# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Ā	For t	he 201	5 calendar year, or tax year beginning , 2015,	and ending			, 20	radio di nasione di più della
_			C Name of organization NATIONAL ALLIANCE FOR RESEARCH ON	1	D Employer ide	ntificat		
В	Check if	applicable:	SCHIZOPHRENIA AND DEPRESSION		31-102	001 n	1	
Г	Add	Iress	Doing business as BRAIN & BEHAVIOR RESEARCH FOUNDATI	TON.	- 31 102	0010	•	
	cha	nge ne change		Room/suite	E Telephone nu	mher		
-	┪	-	, [1	(Ochradite				
-	<del>}</del>	al return al return/	90 PARK AVENUE, 16TH FLOOR  City or town, state or province, country, and ZIP or foreign postal code		(646) 68	1-48	888	
<u> </u>	tern	ninated anded			*			
-	retu	rn	NEW YORK, NY 10016	·····	G Gross receipts		24,919	),201.
L		lication ding	F Name and address of principal officer: JEFFREY BORENSTEIN, M		H(a) Is this a grow subordinates		1 for Yes	XN
			90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 1001	6	H(b) Are all subord		luded? Yes	N
1	Tax-e	xempt sta	atus: X 501(c)(3) 501(c) ( ) <b>⊲</b> (insert no.) 4947(a)(1) or	527	if "No," attac	th a list,	(see instructions)	
J	Webs	site: ⊳	WWW.BBRFOUNDATION.ORG		H(c) Group exem	etion nui	mber ⊳	
ĸ	Form	of organ	ization: X Corporation Trust Association Other ▶	L Year of fo	rmation: 1981 <b>M</b>	State o	of legal domicile	: KY
E.	art I	Su	mmary		<u> </u>			
	1	Briefly	describe the organization's mission or most significant activities: TO RAIS	SE & DIST	RIBUTE FUND	S FC	OR THE MC	 )ST
ġ.		PRON	MISING PSYCHIATRIC DISEASE RESEARCH IN ORDER TO	DEV. NE	W PREVENT	<u> </u>		
ä			SURES, BETTER DIAGNOSIS & IMPROVED TREATMENTS 1					
ern	2		this box  if the organization discontinued its operations or disposed					
Governance	3	Numb	er of voting members of the governing body (Bod VI. line 4a)	of more man	2076 OF Its Tiet assets	1 1		10
త	4	Numb	er of voting members of the governing body (Part VI, line 1a)			3		19.
Activities &	-	Tatal	er of independent voting members of the governing body (Part VI, line 1b)			4		19.
¥	5	10(3)	number of individuals employed in calendar year 2015 (Part V, line 2a)			5		21.
5	6	lotair	number of volunteers (estimate if necessary)			6		165.
_	/ a	Total	inrelated business revenue from Part VIII, column (C), line 12			7a		550.
	b	Net un	related business taxable income from Form 990-T, line 34	<del></del>		7b		0.
	1				Prior Year		Current Y	′ear
흐	8	Contri	outions and grants (Part VIII, line 1h)	L	31,066,79	7.	19,964	,167.
Revenue	9	Progra	m service revenue (Part VIII, line 2g)			0.		0.
ě	10	Investr	ment income (Part VIII, column (A), lines 3, 4, and 7d)		255,25	1.	-725	,791.
Œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		55,88			,713.
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		31,377,93		19,141	
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		23,186,50		18,971	
	14	Benefit	ts paid to or for members (Part IX, column (A), line 4)			0.	20,572	7070.
10	ا م	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,245,50		2,467	745	
Expenses	162	Profes	sional fundraising fees (Part IX, column (A), line 11e)	· · · · ·		0.	2,401	
per	.uu	Total f	undraising expanses (Part IX column /D) line 25) b Q03 700			<del></del>		0.
щ	17		undraising expenses (Part IX, column (D), line 25)   903,798.  903,798.		1 040 74	<del>_  </del>	~ ~ ~ ~	
		Tatala	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · · · ·	1,849,74		2,472	-
	18		xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,281,75		23,911	<del></del>
res.	19	Reven	ue less expenses. Subtract line 18 from line 12		4,096,17		-4,770	·
ts o		_		B	eginning of Current Y		End of Ye	ar
Net Assets Fund Balanc	20		ssets (Part X, line 16)		37,326,96		36,072	,922.
ξĔ	21		abilities (Part X, line 26)		21,542,96	6.	24,297	,074.
			sets or fund balances. Subtract line 21 from line/20		15,783,99	5.	11,775	,848.
	rtill		nature Block					
Und	der per	nalties of	perjury, I declare that I have examined this return including accompanying schedule omplete, declaration of preparer (other than officer) is based on all information of which	s and statement	ts, and to the best of	my kn	owledge and b	elief, it is
	, 40110	1	on process and it of preparer (different officer) its based off an information of which	preparer nas ar	iy knowledge.			
٠.		<b>_</b>						
Sig		S	ignature of officer	***************************************	Date		/ /	
Hei	re	<b>.</b>	Arthor Radin Treasurer			į į	/14/20	16
		<b>₽</b> 7	ype or print name and title					
		Print/T	ype preparer's name Preparer's signature	Date	Charle I	, PT	IN .	
Paid	i	PAUL	Transition of the state of the	1101111	Check self-employe	"		7.0
	oarer		. 220		<del></del>		P0138417	10
Use	Only	Firm's I			Firm's EIN ▶ 1			
Mari	the !!		address ▶100 PARK AVENUE, NEW YORK, NY 10017-5001 uss this return with the preparer shown above? (see instructions)		Phone no. 2	TZ-8	85-8000	
				<i></i>	· · · · · · · · · · · · · · · · · · ·	<u></u>	X Yes	No
ror	rape	work R	eduction Act Notice, see the separate instructions.				Form 990	0 (2015)

