicly a, and line 16 is	18 e than 331/3%, a supported organiz more than 331/3 supported organiz	eation ► %, and eation ►
C. Computation of Public Support percentage for 2016 (line 8 ic support percentage from 2015 Scheen D. Computation of Investment income percentage for 2016 (listment income percentage from 2015 3% support tests - 2016. If the organization of the income than 331/3%, check the support tests - 2015. If the organization of the foundation. If the organization	edule A, Part III, lin nt Income Perc ne 10c, column (f Schedule A, Part I ganization did no nis box and stop anization did not of this box and stop	e 15 centage) divided by line 1 III, line 17 it check the box here. The orga check a box on I op here. The org	3, column (f)) on line 14, and anization qualifies ine 14 or line 19 ganization qualifier	I line 15 is more as as a publicly as, and line 16 is as a publicly check this bo	18 a than 331/3%, a supported organiz more than 331/3 supported organiz x and see instru	nd line eation %, and eation locations
C. Computation of Public Sup- ic support percentage for 2016 (line 8 ic support percentage from 2015 Sche D. Computation of Investmer istment income percentage for 2016 (line 8 imment income percentage from 2015 3% support tests - 2016. If the organism of more than 331/3%, check the support tests - 2015. If the organism is not more than 331/3%, check the foundation. If the organization	edule A, Part III, lin nt Income Perc ne 10c, column (f Schedule A, Part I ganization did no nis box and stop anization did not of this box and stop	e 15 centage i) divided by line 1 III, line 17 it check the box here. The orga check a box on I op here. The orga a box on line 1	3, column (f)) on line 14, and anization qualifies ine 14 or line 19 ganization qualifier	I line 15 is more as as a publicly as, and line 16 is as a publicly check this bo	18 e than 331/3%, a supported organiz more than 331/3 supported organiz	nd line eation %, and eation cation cation cations
C. ic su ic su ic su ic su stme stme 3 %	pport percentage from 2015 Sche Computation of Investmer nt income percentage for 2016 (lint income percentage from 2015 support tests - 2016. If the ord t more than 331/3%, check th	pport percentage from 2015 Schedule A, Part III, lin Computation of Investment Income Percent income percentage for 2016 (line 10c, column (fint income percentage from 2015 Schedule A, Part I support tests - 2016. If the organization did not more than 331/3%, check this box and stop	nt income percentage from 2015 Schedule A, Part III, line 17 support tests - 2016. If the organization did not check the box to more than 331/3%, check this box and stop here. The organization	Computation of Investment Income Percentage Intrincome percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) Intrincome percentage from 2015 Schedule A, Part III, line 17 Support tests - 2016. If the organization did not check the box on line 14, and the more than 331/3%, check this box and stop here. The organization qualifies	Computation of Investment Income Percentage Intrincome percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	nt income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))

Part IV **Supporting Organizations**

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

Sect	ion A. All Supporting Organizations		T	1
		100000	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	16,76	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		- period
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a_		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	18878	1.4.5.7.
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	1 (4) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	Verain:	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		13,137
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.	10a		

10b

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

	ule A (Form 990 or 990-EZ) 2016			Page 3
Pari	Supporting Organizations (continued)		Van	No
4.4	Hen the aggregation accounted a gift or contribution from any of the following paragraps	1:5.1	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1 11
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sect	ion B. Type I Supporting Organizations		r	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	11447.144	2000
			- 	13.00
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	1,00 mg 3	487477	
<u> </u>		2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	9474		100,000
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	This the appropriation regulated and of the appropriation for the first description of the state of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100	N 845	3.05 %
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1360	1415	4.155
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			637.1
	supported organizations played in this regard.		in a testral	
Socti	on E. Type III Functionally Integrated Supporting Organizations	3		
		441		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructie	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc 1		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	·	1723	模型質	191119
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	١.,		
	activities but for the organization's involvement.	2b	1.5 (1.5)	5.14
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			100
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	13.43		form.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		***************************************

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Section	·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	ļ		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1с		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	15.7		
factors (explain in detail in Part VI):	177		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	T	
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	电路设备器 医皮肤	
2 Enter 85% of line 1.	2		*******
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		***************************************
4 Enter greater of line 2 or line 3.	4		*****
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y integ	rated Type III supporting o	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par		Supporting Organiza	tions (conunuea)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	ted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			, , , , , , , , , , , , , , , , , , , ,
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			***************************************
10	Line 8 amount divided by Line 9 amount			****
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		2017年2018年1日本	
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
ì	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		7 (C. 18 18 18 18 18 18 18 18 18 18 18 18 18	
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years	37057633663555663	A distribution of the second period (and	
b	Applied to 2016 distributable amount		510-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-1	No.
c	Remainder, Subtract lines 4a and 4b from 4.	The state of the Barry Circuit Country of the Count		
5	Remaining underdistributions for years prior to 2016, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			The several state of the California
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j	A AMERICAN CARACTER CALLED AND AREA		
•	and 4c.			
8	Breakdown of line 7:	TONGRETTE AND ARCHARGE AND ARCHARGE	ji le z do ele z od nej ele Sjedičko, je koloji, Do ako Corea, po Goladno bilo se do se	uang a geographic period de decembra de de de de de de de de de de de de de
	PROCESS OF THE FAMILY OF THE PROCESS			
a h	Excess from 2013	i te gregorio esta los de la PEG dos de Costa. Contratos esta de Argonio esta de Costa de Costa de Costa de Costa de Costa de Costa de Costa de Costa de Costa		i Artikari ki Edektor di Etarje (1946). Dalama a erati nemiasi sakat mas
b		AARGARI, KEELILIKUR TERAKA TREBERIK KEERITATU KELATUR TER	odnika jakon karaktaria kajaj Kajaja ingania karaktaria	La gradua (1915), for direktoria, de la fillio Vancas Alla Sentra (1916), for de la fillione (1916), for de la fillione (1916), for de la fillione (1916), f
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

		_			ATTACHMENT	1		
SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL		
NET APPRECIATION OF ASSETS								
HELD IN CHAR. REMAINDER TRUST	56,407.	271,676.	55,885.	-96,713.	-52,927.	234,328.		
TOTALS	56,407.	271,676.	55,885.	-96,713.	-52,927.	234,328.		

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. NATIONAL ALLIANCE FOR RESEARCH ON

OMB No. 1545-0047

Open to Public Inspection Employer identification number

SC.	HIZOPHRENIA AND DEPRESSION		31-1020010
Pa	rt I Organizations Maintaining Donor Advi	ised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		*****
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	***************************************	3999994
4	Aggregate value at end of year	Marining Add a decision of the second of the	- +
5	Did the organization inform all donors and donor	advisors in writing that the assets held i	in donor advised
•	funds are the organization's property, subject to the	•	"
6	Did the organization inform all grantees, donors, a		
Ü	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?	-	
P	art II Conservation Easements.		
36 -38.	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., recr		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Freservation of	or a certified historic structure
2	Complete lines 2a through 2d if the organization he	ald a qualified consequation contribution in	the form of a componentian
4.	easement on the last day of the tax year.	III HODUGI DITIOD HODEVALO DE DE DE	Held at the End of the Tax Year
_	Total number of conservation easements	100	
a			
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified h	. ,	2c
d	Number of conservation easements included in (c)	· ·	
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	sterred, released, extinguished, or termina	ated by the organization during the
	tax year >	nuction apparent is leasted by	
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect	ing, nandling of violations, and enforcing cons	ervation easements during the year
-	Amount of our appear incurred in monitoring incurred	ing bondling of circulations and suffering as	
7	Amount of expenses incurred in monitoring, inspect	ing, nandling of violations, and emorcing co	nservation easements during the year
8	Does each conservation easement reported on line 2	(d) above esticitite requirements of costic	~ 170/b)/4\/D\/i\
0			
9	and section 170(h)(4)(B)(ii)?		
3	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer		di statements that describes the
Pa	rt III Organizations Maintaining Collections		Similar Assets
	Complete if the organization answered	"Yes" on Form 990. Part IV. line 8.	ommar 7.500to.
4			cuspus statement and halance short
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	r assets held for public exhibition, educ	ation, or research in furtherance of
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ation, or research in furtherance of
	public service, provide the following amounts relating. (i) Revenue included in Form 990, Part VIII, line 1.		* • •
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art	- ·	<u> </u>
_	following amounts required to be reported under SF		
a b	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	Paperwork Reduction Act Notice, see the Instructions for	Form 990	Schedule D (Form 990) 2016