Form 8868 (Re	v. 1-2014)				Page 2
	filing for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Par	rt II and check this box	
	complete Part II if you have already been gra				
	filing for an Automatic 3-Month Extension,			All and the second seco	
Part II	Additional (Not Automatic) 3-Month Ex	xtension (	of Time. Only file the o	riginal (no copies needed).	
				Enter filer's identifying number, see	
	Name of exempt organization or other filer, see in	structions.		Employer identification number (E	IN) or
Type or	NATIONAL ALLIANCE FOR RESEARC	H ON			
print	SCHIZOPHRENIA AND DEPRESSION	31-1020010			
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)	
due date for	90 PARK AVENUE, 16TH FLOOR				
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	Idress, see instructions.		
instructions.	NEW YORK, NY 10016				
Enter the Re	turn code for the return that this application	1	4	each return)	. 01
Application		Return	Application		Return
ls For		Code	Is For		Code
Form 990 o	r Form 990-EZ	01		La filosofia como como de la como	C. Carlon Mar
Form 990-B		02	Form 1041-A		08
Form 4720	(individual)	03	Form 4720 (other than	individual)	09
Form 990-PI		04	Form 5227		10
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
	ot complete Part II if you were not already		automatic 3-month ext	ension on a previously filed Forn	1 8868.
	are in the care of LOUIS INNAMORATO			•	
	No. ► 646 681-4888		Fax No. ▶		. $\square$
	nization does not have an office or place of I				
• If this is fo	r a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (G	EEN) It thi	S IS
	group, check this box		irt of the group, check thi	s box ▶ [ and atta	ach a
	ames and EINs of all members the extension			11/15 00 16	
24 1 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	st an additional 3-month extension of time ur	12.00111	20	11/15 , 20 16 .	00
	endar year 2015, or other tax year beginning	100		The state of the s	20
	x year entered in line 5 is for less than 12 m	onuis, chec	k reason: midal	return Final return	
	nange in accounting period	MATTON 1	NECESSARV TO ETI.E	A COMPLETE AND	
	detail why you need the extension <u>INFOR</u>				
ACCOIL	THE IAM REPORTED HOT THE AVAILABLE	TUDING FY	COM THILLD PARTIED	*	
8a If this a	application is for Forms 990-BL, 990-PF, 99	00-T. 4720	or 6069, enter the te	entative tax less any	
	ndable credits. See instructions.	,,	, or dodo, onto the te	8a \$	0.
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter any refu		
	ed tax payments made. Include any price				
	paid previously with Form 8868.			8b \$	0.
-	Due, Subtract line 8b from line 8a. Include	vour pavm	ent with this form, if real		
	nic Federal Tax Payment System). See instruc		*	8c \$	0.
	Signature and Verifica		st be completed for		
Under penaltie knowledge and	s of perjury, I declare that I have examined the	is form, inc	cluding accompanying sch		best of my
Signature >	Humasi		Title CAA O	A DOUR Date > 8/2/16	)
			-	Form 8868	(Rev. 1-2014)

For	rm 990 (2015)	Page 2
P	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	<u> L</u>
1	<b>,</b>	
	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?	X No
2	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		X No
	services? Yes 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 mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 18,441,870. including grants of \$ 18,441,870. ) (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.	
	DITOBRICA FIDINAL TITLE THE CODE.	
_		
4b	(Code:) (Expenses \$	_)
	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.	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		~~~
		*
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 21,472,160.	

Par	IV Checklist of Required Schedules			V
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			ſ
	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		<del></del>
•	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,	<del>-</del>		<del></del>
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			ĺ
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			23
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
				v
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			١
	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			į
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	enconsecutive
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,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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	17		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
13		40		v
	If "Yes," complete Schedule G, Part III	19	ļ	X

Part	Checklist of Required Schedules (continued)		.,	
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		·	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	diam'n'n'n		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- Annual Control	l	
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ĺ		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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	·	<u>X</u>
	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,			
	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form :	990 (	(2015)

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		٠.	
	1 1	Y	es	No
	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?	C	X	G819/785576
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.			
	Statements, med for the schematic year ording with or within the year obvioled by this return .		v	26.02s.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	D	Х	EKASA
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	$\overline{}$	+	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-	1	
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	a		Х
h	If "Yes," enter the name of the foreign country: ▶	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	a	eranan e	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Χ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions? 6	а		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u> </u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   7	f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9	_	
'n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	h l	Stande In	- Accordance of
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	as ud		
	sponsoring organization have excess business holdings at any time during the year?	2000 2000	265040C. 14	ALLOW DO SANCES
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	0	56886 V	2500 TEESS
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders.			
	Stock modified from mornisors of characteristics.			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	9	2002 3	
	amilia	<u>a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
		a	197488 1	**************************************
a	Is the organization licensed to issue qualified health plans in more than one state?		1000	
h	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		_	