Sche	edule D (Form 990) 2016				. 01.		31	1020010	Page 2
ALCOHOLIS CO.	Organizations Maintaini	na Collections of	Art. Hist	torical T	reasure	s. or Ot	her Similar A	ssets (con	
3	Using the organization's acquisition								
	collection items (check all that app			•	,		•	- · · G · · · · · · · · · ·	
а	Public exhibition	.,	d 🗆	Loan	or exchar	nge progra	ms		
b	Scholarly research		e	Other		• • •			
С	Preservation for future gene	erations	_	_					
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	on solicit or receive	donations o	of art, histo	orical tre	asures, or	other similar		
	assets to be sold to raise funds rati	ner than to be maint	ained as pa	art of the o	organizat	ion's colle	ction?	. Yes	No
Pa	rt IV Escrow and Custodial Ar								
	Complete if the organization	tion answered "Ye	s" on Forn	n 990, Pa	art IV, lir	ne 9, or re	ported an am	ount on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, truste							_	
	included on Form 990, Part X?							. Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	llowing tat	ole:				
							Amou	nt	
	Beginning balance					1c			
ď	Additions during the year					1d			
е	Distributions during the year					1e		<u></u>	
f	Ending balance					1f			
	Did the organization include an am						•		No No
4 4 5 4 7 4 7 4	If "Yes," explain the arrangement in Endowment Funds.	n Part XIII. Check n	ere if the ex	xplanation	nas beer	n provided	on Part XIII		
	Endowment Funds. Complete if the organizat	ion answered "Ver	s" on Form	000 B	set IV/ lin	o 10			
	Complete if the organizat	(a) Current year	(b) Prio			years back	(d) Three years b	! (0) 5	
	•	16,422,762.	16,422			32,762.	9,232,76		years back
1a	Beginning of year balance	10,422,702.	10,422	2,702.		90,000.	9,232,10	,2. 10,2	32,762
b	Contributions				7,1	90,000.			
C	Net investment earnings, gains,	1,351,265.	12	4,028.	7 11	65,326.	901,82	,, , , ,	22 440
	and losses	1,331,203.	12-	1,020.	1,40	33,320.	901,62	1,0	22,440
ď	Grants or scholarships								
е	Other expenditures for facilities	1,351,265.	124	4,028.	1 44	65,326.	901,82	20 20	22,440
	and programs	2,332,203.		1,020.		JJ / JZ O .	302,02	2,0	22,110
	Administrative expenses	16,422,762.	16.422	2,762.	16.43	22,762.	9,232,76	2 9 2	32,762
g	End of year balanceL		·					,2.1),2	52,702
2 a	Provide the estimated percentage Board designated or quasi-endowm	of the current year of the current year.	end balance	e (line 1g,	column (a	a)) held as	•		
h	Permanent endowment > 29.9		- '0						
c	Temporarily restricted endowment								
Ū	The percentages on lines 2a, 2b, a		100%						
3a	Are there endowment funds not in	•		tion that a	are held	and admir	istered for the		
	organization by:	possocion on a	ro organiza			una aann		Ŋ	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations								X
b	If "Yes" on line 3a(ii), are the relate							1.7	7
4	Describe in Part XIII the intended u	-	•						
Par	W Land, Buildings, and Equi	pment.							
	Complete if the organizate								
	Description of property	(a) Cost or (invest	orner basis ment)		r other basis her)		umulated eciation	(d) Book valu	e
1a	Land						87.5.15.15.15.15.15.15.15.15.15.15.15.15.1		
b	Buildings								
С	Leasehold improvements				23,754		21,078.		2,676.
d	Equipment								
e	Other				67,848		46,461.	2	1,387.
Total	. Add lines 1a through 1e. (Column	(d) must equal Forn	1 990, Part 2	X, column	(B), line	10c.)	▶	2	4,063.

Part VII Investments - Other Securities.	"Voo" on Form 000	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		· · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests		* - **********************************
(3) Other		
(A) INVESTMENT IN PARTNERSHIPS	3,670,051.	FMV
(B)		7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,670,051.	
Part VIII Investments - Program Related.	"Ves" on Form 000	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
(a) Societies of investment	(b) Dook value	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	'Voo" on Form 000	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Desc		· · · · · · · · · · · · · · · · · · ·
(a) Desc	STIPLIOIT	(b) Book value
(2)	····	
(3)		
(4)		
(5)		····
(6)		
(7)	· · · · · · · · · · · · · · · · · · ·	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	
Part X Other Liabilities. Complete if the organization answered " line 25.	'Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	(-,	
(2)ANNUITIES PAYABLE	737,60	04.
(3) CHARITABLE GIFT ANNUITIES PAYABLE	284,32	23.
(4)	***************************************	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	→ 1,021,92	27.

X

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1		1 19,069,558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan
– a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e		e 3,090,574.
3		3 15,978,984.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C		c
5		5 15,978,984.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•
1	Total expenses and losses per audited financial statements	1 19,616,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	17,729,428.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4) a 1) a
b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	17,729,428.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part I XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informati PAGE 5	
		-
		, manual transfer of the state

31-1020010

Part XIII Supplemental Information (continued)

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT - THE BOARD OF DIRECTORS ESTABLISHED AN ENDOWMENT FUND FOR THE BENEFIT OF NARSAD (D/B/A BRAIN & BEHAVIOR RESEARCH FOUNDATION). THE USE OF PRINCIPAL IS TO BE RETAINED FOR FUTURE GROWTH AND INCOME MAY BE APPLIED PERIODICALLY TO CURRENT PROJECTS AT THE DISCRETION OF THE BOARD OF DIRECTORS.

PERMANENT ENDOWMENT -

- A) RESEARCH ENDOWMENT FUND ESTABLISHED TO ACCUMULATE ENDOWMENTS. THESE FUNDS MAY BE INVESTED, AT THE DISCRETION OF THE ORGANIZATION'S FINANCE COMMITTEE, IN FIXED INCOME AND EQUITY FUNDS. IN ACCORDANCE WITH DONOR RESTRICTIONS, A PORTION OF THE PRINCIPAL, IN THE AMOUNT OF \$1,000,000, IS TO REMAIN PRESERVED IN THIS FUND UNTIL A CURE FOR SCHIZOPHRENIA IS FOUND. INVESTMENT INCOME IS RESTRICTED BY THE DONOR FOR USE IN RESEARCH.
- B) ENDOWED RESEARCH PARTNERSHIP PROGRAM ESTABLISHED TO SUPPORT THE RESEARCH PARTNERSHIP PROGRAM.
- C) MENTAL ILLNESS RESEARCH AWARD FUND INVESTMENT INCOME EARNED ANNUALLY IS RESTRICTED BY THE DONOR FOR THE USE IN RESEARCH.
- D) ADMINISTRATIVE ENDOWMENT FUND ESTABLISHED TO FUND ADMINISTRATIVE EXPENSES FOR SUPPORT OF RESEARCH IN SCHIZOPHRENIA AND DEPRESSION.

PART X, LINE 2:

UNDER ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION, INC. DOES

Part XIII Supplemental Information (continued)

NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND,

ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX

BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX

EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO.

ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION

RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS

WHERE SO REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2016, THERE WERE NO

INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE COMBINED STATEMENT OF

ACTIVITIES. AS OF DECEMBER 31, 2016, THE YEARS STILL SUBJECT TO

EXAMINATION BY A TAXING AUTHORITY ARE 2013 THROUGH 2015.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2016 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON

Inspection Employer identification number

SCHIZOPHRENIA AND DEPRESSION

31-1020010

Par	tl	General Information of Form 990, Part IV, line 14		Outside the U	nited States. Complete	if the organization answer	ed "Yes" on
1	assis	rantmakers. Does the orga tance, the grantees' eligibil	ity for the grant	ts or assistance	e, and the selection criter	ia used to award the	V D
	gram	s or assistance?	• • • • • • • •		• • • • • • • • • • • • • • • • • • • •	L	X Yes No
2		grantmakers. Describe in tance outside the United St		ganization's pi	rocedures for monitoring	the use of its grants a	and other
3	Activ	ities per Region. (The follow					
		(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EURO:	PE			GRANTMAKING		1,706,817.
(2)	NORTI	H AMERICA			GRANTMAKING		756,614.
(3)	EAST	ASIA AND THE PACIFIC			GRANTMAKING		372,180.
(4)	SOUTE	H ASTA			GRANTMAKING		150,000.
(5)	SUB-S	SAHARAN AFRICA			GRANTMAKING		83,060.
(6)			I. Dimensional districts and the second seco				***
(7)							
(8)						PRODUCTO A LA LA LA LA LA LA LA LA LA LA LA LA L	- Mit-l
(9)							
(10)			***************************************				
(11)							·**
12)	······						***************************************
13)			7				
14)							
15)							18000
16)							-
17)		***				- Per Annual	
3a b	Tota						3,068,671.
		ets to Part I					2 060 673

Schedule F (Form 990) 2016

Part

Page 2

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

(a) Name of (b) IRS code (c) Region (d) Dumocode (d) Amount of	(c) Region	fell Dumono of	for the second (a)	3		-	
section and EIN	negrou (a)	(d) Purpose or grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RESEARCH	11444		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- Constant
	EAST ASIA/ FACIFIC	GKANT	49,990.	CHECK/WIRE	****		
		RESEARCH					
	EAST ASIA/PACIFIC	GRANT	34,815.	CHECK/WIRE			
		RESEARCH				194444	****
	EAST ASIA/PACIFIC	GRANT	35,000.	CHECK/WIRE			
		RESEARCH					
	EAST ASIA/PACIFIC	GRANT	50,000.	CHECK/WIRE			
		RESEARCH	***************************************				**
	EAST ASIA/PACIFIC	GRANT	34,363.	CHECK/WIRE	i		
		RESEARCH			1910)	Participation and the second	
	EAST ASIA/PACIFIC	GRANT	83,483.	CHECK/WIRE			
		RESEARCH					
	EAST ASIA/PACIFIC	GRANT	49,680.	CHECK/WIRE			
		RESEARCH				Avenue.	week
	EAST ASIA/PACIFIC	GRANT	34,850.	CHECK/WIRE			
		RESEARCH				- Alleria	
	EUROPE/ICELAND/GREENLAND	GRANT	105,000.	CHECK/WIRE			
		RESEARCH			W4411		
	EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
		RESEARCH					
	EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
		RESEARCH				111111111111111111111111111111111111111	
	EUROPE/ICELAND/GREENLAND	GRANT	30,000.	CHECK/WIRE			
		RESEARCH					
	EUROPE/ICELAND/GREENLAND	GRANT	70,000.	CHECK/WIRE			
		RESEARCH					
	EUROPE/ICELAND/GREENLAND	GRANT	47,520.	CHECK/WIRE			
		RESEARCH					
	EUROPE/ICELAND/GREENLAND	GRANT	49,680.	CHECK/WIRE			
		RESEARCH					
	ELIROPE/ICELAND/GREENLAND	GRANT	49 500	date/ Adam			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities. æ က

Part

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV. line 15. for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2016

10 Name of 10		A COCOL PILLO SOCIAL		200 :: 350	apiloated II addit	ional space is	- וממחמת.		
SURODE/ICELAND/GREENLAND GRANT 34,755.	30000	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance		(i) Method of valuation (book, FMV, appraisal, other)
STATE STAT				RESEARCH			***************************************		***************************************
PRODE/ICCLAND/GREENLAND GRANT 21.406.			EUROPE/ICELAND/GREENLAND	GRANT	34,763.	CHECK/WIRE			
UNODE/ICELAND/GREENLAND GRANT 31,1404				RESEARCH			***************************************		
BURODE/ICELAND/GREENLAND GRANT 34,764,	2)		EUROPE/ICELAND/GREENLAND	GRANT	21,406.	CHECK/WIRE			
BUNOPE/ICELAND/GREENLAND GRANT				RESEARCH			PHAM4.		7.0001
RESERVACH SO,000.	3)		EUROPE/ICELAND/GREENLAND	GRANT	34,764.	CHECK/WIRE			
BUROPE/ICELAND/GREENLAND GRANT 35,000.				RESEARCH	***************************************				
EUROPE/ICELAND/GREENLAND GRANT 35,000			EUROPE/ICELAND/GREENLAND	GRANT	.000,000	CHECK/WIRE			
SUROPE/ICELAND/GREENLAND GREATH				RESEARCH	WWW.	- The state of the	711001	1	***
BUROPE/ICELAND/GREENLAND GRANT 35,000	(5)		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
EUROPE/ICELAND/GREENLAND GRANT 35.000.				RESEARCH		-			
PUROPE/ICELAND/GREENLAND GRANT 34,160.	(9)		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
EUROPE/ICELAND/GREENLAND GRANT 34,160.				RESEARCH		170000	7.04		100 m
CUROPE/ICELAND/GREENIAND RESEARCH B1,531.	7)		EUROPE/ICELAND/GREENLAND	GRANT	34,160.	CHECK/WIRE			
EUROPE/ICELAND/GREENLAND GRANT 61,531. EUROPE/ICELAND/GREENLAND GRANT 50,000. EUROPE/ICELAND/GREENLAND GRANT 78,055. EUROPE/ICELAND/GREENLAND GRANT 78,055. EUROPE/ICELAND/GREENLAND GRANT 59,772. EUROPE/ICELAND/GREENLAND GRANT 59,772. EUROPE/ICELAND/GREENLAND GRANT 35,000. EUROPE/ICELAND/GREENLAND GRANT 36,000. EUROPE/ICELAND/GREENLAND GRANT 36,000.				RESEARCH			TANGER,		
RESEARCH RESEARCH SO,000. BUROPE/ICELAND/GREENLAND GRANT 78,055.	(8)		EUROPE/ICELAND/GREENLAND	GRANT	81,531.	CHECK/WIRE			
BUROPE/ICELAND/GREENLAND GRANT S0,000. BUROPE/ICELAND/GREENLAND GRANT 78,055. BUROPE/ICELAND/GREENLAND GRANT 78,055. BUROPE/ICELAND/GREENLAND GRANT 59,772. BUROPE/ICELAND/GREENLAND GRANT 35,000. BUROPE/ICELAND/GREENLAND GRANT 35,000. BUROPE/ICELAND/GREENLAND GRANT 35,000. BUROPE/ICELAND/GREENLAND GRANT 35,000. BUROPE/ICELAND/GREENLAND GRANT 35,000. BUROPE/ICELAND/GREENLAND GRANT 35,000. BUROPE/ICELAND/GREENLAND GRANT 70,000. BURDAND/GREENLAND/GREENLAND GRANT 70,000. BURDAND/GREENLAND/GREENLAND/GREENLAND GRANT 70,000. BURDAND/GREENLAND/GREENLAND GRANT 70,000. BURDAND/GREENLAND/GREENLAND GRANT 70,000. BURDAND/GREENLAND/GREENLAND GRANT 70,000. BURDAND/GREENLAND GRANT 70,000. BURDAND/GREENLAND GRANT 70,000. BURDAND/GREE				RESEARCH			Trans.		
RESEARCH 78,055. GRANT 78,055. GRANT 59,772. RESEARCH 35,000. GRANT 35,000. RESEARCH 34,375. RESEARCH 34,375. RESEARCH 35,000. RESEARCH 35,000. GRANT 35,000. RESEARCH 35,000. GRANT 70,000.	(6)		EUROPE/ICELAND/GREENLAND	GRANT	.000,050	CHECK/WIRE			
BUROPE/ICELAND/GREENLAND GRANT 78,055.				RESEARCH				7001Mm	
RESEARCH SP.772.	(10)		EUROPE/ICELAND/GREENLAND	GRANT	78,055.	CHECK/WIRE			
EUROPE/ICELAND/GREENLAND RESEARCH 59,772.				RESEARCH			- VVVViii		-
RESEARCH RESEARCH 35,000. EUROPE/ICELAND/GREENLAND GRANT 35,000. EUROPE/ICELAND/GREENLAND GRANT 35,000. EUROPE/ICELAND/GREENLAND GRANT 34,375. GUROPE/ICELAND/GREENLAND GRANT 35,000. GUROPE/ICELAND/GREENLAND GRANT 35,000. GUROPE/ICELAND/GREENLAND GRANT 70,000.			EUROPE/ICELAND/GREENLAND	GRANT	59,772.	CHECK/WIRE			
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RESEARCH RESEARCH 35,000. EUROPE/ICELAND/GREENLAND GRANT 34,375. EUROPE/ICELAND/GREENLAND GRANT 34,375. EUROPE/ICELAND/GREENLAND GRANT 35,000. GUROPE/ICELAND/GREENLAND GRANT 35,000. GUROPE/ICELAND/GREENLAND GRANT 70,000.	(12)		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
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RESEARCH RESEARCH 34,375.	(13)		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
EUROPE/ICELAND/GREENLAND GRANT 34,375. 3				RESEARCH					* MARKET
RESEARCH SUROPE/ICELAND/GREENLAND GRANT 35,000.	14)		EUROPE/ICELAND/GREENLAND	GRANT	34,375.	CHECK/WIRE			
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EUROPE/ICELAND/GREENLAND GRANT 70,000.	(15)		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
EUROPE/ICELAND/GREENLAND GRANT 70,000.	医多性后角 医多克氏 阿斯克克氏病 医克尔氏			RESEARCH					
	(16)		EUROPE/ICELAND/GREENLAND	GRANT	.000,000	CHECK/WIRE			