Form	990 (201	5) NATIONAL ALLIANCE FOR RESEARCH ON	31-10	20010	ſ	age 6
Par	tV	Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	ough 7b belo	ow, and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				tions.
		Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	tion A.	Governing Body and Management		****		
					Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	19		100011100111
		e are material differences in voting rights among members of the governing body, or if the governing		$\neg$		100510071
		elegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	•	the number of voting members included in line 1a, above, who are independent	1b	19		
2		ny officer, director, trustee, or key employee have a family relationship or a business rel her officer, director, trustee, or key employee?	-	3		Χ
3	Did th	e organization delegate control over management duties customarily performed by or ur	der the direc	t		
	super	vision of officers, directors, or trustees, or key employees to a management company or othe	r person?		<u> </u>	Χ
4	Did the	e organization make any significant changes to its governing documents since the prior Form 990 was fil	ed?		<u> </u>	Х
5	Did th	e organization become aware during the year of a significant diversion of the organization's a	assets?	5	<u> </u>	Х
6	Did th	e organization have members or stockholders?		6	ļ	Х
7a	Did th	e organization have members, stockholders, or other persons who had the power to el-	ect or appoin	t		
	one o	more members of the governing body?		7a	<u> </u>	X
b		ny governance decisions of the organization reserved to (or subject to approval		I .		
		nolders, or persons other than the governing body?		1		Х
8		e organization contemporaneously document the meetings held or written actions under		560/66966688		
Ū		ar by the following:	Trancii darii	'		
а		overning body?		8a	X	#60004/00000002
_	-	committee with authority to act on behalf of the governing body?		8b	X	
b		· · · · · · · · · · · · · · · · · · ·		<u> </u>	+	
9	the or	e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot ganization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	ion B.	Policies (This Section B requests information about policies not required by the Inte	ernal Revent	<u>ıe Cod</u>		
					Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes	," did the organization have written policies and procedures governing the activities of	such chapters			
	affiliat	es, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before fil	-	1	X	
b		be in Schedule O the process, if any, used by the organization to review this Form 990.	• • • • • • • • • • • • • • • • • • • •			
		e organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
		officers, directors, or trustees, and key employees required to disclose annually interests t		`		
-		conflicts?	-	12b	Х	
С	Did th	e organization regularly and consistently monitor and enforce compliance with the po-	alicy? If "Yes	n		
		be in Schedule O how this was done		12c	X	
13		e organization have a written whistleblower policy?		13	Х	
14		e organization have a written document retention and destruction policy?		14	Х	
15		e process for determining compensation of the following persons include a review an		999999		(9:00)
10		· · · · · · · · · · · · · · · · · · ·		4980000000000000	100	
_	-	endent persons, comparability data, and contemporaneous substantiation of the deliberation ganization's CEO, Executive Director, or top management official		15a	Х	AND THE PROPERTY OF
a		· · · · · · · · · · · · · · · · · · ·		15b	41	X
b		officers or key employees of the organization		130	0/49/04	25
		" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a		e organization invest in, contribute assets to, or participate in a joint venture or simila	_	1	1000000	17
		taxable entity during the year?		16a	000000000000000000000000000000000000000	X
þ		," did the organization follow a written policy or procedure requiring the organization t				
	partici	pation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the	<b>)</b>	12201200	2000000
		zation's exempt status with respect to such arrangements?	· · · · · · · · ·	16b		
Secti		Disclosure				
17	List the	e states with which a copy of this Form 990 is required to be filed $ ightharpoons$ AR, CA, FL, IL, MD,	MN,NJ,NY,	OR, PA	,UT,	WI,
18		n 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and				
		ble for public inspection. Indicate how you made these available. Check all that apply.	,		/ -	
		Own website Another's website X Upon request Other (explain in Sch	edule O)			
19	Descri	be in Schedule O whether (and if so, how) the organization made its governing document	,	nterect	nolis	bag 1
13		al statements available to the public during the tax year.	e, commet of t	merest	policy	, anu
20		· · · · · · · · · · · · · · · · · · ·	المستورات	rde. b		
20	otate i	he name, address, and telephone number of the person who possesses the organization's b	ooks and tecc	102: 🕨		

# 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.

(C)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	box, office	unle: er an	Pos heck ss pe	erson lirect	than of is both or/trust employ	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)		Institutional trustee	,	Key employee	Highest compensated employee	7	(VV-2/1033-NIIOC)		and related organizations
(1)STEPHEN A. LIEBER	2.00									
CHAIRMAN	.50	Х		Х				0.	0.	0.
(2)SUZANNE GOLDEN	1.00						Ī			
VICE PRESIDENT	0.	X		Х				0.	0.	0.
(3)ARTHUR RADIN	1.00									
TREASURER	.50	X		Х				0.	0.	<u> </u>
(4) JOHN B. HOLLISTER	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5)ANNE ABRAMSON	.50									
DIRECTOR	0.	Х			_		L	0.	0.	0.
(6)MARK H. ALCOTT (THRU 10/15)	.50									
DIRECTOR	0.	Х			ļ			0.	0.	<u> </u>
_(7)DONALD_MBOARDMAN	.50									
DIRECTOR	0.	Х						0.	0.	0.
(8)J. ANTHONY BOECKH	.50							**************************************		
DIRECTOR	0.	X			_		_	0.	0.	0.
_(9)SUSAN_LASKER_BRODY	.75									
DIRECTOR	0.	X					<u> </u>	0.	0.	0.
(10) PAUL T. BURKE	.50									
DIRECTOR	0.	Х			<u> </u>			0.	0.	<u> </u>
(11)BONNIE D. HAMMERSCHLAG	.50									
DIRECTOR	0.	Х						0.	0,	0.
(12)JOHN (KEN) HARRISON	.50									
DIRECTOR	0.	Х			_			0.	0.	
(13) CAROLE MALLEMENT	.75									

Form 990 (2015)

0.

0.

0.

0.

0.

0.

DIRECTOR

DIRECTOR

(14)MILTON MALTZ

0.

50

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and	Hig	hest Compensat	ed Emplo	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson firec	e than ( is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Report compensat relate organiza	table tion from ed	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	}-MISC)	from the organization and related organizations
15) MARC R. RAPPAPORT	.50	4	<u> </u>		<u> </u>						
DIRECTOR 16) VIRGINIA M. SILVER	0. .50	Х				ļ	-	0.		0.	0
DIRECTOR 17) KENNETH H SONNENFELD(FR 10/15)	0.	X			<u></u>			0.		0.	0
DIRECTOR DIRECTOR	0.	Х						0.		0.	0
18) BARBARA K. STREICKER DIRECTOR	.50	х						0.		0.	0
19) BARBARA TOLL (FROM 3/15)	.50	<del></del>		<u> </u>	-			0.		<u> </u>	0
DIRECTOR 20) ROBERT WEISMAN	0.	Х			<u> </u>		_	0.		0.	0
20) ROBERT WEISMAN DIRECTOR	.50	Х						0.		0.	0
21) JEFFREY BORENSTEIN PRESIDENT & CEO	35.00 0.			Х				476,154.		0.	
22) LOUIS INNAMORATO	35.00										0
CFO 23) FAITH ROTHBLATT VP OF DEVELOPMENT	35.00			Х		х		270,650. 177,760.		0.	28,410
24) LAUREN DURAN	35.00					Λ		177,760.			11,303
VP OF M&C	0.					Х		157,685.		0.	0
	<del> </del>										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						<b>A A A</b>	0. 1,082,249. 1,082,249.		0. 0.	0 39,795 39,795
Total number of individuals (including but not reportable compensation from the organizatio      Did the organization list any former officemployee on line 1a? If "Yes," complete Sched.	n ▶ cer, directo	r, or	tru	ıste	е,	key e	emp	loyee, or highest	t compens	sated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15 	0,0	00?	. If	"Yes	s," 4	complete Schedu	le J for	such • • •	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue col es," complet	mpen te Sch	satio ledu	on f i <i>le J</i>	fron <i>for</i>	n any such	un: per	related organizationson	on or indiv	/idual	5 X
Section B. Independent Contractors	1 11										
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>											
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) ompensation
ATTACHMENT 1								-			
										***************************************	
							_				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited		thos	e li	sted above) who	received		

Part VIII	of Revenue

		Check if Schedule O contains a resp	oonse or note to a	ny line in this Part	<u>VIII</u>		X
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns 1a	61,614.		2000000		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	1			1.55 (2.15) (2.15)	
Ę,	c	Fundraising events 1c	509,498.				
2	d	Related organizations 10	3,416,436.				
Sir	e	Government grants (contributions) 1e					
ati Je	f	All other contributions, gifts, grants,					
Ę5		and similar amounts not included above . 1f	15,976,619.		5000000		446866
Sor	9	Noncash contributions included in lines 1a-1f: \$		-			0.0000000000000000000000000000000000000
	<u>  h</u>	Total. Add lines 1a-1f	Business Code	19,964,167.			
Program Service Revenue	2a b c d e f	All other program service revenue					
<u> </u>	9	Total. Add lines 2a-2f	<u> ▶</u>	0.		Г	
	3	Investment income (including dividend and other similar amounts)		423,677.		550.	423,127.
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents			La gradi State State		0.000.00
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	0.			
	7a	Cross anisant nom cales of	<del></del>				0.049.05
	١.	•	3.		0.000000		
	b	· ·	1				
		and sales expenses 5,621,33  Gain or (loss)1,149,46		16.085500			
	d d	Net gain or (loss)		-1,149,468.			-1,149,468.
ø.	8a	Gross income from fundraising					1,113,100
anue		events (not including \$ 509,498.	ATCH 2		2 8 8 8 9 9 9 8		400000
Seve		of contributions reported on line 1c).		5,000			
Other Rev		See Part IV, line 18	a 156,207.				
흉	b	Less: direct expenses	b 156,207.				
	C	Net income or (loss) from fundraising even	ts.ATCH 3 ▶	0.			State Control Control Control Control
	9a	Gross income from gaming activities. See Part IV, line 19	-				
	b	Less: direct expenses	bl				
	C	Net income or (loss) from gaming activitie	s, , , , , , , , , , , , , , , , , , ,	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold	▶	0.			
		Miscellaneous Revenue	Business Code	0.			
	11a	NET APPRECIATION OF ASSETS HELD IN		and the second s	- Control of the Cont		
	b	CHARITABLE REMAINDER TRUST	900099	-96,713.			-96,713.
	c						
	d	All other revenue				22.424.274.27	
	e	Total, Add lines 11a-11d		-96,713.			
ISA	12	Total revenue. See instructions	<b>&gt;</b>	19,141,663.		550.	-823,054.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,026,340.	14,026,340.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	390,000.	390,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	4 555 500	4 555 530		
	individuals. See Part IV, lines 15 and 16	4,555,530.	4,555,530.		
	Benefits paid to or for members	0.		****	
	Compensation of current officers, directors, trustees, and key employees	775,214.	310,086.	310,086.	155,042.
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.			
7	Other salaries and wages	1,360,701.	544,280.	544,280.	272,141.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	190,664.	76,266.	76,266.	38,132.
10	Payroll taxes	140,766.	56,306.	56,306.	28,154.
11	Fees for services (non-employees):	0.			
	n Management	19,359.		19,359.	
	: Accounting	47,122.		47,122.	
	Lobbying	0.1		31,3221	
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees	0.			<del></del>
	Other. (If line 11g amount exceeds 10% of line 25, column				<del></del>
	(A) amount, list line 11g expenses on Schedule O.)	440,919.	202,960.	136,479.	101,480.
12	Advertising and promotion	50,663.		718.	49,945.
13	Office expenses	304,990.	39,517.	112,750.	152,723.
14	Information technology	12,735.	5,094.	5,094.	2,547.
15	Royalties	0.	110 -00		
16	Occupancy	276,497.	110,599.	110,599.	55,299.
17	Travel	36,203.	14,481.	14,481.	7,241.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	30,365.	899.	29,016.	450.
20	Interest	0.	******		
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	34,212.	13,685.	13,685.	6,842.
23	Insurance	25,142.	10,057.	10,057.	5,028.
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.)	406 772	406 112		
	SCIENTIFIC ADVANCEMENT	486,113.	486,113.		
	NEWSLET.,BROCH. & ANN. REP.	200,416. 173,579.	200,416. 173,579.		
	RESEARCH AWARDS AND PRIZES	172,106.	172,106.		
	All other expenses	162,166.	83,846.	49,546.	28,774.
	Total functional expenses. Add lines 1 through 24e	23,911,802.	21,472,160.	1,535,844.	903,798.
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	30,232,002.	22,1.2,1.00.	2,000,011.	
JSA	following SOP 98-2 (ASC 958-720)	0.			Form 990 (2015)