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

Enter total number of other organizations or entities, 3

Page 2

Schedule F (Form 990) 2016 Part II

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

ractiv, mie 19, 101 any recipient wito received more than \$5,000. Part it can be duplicated it additional space is needed	Meda i oliw iliaidis	ed illole Illali \$5,000. r	ar II can be c	uplicated it addit	ional space is	needed.		
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RESEARCH	7.0000		700000	T T T T T T T T T T T T T T T T T T T	7,000446
		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
			RESEARCH					
(2)		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
			RESEARCH			7000		
(3)		EUROPE/ICELAND/GREENLAND	GRANT	34,965.	CHECK/WIRE			
			RESEARCH			7.75		
(4)		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
			RESEARCH				3 71111	
(5)		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
			RESEARCH			******	· · · · · · · · · · · · · · · · · · ·	Washington and the second
(9)		EUROPE/ICELAND/GREENLAND	GRANT	50,000.	CHECK/WIRE			
			RESEARCH			Willia	- Control of the cont	****
(2)		EUROPE/ICELAND/GREENLAND	GRANT	33,450.	CHECK/WIRE			
			RESEARCH	THE ACCUSATION	- Personal Control of the Control of	70440		1
(8)		EUROPE/ICELAND/GREENLAND	GRANT	45,000.	CHECK/WIRE			
			RESEARCH					
(6)		EUROPE/ICELAND/GREENLAND	GRANT	50,389.	CHECK/WIRE			
			RESEARCH					- Attachment
(10)		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
			RESEARCH					a mysessis.
(11)		EUROPE/ICELAND/GREENLAND	GRANT	20,000.	CHECK/WIRE			
			RESEARCH					
(12)		EUROPE/ICELAND/GREENLAND	GRANT	69,989.	CHECK/WIRE			
			RESEARCH					
(13)		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE			
			RESEARCH					
[14]		EUROPE/ICELAND/GREENLAND	GRANT	35,000.	CHECK/WIRE	****		
			RESEARCH					
(15)		NORTH AMERICA	GRANT	253,330.	CHECK/WIRE	A Processing		
			RESEARCH					
(10)		NORTH AMERICA	GRANT	85,000.	CHECK/WIRE	**************************************	-	

foreign country, recognized as tax-exempt	
number of recipient organizations listed above that are recognized as charities by the foreign country, re	S, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
Enter tota	by the IR

N

Enter total number of other organizations or entities. က

Schedule F (Form 990) 2016

Part II

Page 2

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

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance (f) Manner of cash disbursement CHECK/WIRE CHECK/WIRE CHECK/WIRE CHECK/WIRE CHECK/WIRE CHECK/WIRE CHECK/WIRE CHECK/WIRE CHECK/WIRE WIRE 50,000, 83,060. 35,000. 49,906. 150,000. 49,018. 99,360. 35,000. 50,000. 50,000. (e) Amount of cash grant (d) Purpose of grant AWARD/PRIZE RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH GRANT GRANT GRANT GRANT GRANT GRANT GRANT GRANT GRANT SUB-SAHARAN AFRICA (c) Region NORTH AMERICA NORTH AMERICA NORTH AMERICA WORTH AMERICA JORTH AMERICA NORTH AMERICA NORTH AMERICA WORTH AMERICA SOUTH ASIA (b) IRS code section and EIN (if applicable) (a) Name of organization 9 2 13 4 15) (46) N (7)ന Ð 3 8 9 E 6

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities. Schedule F (Form 990) 2016

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31-1020010

Schedule F (Form 990) 2016

Part III

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

rait in can be duplicated if additional space is needed	ditional space is needed.		- Company	7	***************************************		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) INDIVIDUAL AWARD	EUROPE/ICELAND/GREENLAND		12,500.	СНЕСК	William Pagini.		**************************************
(2)	avenue.				1.000		Odmin
(3)			Privilega		TANKA SI		- equipme
(4)					movement of the state of the st		
(5)				437044	TANANA.		- \$4000¢
(9)					- Francisco		- Anthony
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(8)					an procession	*******	", WHAAAA
(6)					7 - A - A - A - A - A - A - A - A - A -		the form of the first of the fi
(10)				****	**************************************	***************************************	**************************************
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(16)					1 100 100 100 100 100 100 100 100 100 1		- Presidential
(11)	The state of the s						A Privile A A A A A A A A A A A A A A A A A A A
(18)							
						Sche	Schedule F (Form 990) 2016

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~ 200	

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Part V Supplemental Information

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

PART I, LINE 2:

GRANT APPLICATIONS AND PROCESSED/APPLICANT ELIGIBILITY
AN APPLICATION DEADLINE IS SET FOR EACH AWARD. AS THE GRANTS ARE

RECEIVED, PROGRAM STAFF ASSIGNS EACH APPLICATION A DOCKET NUMBER

(NUMERIC, IN THE ORDER THEY ARE RECEIVED), ENTER THE APPLICATION INTO THE

GIFTS DATABASE, AND CHECK EACH APPLICATION TO ENSURE ELIGIBILITY AND

ADHERE TO GUIDELINES. ANY INELIGIBLE APPLICANTS ARE NOTIFIED, AND

APPLICANTS WITH INCOMPLETE/INCORRECT APPLICATIONS ARE ASKED TO SUBMIT THE

CORRECT INFORMATION.

HOW GRANTS ARE SELECTED -

ONE FULL SET OF APPLICATIONS IS SENT TO THE REVIEW CHAIR FOR EACH OF THE

3 DIFFERENT AWARDS (YOUNG, INDEPENDENT, AND DISTINGUISHED INVESTIGATOR

AWARDS). THE REVIEW CHAIR THEN MAKES THE ASSIGNMENT TO REVIEWERS

(GENERALLY COMPRISED OF SCIENTIFIC COUNCIL MEMBERS), AND SENDS THE

ASSIGNMENTS TO NARSAD. ONCE THE ASSIGNMENTS ARE REVIEWED, PROGRAM STAFF

MAKES THE NECESSARY PACKETS FOR REVIEWERS. REVIEWERS ARE STRONGLY

ENCOURAGED TO CONFER AND REACH A GROUP CONSENSUS. A DEADLINE IS SET TO

SUBMIT REVIEW SCORE SHEETS, TO THE REVIEW CHAIR. THE REVIEW CHAIR THEN

COMPILES THE RATINGS, AND SENDS A LIST TO NARSAD OF RECOMMENDED

APPLICANTS, RANK-ORDERED. SUMMARIES AND A RANK-ORDERED LIST OF

RECOMMENDED APPLICANTS ARE THEN GIVEN AT THE BOARD MEETING. THE BOARD OF

DIRECTORS VOTES ON THE RECOMMENDED GRANTS, AND UPON APPROVAL, NEW

GRANTEES ARE NOTIFIED AFTER THE BOARD MEETING.

PartV Supplemental Information

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

FINANCIAL RECORDS -

THE GRANTEE'S INSTITUTION IS RESPONSIBLE FOR THE EXPENDITURE OF THE AWARD, AND FOR MAINTAINING SUPPORTING RECORDS OF RECEIPTS AND EXPENDITURES. IT IS THE RESPONSIBILITY OF THE GRANTEE TO REQUEST THAT A FINAL FINANCIAL REPORT BE SUBMITTED TO NARSAD. A CUMULATIVE FINANCIAL REPORT IS REQUIRED WITHIN 90 DAYS OF GRANT TERMINATION/COMPLETION. THIS REPORT SHOULD REFLECT AWARD AMOUNT, EXPENDITURES AND ANY BALANCE DUE TO NARSAD, IN U.S. DOLLARS.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Inspection Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON Employer identification number SCHIZOPHRENIA AND DEPRESSION 31-1020010 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply, Mail solicitations Solicitation of non-government grants а е b Internet and email solicitations f Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) fundraiser listed in from activity contributions? organization col. (i) Yes No 1 2 3 5 6 8 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OMB No. 1545-0047

		NATION	AL ALLIANCE FOR	RESEARCH ON	31	-1020010
-		le G (Form 990 or 990-EZ) 2016				Page 2
	art	Fundraising Events. Complete than \$15,000 of fundraising eve gross receipts greater than \$5,0	nt contributions and gro			
			(a) Event #1 NEW YORK GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
41			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	595,165.	a construction of		595,165
œ	١,	Less: Contributions	429,584.			429,584
		Gross income (line 1 minus				120,00
		line 2)	165,581.			165,581
	4	Cash prizes				VIII.
	5	Noncash prizes		`		
suses	6	Rent/facility costs	20,638.			20,638
Direct Expenses	7	Food and beverages	61,500.			61,500
Direc	8	Entertainment	2,213.			2,213
	9	Other direct expenses	81,230.			81,230
		Direct expense summary. Add lines 4 Net income summary. Subtract line 1				165,581
	ri		anization answered "Y	es" on Form 990, Pa	rt IV, line 19, or rep	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	,	0				
	1	Gross revenue				
Ses	2	Cash prizes				
Expe	3	Noncash prizes			***************************************	
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			
	8	Net gaming income summary. Subtra	ct line 7 from line 1, col	umn (d)	>	
9	Eı	nter the state(s) in which the organizati	ion conducts gaming ac	tivities:		
a b		the organization licensed to conduct g "No," explain:	aming activities in each	of these states?		. Yes No

Schedule G (Form 990 or 990-EZ) 2016

b If "Yes," explain:

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

NATIONAL ALLIANCE FOR RESEARCH ON

31-1020010

Sche	dule G (Form 990 or 990-EZ) 2016
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	70
d	<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
c	
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Pari	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Open to Publ 2016

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

▶ Attach to Form 990.