JSA 5E1052 1.000

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E	. 000 /	NATIONAL ALLIANCE FOR RESEARCH ON		31-	1020010
and the same of th	1 990 ( rt X	Balance Sheet			Page <b>11</b>
	ILA	Check if Schedule O contains a response or note to any line in this F	art X		
		Check is deficable of contains a response of flote to any line in this r	(A)	<del></del>	(B)
			Beginning of year		End of year
-	1	Cash - non-interest-bearing	3,147,591.	1	2,175,828.
	2	Savings and temporary cash investments	19,146,022.	2	12,183,029.
	3	Pledges and grants receivable, net	2,216,940.	3	505,583.
	4	Accounts receivable, net	12,009.	4	17,038.
	5	Loans and other receivables from current and former officers, directors,			
l		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
\$ S	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	21,415.	9	28,612.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 686, 560.			
	b	Less: accumulated depreciation	81,617.		
	11	Investments - publicly traded securities	7,800,444.		16,226,407.
	12	Investments - other securities. See Part IV, line 11	3,363,631.	_	3,447,269.
	13	Investments - program-related. See Part IV, line 11		13	0.
l	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11	1,537,292.	-	1,440,579.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37,326,961.		36,072,922.
l	17	Accounts payable and accrued expenses	259,506.		260,707.
1	18	Grants payable	20,093,716.		22,943,344.
	19	Deferred revenue	0.	19	0.
	20 21	Tax-exempt bond liabilities		20 21	0.
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	44	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	٥	22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
- 1	24	Unsecured notes and loans payable to unrelated third parties.	0.		0.
	25	Other liabilities (including federal income tax, payables to related third	<u> </u>		<u> </u>
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,189,744.	25	1,093,023.
	26	Total liabilities. Add lines 17 through 25	21,542,966.	26	24,297,074.
		Organizations that follow SFAS 117 (ASC 958), check here X and		,	
Se		complete lines 27 through 29, and lines 33 and 34.			
) ai		Unrestricted net assets	10,370,815.	27	6,862,348.
Bal	28	Temporarily restricted net assets	499,680.	28	0.
핕	29	Permanently restricted net assets	4,913,500.	29	4,913,500.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
9	33	Total net assets or fund balances	15,783,995.	33	11,775,848.
- 1		Total liabilities and net assets/fund balances			

Form **990** (2015)

NATIONAL ALLIANCE FOR RESEARCH ON 31-1020010 Form 990 (2015) Page **12** Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI . . . . . . Total revenue (must equal Part VIII, column (A), line 12) 1 19,141,663. Total expenses (must equal Part IX, column (A), line 25) 23,911,802. 2 2 -4,770,139. 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 15,783,995. Δ 4 761,992. 5 5 6 0. 6 0. 7 7 0. 8 8 Other changes in net assets or fund balances (explain in Schedule O) 9 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 11,775,848. 10 **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . . 2a Χ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis 2b Χ 

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

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Χ

2c | X

3a

3b

separate basis, consolidated basis, or both:

Separate basis

Schedule O.

### SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

2015

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON Employer in SCHIZOPHRENIA AND DEPRESSION

Employer identification number 31-1020010

		V4	<b>4-4-</b>						
Pε	ırt I	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	).	
The	org	anization is not a private for	undation because i	t is: (For lines 1 through	gh 11, ch	neck only	one box.)		
1		A church, convention of ch	iurches, or associa	tion of churches desc	ribed in s	ection 1	l70(b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	L	A hospital or a cooperative	e hospital service o	rganization described	in sectio	n 170(b)	)(1)(A)(iii).		
4		A medical research organi	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and s	state:						
5		An organization operated	for the benefit of	a college or universit	ty owne	d or ope	erated by a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170	(b)(1)(A)(v).		
7		An organization that norm	ally receives a sul	ostantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public	
		described in section 170(b	)(1)(A)(vi). (Comp	lete Part II.)					
8		A community trust describe	ed in section 170(I	o)(1)(A)(vi). (Complete	Part II.)				
9	X	An organization that norm	ally receives: (1) n	nore than 331/3% of	its supp	ort from	contributions, memb	ership fees, and gross	
		receipts from activities rel	lated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mo	re than 331/3 % of its	
		support from gross inves	tment income an	d unrelated business	taxable	incom	e (less section 511	tax) from businesses	
		acquired by the organization	on after June 30, 19	975. See section <b>509</b> (	(a)(2). (C	Complete	Part III.)		
10		An organization organized	and operated excl	usively to test for publi	ic safety.	See sec	tion 509(a)(4).		
11		An organization organized						rry out the purposes of	
		one or more publicly suppo	orted organizations	described in section s	509(a)(1	) or sect	ion 509(a)(2). See see	ction 509(a)(3). Check	
		the box in lines 11a throug	h 11d that describe	es the type of support	ing orga	nization	and complete lines 11e	e, 11f, and 11g.	
а		Type I. A supporting org						-	
	_	the supported organization	="	' <del>-</del> '	_		= ::		
		organization. You must c							
b		Type II. A supporting org	-		nnection	with its	supported organizati	on(s), by having	
		control or management of							
		organization(s). You must						3 <b></b>	
С		Type III functionally inte			ated in c	onnectio	n with, and functional	lly integrated with.	
		its supported organization						.,	
d	Г	Type III non-functionally						ted organization(s)	
		that is not functionally into						- ' '	
		requirement (see instruct	-		-		·		
е		Check this box if the orga						I. Type III	
		functionally integrated, or						-1 -21 ···	
f	Εn	ter the number of supported							
g		ovide the following information						,	
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-9 above (see instructions))		ur governing ment?		other support (see	
				above (see ilistractions))	docu	ment?	instructions)	instructions)	
					Yes	No			
, <b>4</b> )									
(A)						İ			
/D)									
(B)									
(C)		, u 1- m-è							
(C)	_								
(D)									
(D)					Į			Want.	
(E)									
/						ļ			
Tot:	s I		<b>!</b>		į.	i .	1	l	