Employer identification number 31-1020010 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and NATIONAL ALLIANCE FOR RESEARCH ON Part General Information on Grants and Assistance SCHIZOPHRENIA AND DEPRESSION Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form X Yes 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

ŝ

1 (a) Name and address of organization or government	(b) EiN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.						TOTALO	
500 WEST 185TH STREET, NEW YORK, NY 10033	13-1624225	501(C)(3)	35,000.				RESEARCH GRANT
(2) AUGUSTA UNIVERSITY				TRANSPIL		***************************************	
1120 15TH STREET, AGUSTA, GA 30912	58-1418202	501(C)(3)	50,000.				RESEARCH GRANT
(3) BAYLOR COLLEGE OF MEDICINE				774000	*******	- Avenue	
ONE BAYLOR PLAZA, HOUSTON, TX 77030	74-1613878	501(C)(3)	85,000.				RESEARCH GRANT
(4) BOSTON UNIVERSITY			-	***************************************		******	
595 COMMONWEATLH AVENUE, BOSTON, MA 02215	04-2103547	501(C)(3)	35,000.				RESEARCH GRANT
(5) BOSTON VA RESEARCH INSTITUTE, INC.						1460004	
150 S HUNTINGTON AVE., BOSTON, MA 02130	04-3081524	501(C)(3)	50,000.				PESEARCH CRANT
(6) BRADLEY HOSPITAL		552			CHINAL CHINAL	t-WWW.	
11 FRIENDSHIP ST, NEWPORT, RI 02840	05-0258914	501(C)(3)	.000,000.				RESEARCH GRANT
(7) BRANDEIS UNIVERSITY				***************************************	-wat-		
415 SOUTH ST MSC 110, WALTHAM, MA 02453	04-2103552	501(C)(3)	49,680.				RESEARCH GRANT
(8) CALIFORNIA INSTITUTE OF TECHNOLOGY				- Angelling	- Tathway		n wallows.
1200 E CALIFORNIA BLVD, PASADENA, CA 91125	95-1643307	501(C)(3)	35,000.				RESEARCH GRANT
(9) CASE WESTERN RESERVE UNIVERSITY				- WANG			- Table 1
10900 EUCLID AVENUE, CLEVELAND, OH 44106	34-1018992	501(C)(3)	.000,000				RESEARCH GRANT
(10) CHILDREN'S HOSPITAL OF PHILADELPHIA							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
34TH ST & CIVIC CTR BLVD, PHIL., PA 19104	23-1352166	501(C)(3)	155,000.				RESEARCH GRANT
(11) CHILDREN'S HOSPITAL, BOSTON					V. Tandidore		TOTAL CONTRACTOR OF THE PARTY O
300 LONGWOOD AVE, BOSTON, MA 02115	04-2774441	501(C)(3)	169,983.				RESEARCH GRANT
(12) COLD SPRING HARBOR LABORATORY					Vinite.	***************************************	***************************************
1 BUNGTOWN RD, COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	170,000.				RESEARCH GRANT
2 Enter total number of section 501(c)(3) and government	government o	rganizations list	organizations listed in the line 1 table	<u>a</u>			
)				***

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

2016	Open to Public

Employer identification number 31-1020010

OMB No. 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Part

~	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
	the selection criteria used to award the grants or assistance?
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLUMBIA UNIVERSITY					VPQ-280	-ANALONS	·
622 WEST 113TH, NEW YORK, NY 10025	13~5598093	S01(C)(3)	259,982.				RESEARCH GRANT
(2) DARTMOUTH-HITCHCOCK NEDICAL CENTER			POPERATION	***************************************			***************************************
6066 DEVELOPMENT OFFICE, HANOVER, NH 03755	02-0222111	501(C)(3)	50,000.				RESEARCH GRANT
(3) DREXEL UNIVERSITY COLLEGE OF MEDICINE			TANITE I	Triwiting.	***************************************	T Availed	A-19.
3141 CHESTNUT ST, PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	.000,000				RESEARCH GRANT
(4) DUKE UNIVERSITY MEDICAL CENTER			**************************************				
CAMPUS BOX 90581, DURHAM, NC 22708	56-0532129	501(C)(3)	154,387.				RESEARCH GRANT
(5) EMORY UNIVERSITY			Augustide	***************************************		***************************************	, , , , , , , , , , , , , , , , , , ,
1762 CLIFTON RD, ATLANTA, GA 30322	58-0566256	501(C)(3)	84,999.				RESEARCH GRANT
(6) FLORIDA ATLANTIC UNIVERSITY					VIIIIII.		
777 GLADES ROAD, BOCA RATON, FL 33431	65-0385507	T · AOS	35,000.				RESEARCH GRANT
(7) FLORIDA STATE UNIVERSITY					T THE PARTY OF THE		70000
2000 LEVY AVE, #351, TALLAHASSEE, FL 32310	59-3211153	501(C)(3)	.000,05				RESEARCH GRANT
(8) HARVARD MEDICAL SCHOOL			TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE	HAMMA	ewing)	***************************************	C T T T T T T T T T T T T T T T T T T T
1033 MASSACHUSETTS AVE, CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	104,800.				RESEARCH GRANT
(9) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI					The state of the s	7449WHWM707	
BOX 1049, NEW YORK, NY 10059	13-6171197	501(C)(3)	573,869.				RESEARCH GRANT
(10) INDIANA UNIVERSITY					e de la Maria	- PARKET AND A STATE OF THE STA	T TO THE WAY TO THE TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE T
400 E 7TH ST, RM 501, BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	35,000.				RESEARCH GRANT
(11) JOHNS HOPKINS UNIVERSITY					TWWW.		
3910 KESWICK ROAD, BALTIMORE, MD 21211	52-0595110	501(C)(3)	220,000.				RESEARCH GRANT
(12) LAUREATE INSTITUTE FOR BRAIN RESEARCH						779444111	TTWHEN,
6655 S YALE AVE, TULSA, OK 74136	73-1328881	501(C)(3)	35,000.				RESEARCH GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	rganizations list	ted in the line 1 tab	[e]	The state of the s		
2 Catal actal and and actal actal actal actal actal actal	and in the line	1 40 10					

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

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

JSA 6E1288 1.000

SCHEDULE 1 (Form 990)

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

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

▶ Attach to Form 990.

OMB No. 1545-0047	2016	Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION Department of the Treasury Internal Revenue Service Name of the organization

Part | General Information on Grants and Assistance

Employer identification number 31-1020010 ŝ

*	
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
	the selection criteria used to award the grants or assistance?
7	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Į,	Grants and Other Assistance to Domestic Organizations and Domestic Community Community of the Community of t
	THE CONTROL OF THE STATE OF THE
	990 Part IV line 21 for any recipient that recoived more than the Boar II and the distinct of the Silver of the Si

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MASSACHUSETTS GENERAL HOSPITAL						TANKS AND AND AND AND AND AND AND AND AND AND	**************************************
55 FRUIT STREET, BOSTON, MA 02114	04-2697983	501(C)(3)	155,000.				RESEARCH GRANT
(2) MASSACHUSETTS INSTITUTE OF TECHNOLOGY				******	770000		
77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	225,000.				RESEARCH GRANT
(3) MCLEAN HOSPITAL		***************************************	Partition	71774444	TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TANAH TA	- PARTIES &	1
115 MILL STREET, BELMONT, MA 02478	04-2697981	501(C)(3)	354,946.				RESEARCH GRANT
(4) MEDICAL COLLEGE OF WISCONSIN						With a second se	TOWNS CO.
8701 WATERTOWN PLANK RD, MILMAU., WI 53226	39-0806261	501(C)(3)	35,000.				RESEARCH GRANT
(5) NAT'L INST. OF NEUROLOGICAL DISORDERS & STR					1 Talliant	***************************************	TOWNS.
9000 ROCKVILLE PIKE, BETHESDA, MD 20892	52-0858115		50,000.	•			RESEARCH GRANT
(6) NEW YORK UNIVERSITY						###DAT	711112247
25 WEST 4TH STREET, NEW YORK, NY 10012	13-5562308	S01(C)(3)	139,993.				RESEARCH GRANT
(7) NORTHWESTERN UNIVERSITY				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		- Theretown
633 CLARK STREET, EVANSTON, IL 60208	36-2167817	501(C)(3)	120,000.				RESEARCH GRANT
(8) PRINCETON UNIVERSITY				**************************************		- Company	
701 CARNEGIE CENTER, PRINCETON, NJ 08540	21-0634501	501(C)(3)	35,000.				RESEARCH GRANT
(9) RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC					The second secon		
150 BROADWAY, MENANDS, NY 12204	14-1410842	501(C)(3)	69,934.				RESEARCH GRANT
(10) RESEARCH FOUND. FOR THE STATE UNIV. OF NY					Vince	- Administra	- William
PO BOX 9, ALBANY, NY 12201	14-1368361	501(C)(3)	189,848.				RESEARCH GRANT
(11) RUSH UNIVERSITY MEDICAL COLLEGE					The second secon	***************************************	-
1700 WEST VAN BUREN ST, CHICAGO, IL 60612	36-2174823	501(C)(3)	34,889.				RESEARCH GRANT
(12) RUTGERS UNIVERSITY							TOWN AND THE PROPERTY OF THE P
100 STRUBLE RD, BRANCHVILLE, NJ 07826	22-6001086	501(C)(3)	.000,06				RESEARCH GRANT
2 Enter total number of section 501(c)(3) and government		organizations lis	organizations listed in the line 1 table.	le			**************************************
3 Enter total number of other organizations listed in the lir		1 table	le 1 table		•	A	

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

JSA 6E1288 1.000

SCHEDULEI (Form 990)

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

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

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047	2016	Open to Public Inspection
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Employer identification number 31-1020010

NATIONAL ALLIANCE FOR RESEARCH ON

SCHIZOPHRENIA AND DEPRESSION

PartI

Department of the Treasury Internal Revenue Service Name of the organization

F	Conver Information on Counts and April - 4-1-4-1-4	0100001	
Ü	delleral illion liation of diality and Assistance		
₹	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance and	Ge and	
	the selection criteria used to award the grants or assistance?	X Yes	N
8	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.]]

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SALK INSTITUTE FOR BIOLOGICAL STUDIES						**************************************	**************************************
10010 N TORREY PINES RD, LA JOLLA, CA 92037	95-2160097	501(C)(3)	70,000.				RESEARCH GRANT
(2) SEATTLE CHILDREN'S RESEARCH INSTITUTE					- THIM:	Towns,	A. C. C. C. C. C. C. C. C. C. C. C. C. C.
PO BOX 5371, SEATTLE, WA 98145	91-0564748	501(C)(3)	35,000.				RESEARCH GRANT
(3) ST. JUDE CHILDREN'S RESEARCH HOSPITAL				7911110		F-1410.45	
501 ST. JUDE PLACE, MEMPHIS, TN 38105	62-0646012	501(C)(3)	50,000.				RESEARCH GRANT
(4) STANFORD UNIVERSITY			77777777	***************************************	Owner		- PANISAN
326 GALVEZ STREET, STANFORD, CA 94305	94-1156365	501(C)(3)	330,000.				RESEARCH GRANT
(5) THE FEINSTEIN INST. FOR MEDICAL RESEARCH				- Ortonia	ATTACA CALL TO THE PARTY OF THE		# T - 0400.1114
972 BRUSH HOLLOW, WESTBURY, NY 11590	11-2673595	501(C)(3)	34,460.				RESEARCH GRANT
(6) THE JACKSON LABORATORY				- Paradore	WHITTON	White	
P.O. BOX 254, BAR HARBOR, ME 04609	01-0211513	501(C)(3)	35,000.				RESEARCH GRANT
(7) THE MIRIAM HOSPITAL				Atventura menangan	THAT THE TAXABLE PROPERTY.		NAMES AND STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET ST
164 SUMMIT AVE, PROVIDENCE, RI 02906	05-0258905	501(C)(3)	49,996.				RESEARCH GRANT
(8) THE ROCKEFELLER UNIVERSITY					***********		***************************************
1230 YORK AVE, NEW YORK, NY 10065	13-1624158	501(C)(3)	35,000.				RESEARCH GRANT
(9) THE U C DAVIS FOUNDATION					******		
1460 DREW AVE, STE 100, DAVIS, CA 95618	94-6081352	501(C)(3)	119,796.				RESEARCH GRANT
(10) TULANE UNIVERSITY					- Anna -		**************************************
6823 ST. CHARLES AVE, NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	35,000.				RESEARCH GRANT
(11) UNIVERSITY OF ARIZONA			**************************************				*****
888 NORTH EUCLID, TUCSON, AZ 85719	74-2652689	T. AOS	105,000.				RESEARCH GRANT
(12) UNIVERSITY OF CALIFORNIA, BERKELEY				THE PERSON NAMED IN COLUMN NAM	and the state of t	AND THE PARTY OF T	***************************************
2080 ADDISON ST, #4200, BERKELEY, CA 94720	94-6090626	501(C)(3)	84,754.				RESEARCH GRANT
2 Enter total number of section 501(c)(3) and government		rganizations list	organizations listed in the line 1 table	le.		A	
3 Enter total number of other organizations listed in the lin	ed in the line	1 table			e 1 table.		er HMAA.

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

JSA 6E1288 1.000

SCHEDULEI (Form 990)

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

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

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Open to Public Inspection

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Department of the Treasury	Attach to Form 990,	Õ
Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	
Name of the organization	NATIONAL ALLIANCE FOR RESEARCH ON	Employer identification
SCHIZOPHRENIA AND DEPRESSION	AND DEPRESSION	21-1020010
Part General Information on G	Information on Grants and Assistance	0100001-10

ž X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA, DAVIS						· www.	
ONE SHIELDS AVE, DAVIS, CA 95616	94-6036494	501(C)(3)	35,000.				RESEARCH GRANT
(2) UNIVERSITY OF CALIFORNIA, LOS ANGELES						Total Control of the	
10920 WILSHIRE BLVD, LOS ANGELES, CA 90024	95-6006143	501(C)(3)	289,695.				RESEARCH GRANT
(3) UNIVERSITY OF CALIFORNIA, SAN DIEGO			1 market 4 de la company de la	***************************************		The state of the s	***************************************
9500 GILMAN DRIVE, LA JOLIA, CA 92093	95~6006144	501(C)(3)	336,286.				RESEARCH GRANT
(4) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO			*********	- Triangle	777		7.0004
UCSF BOX 0248, SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	175,000.				RESEARCH GRANT
(5) UNIVERSITY OF CINCINNATI			*****		**************************************		
PO BOX 210641, CINCINNATI, OH 45221	31-6000989	501(C)(3)	35,000.				RESEARCH GRANT
(6) UNIVERSITY OF COLORADO DENVER				***************************************		T TO PROPERTY AND	***************************************
1800 N GRANT ST, DENVER, CO 80203	84-6000555	501(C)(3)	120,000.				RESEARCH GRANT
(7) UNIVERSITY OF DELAWARE					V-Sylvania -	***************************************	
83 E. MAIN STREET, 3RD FL, NEWARK, DE 19716	51~6000297	501(C)(3)	35,000.				RESEARCH GRANT
(8) UNIVERSITY OF ILLINOIS AT CHICAGO				- Province of the second	Carman		
506 S WRIGHT STREET, URBANA, IL 61801	37-6000511	501(C)(3)	35,000.				RESEARCH GRANT
(9) UNIVERSITY OF IOWA					***************************************		
105 JESSUP HALL, IOWA CITY, IA 52242	42-6004813	GOV'T	149,661.				RESEARCH GRANT
(10) UNIVERSITY OF MARYLAND					- mayermake.	- swetten	THE PARTY OF THE P
7950 BALTIMORE AVE, COLLEGE PARK, MD 20742	52-6002033	GOV'T	205,000.		•		RESEARCH GRANT
(11) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL						PARTITION OF THE PARTIT	
600 SUFFOLK ST, STE 160, LOWELL, MA 01854	04-3167352	T, AOD	154,012.				RESEARCH GRANT
(12) UNIVERSITY OF MIAMI					14 W. A. A.	**************************************	- Thomas
PO BOX 248106, CORAL GABLES, FL 33124	59-0624458	501(C)(3)	100,000.				RESEARCH GRANT
2 Enter total number of section 501(c)(3) and government		rganizations list	organizations listed in the line 1 table.	le .			No.
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Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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SCHEDULE I (Form 990)

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

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

▶ Attach to Form 990.

OMB No. 1545-0047 2016

Open to Public Inspection

Employer identification number 31-1020010

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. NATIONAL ALLIANCE FOR RESEARCH ON

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ıaintain rec	d to award	part IV the organization's
anízation m	criteria use	art IV the o
Does the organization maintain records to substa	the selection criteria used to award the grants or assista	Describe in Part
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General Information on Grants and Assistance

SCHIZOPHRENIA AND DEPRESSION

Part

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MINNESOTA							
1300 S 2ND ST, #206, MINNEAPOLIS, MN 55454	41~6007513	501(C)(3)	30,000.				RESEARCH GRANT
(2) UNIVERSITY OF MISSOURI, KANSAS CITY					- Addition		THANKS
321 UNIVERSITY HALL, COLUMBIA, NO 65211	43-6003859	501(C)(3)	35,000.				RESEARCH GRANT
(3) UNIVERSITY OF NEW MEXICO				- Ann	111111111	1000 MARINE	TANAMITA
1 UNIV. OF NEW MEX., ALBUQUERQUE, NM 87131	85-6000642	S01(C)(3)	35,000.				RESEARCH GRANT
(4) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL					7778881		- Mariens
103 S BLDG CAMPUS, CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	139,960.				RESEARCH GRANT
(5) UNIVERSITY OF PITTSBURGH				- material and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second an	THE WATER		
128 NORTH CRAIG ST, PITTSBURGH, PA 15260	25-0965591	501(C)(3)	304,643.				RESEARCH GRANT
(6) UNIVERSITY OF SOUTHERN CALIFORNIA					**************************************		THE STATE OF THE S
3551 TROUSDALE PKWY, LOS ANGELES, CA 90089	95-1642394	501(C)(3)	70,000.				RESEARCH GRANT
(7) UNIVERSITY OF TEXAS AT AUSTIN			F18000WWW.	7,174,00	The state of the s		
P. O. BOX 7458, AUSTIN, TX 78713	74-6000203	501(C)(3)	26,425.				RESEARCH GRANT
(8) UNIVERSITY OF TEXAS AT EL PASO							
500 W UNIVERSITY AVE, EL PASO, TX 79968	74-6000813	501(C)(3)	.000,000				RESEARCH GRANT
(9) UNIV. OF TX HEALTH SCIENCE CTR. AT HOUSTON				-			
7000 FAMMIN, HOUSTON, IX 77030	74-1761309	501(C)(3)	119,967.				RESEARCH GRANT
(10) UNIVERSITY OF TEXAS SOUTHWESTERN MED. CTR.					The state of the s	PREWAINS	TOTAL STATE OF THE
601 COLORADO STREET, AUSTIN, TX 78701	75-6002868	GOV'T	67,500.				RESEARCH GRANT
(11) UNIVERSITY OF UTAH				***************************************	**************************************	- Annahara	The state of the s
332 S 1400 EAST, SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	169,789.				RESEARCH GRANT
(12) UNIVERSITY OF WASHINGTON					and the state of t	- Appropries	7-1111111111111111111111111111111111111
BOX 359505, SEATTLE, WA 98195	91-6001537	501(C)(3)	.000,05				RESEARCH GRANT
2 Enter total number of section 501(c)(3) and government		rganizations list	organizations listed in the line 1 table.	le			- Administra