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				•		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				<u> </u>		
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, secor	nd, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup		*				
14	Public support percentage for 2015 (lin						<u> %</u>
15	Public support percentage from 2014						<u>%</u>
16a	6a 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	331/3% support test - 2014. If the o	rganization did	not check a b	ox on line 13 o	or 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The orga	-					
17a	7a 10%-facts-and-circumstances test - 2015. 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 publish supported						
b	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	supported organization	did not check a	a box on line 13	, 16a, 16b, 17a	ı, or 17b, check	this box and see	
			- * * * * * * *	· · · · · · · · · · ·	· · · · · · · · · · · ·		

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

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

				· · · · · · · · · · · · · · · · · · ·		7	
***********	ction A. Public Support		1				
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	11,918,173.	26,149,646.	10,650,931.	31,066,797.	19,964,167.	99,749,714.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an				*****		
-	unrelated trade or business under section 513						
4	Tax revenues levied for the						0.
4							
	organization's benefit and either paid						
_	to or expended on its behalf						. 0,
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	11,918,173.	26,149,646.	10,650,931.	31,066,797.	19,964,167.	99,749,714.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	4,630,426.	2,311,397.	1,621,940.	2,725,719.	2,045,425.	13,334,907.
þ	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0 .
c	Add lines 7a and 7b	4,630,426.	2,311,397.	1,621,940.	2,725,719.	2,045,425.	13,334,907.
8	Public support. (Subtract line 7c from		w, 022, 03-1			2,0.3,123.	13/334/30/.
	line 6.)						86,414,807.
Sec	tion B. Total Support		J		·		00,414,607.
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	11,918,173.	26,149,646.	10,650,931.	31,066,797.	19,964,167.	
	Gross income from interest, dividends,	11, 510, 173.	20,149,646.	10,630,931.	31,000,737.	19,964,167.	99,749,714.
	payments received on securities loans,						
	rents, royalties and income from similar	150 040					
_	Sources	468,840.	495,097.	344,568.	322,676.	423,677.	2,054,858.
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
C	Add lines 10a and 10b	468,840.	495,097.	344,568.	322,676.	423,677.	2,054,858.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1	-44,039.	56,407.	271,676.	55,885.	~96,713.	243,216.
13	Total support. (Add lines 9, 10c, 11,	,			55,5551	30, 123	210/220.
	and 12.)	12,342,974.	26,701,150.	11,267,175.	31,445,358.	20,291,131.	102,047,788.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,			in (fl)	I	15	84.68%
16	Public support percentage from 2014 Sche					<u> </u>	
						16	83.15%
	tion D. Computation of Investmen	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·	2 1			2 01 04
17	Investment income percentage for 2015 (lin					17	2.01%
18	Investment income percentage from 2014 S					18	2.19%
19 a	331/3% support tests - 2015. If the org						
	17 is not more than 331/3%, check thi			· ·			
b	331/3% support tests - 2014. If the orga	nization did not	check a box on li	ne 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check	this box and st	<b>op here.</b> The org	janization qualifie	s as a publicly s	supported organiz	zation 🕨 💹
20	Private foundation. If the organization of	did not check a	box on line 1	4, 19a, or 19b,	, check this box	k and see instru	ictions >

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E, If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

000	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	
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 <b>Part VI</b> 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		
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	The state of the s	
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> , 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	<del> </del>	
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		
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		
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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		
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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1.00	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
h	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		
Secti	on B. Type I Supporting Organizations	116		
0000	on b. Type reapporting organizations		Yes	Na
			162	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 <b>Part VI</b> 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_		
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,	İ		
	supervised, or controlled the supporting organization.	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			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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		-	
Ů	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			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations		1	-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one).	
a	The organization satisfied the Activities Test. Complete line 2 below.		01107.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctional	
·	The digunization dupported a government entity (see	มหอเหน	Yes	No
2	Activities Test. Answer (a) and (b) below.	Γ	162	140
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		
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		l	
	reasons for the organization's position that its supported organization(s) would have engaged in these		İ	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	l	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	Schedule & (Form	000	200 EZ	1 004E