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

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

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SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

OMB No. 1545-0047	2016	Open to Public

Employer identification number 31-1020010

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Part I

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MISCONSIN-MADISON			***************************************	177			***************************************
702 WEST JOHNSON STREET, MADISON, WI 53715	39-6006492	GOV'T	104,728.				RESEARCH GRANT
(2) UT HEALTH SCIENCE CENTER AT SAN ANTONIO							-PANIS
7703 FLOYD CURL DR, SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	134,746.				RESEARCH GRANT
(3) VANDERBILT UNIVERSITY				T VIII T	- Wester	MAAR	
GIFT PROCESS., VU STAT. B, NASH., TN 37235	62-0476822	501(C)(3)	120,000.				RESEARCH GRANT
(4) VANDERBILT UNIVERSITY MEDICAL CENTER			TOTAL TOTAL		CANADA CA	**************************************	
2525 WEST END AVE, NASHVILLE, TN 37203	35-2528741	501(C)(3)	70,000.				RESEARCH GRANT
(5) VIRGINIA COMMONWEALTH UNIVERSITY			With MANAGES			**********	······································
PO BOX 980550, RICHMOND, VA 23298	54-6001758	501(C)(3)	84,854.				RESEARCH GRANT
(6) VIRGINIA TECH			***************************************	-94444	- CONTINUE OF THE CONTINUE OF		PARTITION TO THE PARTITION OF THE PARTIT
201 SOUTHGAIE CENTER, BLACKSBURG, VA 24061	54-6001805	GOV'T	85,000.				RESEARCH GRANT
(7) WASHINGTON UNIVERSITY				- WHA			
CAMPUS BOX 1082, SAINT LOUIS, MO 63130	43-0653611	501(C)(3)	134,969.				RESEARCH GRANT
(8) WAYNE STATE UNIVERSITY			THE STATE OF THE S	THUE.			T WHITE
5700 CASS AVE, STE 1200, DETROIT, MI 48202	38-6028429	501(C)(3)	35,000.				RESEARCH GRANT
(9) YALE UNIVERSITY SCHOOL OF MEDICINE					CAMANA	production.	
P.O. BOX 2038, NEW HAVEN, CT 06521	06-0646973	501(C)(3)	818,851.				RESEARCH GRANT
(10)			400000		With the state of	PARAMANA	· ·
** F** Immovements							
(11)					Triminal .		
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(12)			100000000000000000000000000000000000000	- AVENDANCE -	- CATAMAL.		Township of the Control of the Contr
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		organizations list	organizations listed in the line 1 table.	le		A	80.
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table					T T T T T T T T T T T T T T T T T T T

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E1288 1.000 11:20:23 AM V 16-7.6F

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Schedule I (Form 990) (2016)

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

PART I, LINE 2:

GENERAL:

- A) THE AWARD IS FOR A PERIOD OF UP TO 12 MONTHS.
- B) SECOND YEAR FUNDING (I.E., THIRD PAYMENT) IS SUBJECT TO THE

AVAILABILITY OF FUNDS.

- C) NARSAD MUST BE NOTIFIED IN WRITING OF ALL AWARDS/GRANTS RECEIVED
- SUBSEQUENT TO THE NARSAD AWARD THROUGHOUT THE DURATION OF THE AWARD.
- D) A GRANTEE HAS UP TO SIX MONTHS FROM THE ORIGINALLY SCHEDULED START

DATE TO ESTABLISH A REVISED START DATE.

IF THE GRANT START DATE IS DELAYED, THE GRANT PERIOD WILL BE CHANGED â

Schedule I (Form 990) (2016)

PAGE 51

Schedule I (Form 990) (2016)

Part III

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

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ~ ო ល ဖ 4

TO REFLECT THIS, AND WILL RESULT IN A DEFFERED PAYMENT SCHEDULE.

information.

ANY PROJECT CHANGES MUST BE SUBMITTED IN WRITING TO NARSAD FOR REVIEW

AND PRE-APPROVAL.

G) FUNDING AFTER THE AWARD PERIOD IS NON-RENEWABLE, BUT A "NO-COST" TIME

EXTENSION CAN BE REQUESTED YEARLY.

USE OF FUNDS

A) EXPENDITURES MUST BE MADE IN ACCORDANCE WITH THE GRANTEE'S

INSTITUTIONAL POLICY AND MUST BE USED TO SUPPORT THE RESEARCH BUDGET

DESCRIBED IN THE NARSAD APPLICATION OR AN APPROXIMATION THEREOF.

Schedule I (Form 990) (2016)

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	sistance	· · · · · · · · · · · · · · · · · · ·	Walter and the second s	1000	ATTEN VICTOR OF THE PROPERTY O	7.000	***************************************		
	(f) Description of non-cash assistance	- Order	1900	- Paris,		The market of the second of th	Towns and the state of the stat	Printer Printer	other additional
	(e) Method of valuation (book, FMV, appraisal, other)	TAXABLE TO TAXABLE TO	- Marina	7 100.	· partir		- Andrews	Total Transfer	olumn (b); and any c
	(d) Amount of non-cash assistance		7.744444			a periodical designation of the second secon		Private	line 2, Part III, c
	(c) Amount of cash grant	1-7000000	Politic.		Territain	- Process	Transfer to the state of the st		quired in Part I,
ace is liceded.	(b) Number of recipients					- Paragraphic Control of the Control			information re
י מין ימין אם משלפוסמים וו ממשומום פאמסם ופין וויים מין	(a) Type of grant or assistance					oran			Partiv Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.
			2		4	2	9	7	Part IV

B) FUNDS PROVIDED UNDER THIS GRANT CANNOT BE USED FOR POLITICAL PURPOSES

OR IN ATTEMPTS TO INFLUENCE GOVERNMENTAL BODIES OTHER THAN BY MAKING

AVAILABLE THE RESULTS OF THE RESEARCH OR THE FACT OF THE AWARD.

C) INDIRECT COSTS AS STIPULATED BY NARSAD ARE: UP TO 8% MAY BE NEGOTIATED

FOR OVERHEAD COSTS FOR ALL CATEGORIES EXCEPT EQUIPMENT. THESE OVERHEAD

COSTS MUST BE INCLUDED WITHIN THE TOTAL GRANT AWARDED.

D) ALL FUNDS FROM THE NARSAD GRANT REMAINING AT THE END OF THE PROJECT OR

ANY EXTENSION ALLOWED MUST BE RETURNED TO NARSAD.

FINANCIAL RECORDS - THE GRANTEE'S INSTITUTION IS RESPONSIBLE FOR THE

Schedule I (Form 990) (2016)

PAGE 53

Schedule 1 (Form 990) (2016)

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

(c) Amount of (d) Amount of (e) Method of valuation (book, cash grant non-cash assistance FMV, appraisal, other)							Dort Hing Column (b) and an attention	information information
(a) Type of grant or assistance recipients				Territory (Control of the Control of		Triples	Sumlemental Information Drovide the information	information
	₹	7	ო	4	Ŋ	9	7 Partii	

EXPENDITURE OF THE AWARD, AND FOR MAINTAINING SUPPORTING RECORDS OF

RECEIPTS AND EXPENDITURES. IT IS THE RESPONSIBILITY OF THE GRANTEE TO

REQUEST TO THEIR INSTITUTION THAT A FINAL FINANCIAL REPORT BE SUBMITTED

TO NARSAD. A CUMULATIVE FINANCIAL REPORT IS REQUIRED WITHIN NINETY (90)

DAYS OF GRANT TERMINATION/COMPLETION, THIS REPORT SHOULD REFLECT AWARD

AMOUNT, EXPENDITURES AND ANY BALANCE (DUE TO NARSAD) IN U.S. DOLLARS.

Schedule I (Form 990) (2016)

PAGE 54

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

SCHIZOPHRENIA AND DEPRESSION Part I Questions Regarding Compensation

NATIONAL ALLIANCE FOR RESEARCH ON Employer identification number 31-1020010

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			troughtening
_		2	// (A) // (B)	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
þ	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8	NAZIONALA A AMA	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

Page 2

Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. nstructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

(F) Compensation in column (B) reported as deferred on prior Form 990 00000 486,538. 317,840 194,549 167,752 (E) Total of columns (B)(i)-(D) Ö ္ Ö 29,991 12,020 (D) Nontaxable benefits ö 0 o. 0. ö 0 0 (C) Retirement and other deferred compensation ö 21,538 10,296 923 4,577 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation ý 40,000. ö 0 ö Ö 6 65,000 (ii) Bonus & incentive compensation 400,000. 163,175. Ö 237,553. 175,606 (i) Base compensation € ≘ ≘ ≘ ≘ ≘≘ ≘ ≘ \equiv € (3) ≘≘ ≘ ≘ \equiv € Ξ Ξ Ξ Ξ € Ξ JEFFREY BORENSTEIN (A) Name and Title 3VP OF DEVELOPMENT LOUIS INNAMORATO PRESIDENT & CEO FAITH ROTHBLATT LAUREN DURAN 4VP OF M&C CFO Ю 9 O 12 10 13 5 Ξ 4 16

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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Part III Supplemental Information

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

PART I, LINE 7:

MERIT BONUSES ARE PAID TO CERTAIN STAFF MEMBERS BASED ON ANNUAL

PERFORMANCE. SEE SCHEDULE O RESPONSE TO FORM 990, PART VI, SECTION B,

LINES 15A AND 15B FOR ADDITIONAL DETAIL.

PAGE 57

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SCHIZOPHRENIA AND DEPRESSION

NATIONAL ALLIANCE FOR RESEARCH ON

Employer identification number

31-1020010

Pa	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	32.	154,867.	MARKET QUOTATION
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests	***************************************			
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14					
	contribution - Other				
15	Real estate - Residential			NAME OF THE PARTY	
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				248144/44
19	Food inventory				
20	Drugs and medical supplies				· · · · · · · · · · · · · · · · · · ·
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts		,		77-7HHHW2-1-1
25	Other ►()			***************************************	APPENDA AA
26	Other ►()			WEN	***********
27	Other ►()			i	~~
28	Other ►()				
29	Number of Forms 8283 received				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledge	ement	29
					Yes No
30a	During the year, did the organization				
	28, that it must hold for at least th				
	to be used for exempt purposes for t		olding period?		30a X
	If "Yes," describe the arrangement in				
31	Does the organization have a g	-	· · · · · · · · · · · · · · · · · · ·		1 1 1
	contributions?		• • • • • • • • • • • • • • • • • • • •		31 X
32a	Does the organization hire or use		= = = = = = = = = = = = = = = = = = = =		
	contributions?				32a X
b	If "Yes," describe in Part II.				

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2016)

describe in Part II.

Schedule M (Form 990) (2016)

Page 2

Part II Sunni

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

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON

SCHIZOPHRENIA AND DEPRESSION

Employer identification number 31-1020010

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

FORM 990 IS REVIEWED BY THE CFO, CHAIRMAN AND TREASURER. IT IS PROVIDED TO THE NARSAD BOARD MEMBERS BEFORE BEING FILED WITH IRS.

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

THE ORGANIZATION'S BOARD MEMBERS ADHERE TO NARSAD CODE OF ETHICAL CONDUCT. ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST DISCLOSURE UPON APPOINTMENT OR HIRE, IN ADDITION TO ANNUALLY.

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

THE ORGANIZATION HAS 3 BOARD MEETINGS SCHEDULED IN THE YEAR HELD IN FEBRUARY OR MARCH, JULY AND OCTOBER. IN 2013 THE MEMBERS OF THE BOARD OF DIRECTORS APPROVED THE INITIAL ANNUAL COMPENSATION OF THE PRESIDENT/CEO. AFTER THEY OBTAINED COMPENSATION COMPARABLES, THEY EVALUATED AND APPROVED THE COMPENSATION AND CONTEMPORANEOUSLY DOCUMENTED THEIR DECISION IN THE BOARD MINUTES. 2016 COMPENSATION ABOVE THE BASE WAS DETERMINED AND APPROVED BY AT LEAST TWO INDEPENDENT BOARD MEMBERS AFTER CAREFUL CONSIDERATION OF THE PERFORMANCE OF THE PRESIDENT/CEO DURING THE YEAR AND WITH REGARD TO FORM 990 OF OTHER ORGANIZATIONS OBTAINED IN THE PROCESS.

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

COMPENSATION TO OTHER OFFICERS FOLLOW THE SAME GUIDELINES AS STATED IN LINE 15A WITH THE EXCEPTION THAT THE PRESIDENT OR ACTING PRESIDENT

NATIONAL ALLIANCE FOR RESEARCH ON

Employer identification number 31-1020010

(OFFICER) APPROVES THE COMPENSATION OF KEY EMPLOYEES AFTER OBTAINING COMPENSATION COMPARABLES AND EVALUATION. CHANGES IN COMPENSATION ARE DOCUMENTED IN THE PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EXPENSES TO PROVIDE RESEARCH GRANTS, SELECT PROSPECTIVE GRANTEES, SUBMIT PROPOSALS AND FURTHER PROMOTE SCIENTIFIC ADVANCEMENT AND RESEARCH INTO THE CAUSES, CURES, AND PREVENTION OF CHRONIC AND SEVERE MENTAL ILLNESSES.

IN ADDITION TO THE EXPENSES REPORTED, THE REPORTING ORGANIZATION'S SCIENTIFIC COUNCIL CONTRIBUTED SERVICES OF \$1,411,334. (DONATED SERVICES ARE NOT REPORTED AS EITHER REVENUE OR EXPENSE AS PER IRS FORM 990 INSTRUCTIONS.) THE SCIENTIFIC COUNCIL CONSISTS OF A GROUP OF SCIENTISTS WHO ARE LEADERS IN NEUROSCIENCE AND PSYCHIATRY.

THESE VOLUNTEERS PRIMARILY REVIEW RESEARCH GRANTS AND PROJECTS ON BEHALF OF THE ORGANIZATION. ALSO, IN 2016 THE REPORTING ORGANIZATION UTILIZED A GRANT WHICH PROVIDED ONLINE ADVERTISING, AT NO COST, HAVING A VALUE OF \$475,363.

Schedule O (Form 990 or 990-EZ) 2016 Page 2 NATIONAL ALLIANCE FOR RESEARCH ON Name of the organization Employer identification number SCHIZOPHRENIA AND DEPRESSION 31-1020010 ATTACHMENT 2 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION J. SQUARED PRESS, INC. PRINT. & FULFILLMENT 302,579. 629 GROVE STREET JERSEY CITY, NJ 07310 ATTACHMENT 3 FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS DESCRIPTION AMOUNT NEW YORK GALA 429,584. TOTAL 429,584. ATTACHMENT 4 FORM 990, PART VIII - FUNDRAISING EVENTS GROSS DIRECT NET DESCRIPTION INCOME EXPENSES INCOME NEW YORK GALA 165,581. 165,581.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

the face from the face of the	▶ Attach to Form 990.	 Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.
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NATIONAL ALLIANCE FOR RESEARCH ON

SCHIZOPHRENIA AND DEPRESSION

Part

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047 2016 Open to Public

Employer identification number

Inspection

31-1020010

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) Primary activity 9 (а) Name, address, and EIN (if applicable) of disregarded entity Part II ϵ 3 3 ₹ 3 9

(a)	(1	(q)	(0)	(b)	(e)	(b)	(b)	
Name, address, and EIN of related organization	N of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) Iled ?
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

(h) (i)
Percentage Section
ownership controlled entity? Page 2 Yes No Percentage ownership 3 (j) General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. å Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (g) Share of end-of-year assets Yes (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total ŝ income Ξ Yes (g) Share of end-of-year assets (e)
Type of entity
(C copp, S copp, or trust) (f) Share of total income (d)
Direct controlling
entity because it had one or more related organizations treated as a partnership during the tax year. (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling 1 entity (c) Legal domicite (state or foreign country) (b) Primary activity (a)Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV € 3 3 € 3 9 ☺ ≘ (2) 3 3

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Schedule R (Form 990) 2016

Page 3

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 (d) Method of determining Yes × 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. <u>ن</u> Ξ 드 <u>م</u> ğ Ö Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved 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? Transaction type (a-s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s). Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s). (a) Name of related organization r Other transfer of cash or property to related organization(s) Exchange of assets with related organization(s), JSA 6E1309 1.000 ص ن Ε æ × --o 노 **=** 0 3 (3) € 3 (1) 9

Page 4

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(9) Share of end-of-year essets	(h) Disproportionate allocations?	(I) Code V - UBI amount in box 20 of Schedule K-1	(I) General or managing partner?	(k) Percentage ownership
				Yes No			Yes No	(Form 1065)	Yes	-T
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Schedule R (Form 990) 2016

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.