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	(5) 0
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		*****
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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		
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		
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-integra	ted Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Service a Service	lle A (Form 990 or 990-EZ) 2015		U (a-a-tiaa-0	Page <b>7</b>
Part		Supporting Organiza	dons (continuea)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ea	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpo	oses or supported organi	zations	***************************************
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
<u>-6</u>	Other distributions (describe in Part VI). See instructions.			
<del>7</del> 8	Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which	the erganization is reco	oneivo	
0	(provide details in <b>Part VI</b> ). See instructions.	tile organization is resp	onsive	
9	Distributable amount for 2015 from Section C, line 6			***************************************
10	Line 8 amount divided by Line 9 amount			
	Line 8 amount divided by Line 9 amount		/ii\	(***)
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			· · · · · · · · · · · · · · · · · · ·
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b			<u> </u>	
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j	***************************************		
	and 4c.			
8	Breakdown of line 7:			
a	MONT .	,		· · · · · · · · · · · · · · · · · · ·
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				ATT	TACHMENT 1			
SCHEDULE A, PART III - OTHER INCOME								
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL		
SPECIAL EVENTS NET INCOME	-44,039.					-44,039.		
NET APPRECIATION OF ASSETS								
HELD IN CHAR. REMAINDER TRUST		56,407.	271,676.	55,885.	-96,713.	287,255.		
TOTALS		56,407	271,676.	55,885	-96,713	243,216.		

#### **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.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047 Open to Public Inspection

Nam	e of the organization NATIONAL ALLIANCE FOR	RESEARCH ON	Employer identification number
SC	HIZOPHRENIA AND DEPRESSION		31-1020010
P	art I Organizations Maintaining Donor Adv		r 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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
•	funds are the organization's property, subject to the		1 7 1
6	Did the organization inform all grantees, donors, a	= = = = = = = = = = = = = = = = = = = =	· · · · · · · · · · · · · · · · · · ·
_	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Đ	rt II Conservation Easements.		
	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., reci		of a historically important land area
	Protection of natural habitat	· -	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c	• •	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran		nated by the organization during the
	tax year >		, ,
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy reg		ion, handling of
	violations, and enforcement of the conservation eas		- 1 1 1 3
6	Staff and volunteer hours devoted to monitoring, inspec-	ting, handling of violations, and enforcing cor	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing c	onservation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of secti	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text o	of the footnote to the organization's financ	ial statements that describes the
	organization's accounting for conservation easemen		
Pa	rt III Organizations Maintaining Collections		r Similar Assets.
	Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·	***************************************
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similal public service, provide, in Part XIII, the text of the fo	ar assets neid for public exhibition, edu potnote to its financial statements that des	cation, or research in furtherance of scribes these items.
ь	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relation	ng to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of ar	t, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SI		
а	Revenue included in Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		<b>&gt;</b> \$

662,806.

618,795

Schedule D (Form 990) 2015

44,011.

48,577.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

_			-
Pa	М	P	-5

Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	(b) book value	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other	3 447 969	
(A) INVESTMENT IN PARTNERSHIPS	3,447,269.	FMV
(B)		
(C)		
(D)		A CONTRACT OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PR
(E)		
(F)	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	
(G) (H)	See .	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	3,447,269.	White Address of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the
Part VIII Investments - Program Related.	3,447,2031	
	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
(a) Description of investment	(b) book 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.	J	
Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11d. See Form 990, Part X, line 15.
(a) Des		(b) Book value
(1)		
(2)		
(3)		
(4)	<del></del>	
(5)		V
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	
Part X Other Liabilities.		
	"Yes" on Form 990,	, Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
1. (a) Description of liability	(b) Book value	3
(1) Federal income taxes		
(2) ANNUITIES PAYABLE	791,2	
(3) CHARITABLE GIFT ANNUITIES PAYABLE	301,8	307.
(4)		
(5)	4	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,093,0	23.
2. Liability for uncertain tax positions. In Part XIII, provide the t	ext of the footnate to the	he organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Harry	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 .	Total revenue, gains, and other support per audited financial statements	1	21,710,706
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
<b>d</b> (	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	2,569,043
3 5	Subtract line 2e from line 1	3	19,141,663
4 /	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a l	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b (	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
Complete Sea Sea and Address S	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,141,663
Part X	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1 7	Total expenses and losses per audited financial statements	1	25,718,853
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
b F	Prior year adjustments		
	Other losses		
d C	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	1,807,051
3 8	Subtract line 2e from line 1	3	23,911,802
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	00 011 000
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,911,802
2; Part )	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; PaXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		
			***************************************
			· · · · · · · · · · · · · · · · · · ·
			***************************************

#### 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 AND THE INSTITUTE. 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, "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 NOT BELIEVE THERE ARE ANY

# Part XIII Supplemental Information (continued)

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, 2015,
THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE COMBINED
STATEMENT OF ACTIVITIES. AS OF DECEMBER 31, 2015, THE YEARS STILL SUBJECT
TO EXAMINATION BY A TAXING AUTHORITY ARE 2012 THROUGH 2014.

### SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

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

► Attach to Form 990.

2015

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON

Employer identification number

SCHIZOPHRENIA AND DEPRESSION

31-1020010

Pai	<b>ill General Information</b> Form 990, Part IV, line 1		Outside the I	United States. Complete	if the organization answe	ered "Yes" on
1	For grantmakers. Does the organssistance, the grantees' eligibility grants or assistance?	ity for the grant	ts or assistanc		a used to award the	X Yes No
2	For grantmakers. Describe in			rocedures for monitoring		
	assistance outside the United St	ates.				
3	Activities per Region. (The follow	wing Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1)	EUROPE			GRANTMAKING		2,656,252.
(2)	NORTH AMERICA			GRANTMAKING		1,107,996.
(3)	EAST ASIA AND THE PACIFIC			GRANTMAKING		336,828.
(4)	MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		314,500.
(5)	SOUTH AMERICA			GRANTMAKING		70,000.
(6)	SOUTH ASIA			GRANTMAKING		69,954.
(7)		1				
(8)						
(9)						
(10)						And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
(11)						
(12)						
(13)	•					
(14)						
(15)						
(16)						
(17)						
3a	Sub-total			·······		4,555,530.
b	Total from continuation sheets to Part I		:			
С	Totals (add lines 3a and 3b)					4,555,530.

Schedule F (Farm 990) 2015

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.

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Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, ı	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.
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Enter total number of other organizations or entities, 8

Page 2 Schedule F (Form 990) 2015

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

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Page 2 Schedule F (Form 990) 2015

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.

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Enter total number of recipient organizations listed above that are recognized as charities by the foreign country,	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
^1	

3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2015

PartII

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

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Schedule F (Form 990) 2015

PartII

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

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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. Schedule F (Farm 990) 2015

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisat, other)
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recognized as tax-exempt	
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-e	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter,

3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2015

83.

Schedule F (Form 990) 2015

Part III

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.

Schedule F (Form 990) 2015 (h) Method of valuation (book, FMV, appraisat, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement CHECK CHECK 25,000. 50,000 (d) Amount of cash grant (c) Number of recipients 2 EAST ASIA/PACIFIC (b) Region NORTH AMERICA (a) Type of grant or assistance (1) INDIVIDUAL AMARDS (2) INDIVIDUAL AWARD ව 4 (2) 9 9 8 6) (10) <u>=</u> (12) (13) (14) (15) (16) (17) (18)

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Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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

Complete this part to 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.

## Part V Supplement

**Supplemental Information** 

Complete this part to 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.

OMB No. 1545-0047

Internal Revenue Service Inspection Name of the organization Employer identification number NATIONAL ALLIANCE FOR RESEARCH ON 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. Solicitation of non-government grants e b Internet and email solicitations f Solicitation of government grants C Phone solicitations Special fundraising events In-person solicitations 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? Yes b If "Yes." list the ten 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) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 5 9 10 Total 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.

	(Form 990 or 990-EZ) 2015				F
Part II	Fundraising Events. Complethan \$15,000 of fundraising ergross receipts greater than \$5	vent contributions and gros			
		(a) Event #1 NEW YORK GALA	(b) Event #2	(c) Other events	(d) Total event (add col. (a) thro

		gross receipts greater than \$5,0	00.			
			(a) Event #1 NEW YORK GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	665,705.			665,705
œ	2	Less: Contributions	509,498.			509,498
	3	Gross income (line 1 minus				
		line 2)	156,207.			156,207
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages	79,759.			79,759
Dire	8	Entertainment	1,935.			1,935
	9	Other direct expenses	74,513.	W-7		74,513
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	0 from line 3, column (d)			156,207
Pa	rt II	Gaming. Complete if the orga	anization answered "Yo	es" on Form 990, Pa	rt IV, line 19, or rep	orted more
		than \$15,000 on Form 990-E	∠, line oa.			1
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes		NATED AND A CONTRACT OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		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, colu	ımn (d) , , , ,	<b>&gt;</b>	
9 a b	ls	iter the state(s) in which the organizati the organization licensed to conduct g 'No," explain:		of these states?		. Yes No
		ere any of the organization's gaming li 'Yes," explain:	censes revoked, susper		ng the tax year?	. Yes No

Sched	dule G (Form 990 or 990-EZ) 2015	Page <b>3</b>
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?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
þ	An outside facility	<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?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
C	If "Yes," enter name and address of the third party:	
	Name ▶	·
	Address ►	·**
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to	
a	retain the state gaming license?	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year > \$	
Part		

Schedule G (Form 990 or 990-EZ) 2015

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.

Open to Publi 20**15** 

OMB No. 1545-0047

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

Inspection Employer identification number

> Part 1 General Information on Grants and Assistance SCHIZOPHRENIA AND DEPRESSION

No X Yes 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 the selection criteria used to award the grants or assistance?

<b>art II Gran</b> 990,
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Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.	1						RESEARCH
1300 MORRIS PARK AVE, BRONX, NY 10461	47-2209056	501 (C) (3)	35,000.				GRANT
(2) BAYLOR COLLEGE OF MEDICINE						· · · · · · · · · · · · · · · · · · ·	RESEARCH
ONE BAYLOR PLAZA, HOUSTON, TX 77030	74-1613878	501 (C) (3)	100,000.				GRANT
(3) BOSTON COLLEGE	í						RESEARCH
140 COMMONWEALTH AV CHESTNUT HILL, MA 02467	04-2103545	501 (C) (3)	35,000.				GRANT
(4) BOSTON UNIVERSITY							RESEARCH
ONE SILBER WAY, BOSTON, MA 02215	04-2103547	501 (C) (3)	70,000.				GRANT
(5) BOSTON VA RESEARCH INSTITUTE, INC.							RESEARCH
150 S HUNTINGTON AV JAMAICA PLAIN, MA 02130	04-3081524	501 (C) (3)	50,000.				GRANT
(6) BRADLEY HOSPITAL	<del></del> 1						RESEARCH
1011 VET. MEM PWY EAST PROVIDENCE, RI 02915	05-0258914	501 (C) (3)	50,000.				GRANT
(7) BRANDEIS UNIVERSITY	T						RESEARCH
415 SOUTH STREET, WALTHAM, MA 02543	04-2103552	501(C)(3)	84,680.				GRANT
(8) BRIGHAM AND WOMEN'S HOSPITAL	··						RESEARCH
250 POND STREET, BRAINTREE, MA 02184	04-2312909	501 (C) (3)	190,000.			,	GRANT
(9) BROWN UNIVERSITY							RESEARCH
BROWN UNIVERSITY, PROVIDENCE, RI 02912	05-0258809	501 (C) (3)	35,000.				GRANT
(10) CALIFORNIA INSTITUTE OF TECHNOLOGY	T						RESEARCH
1200 E CALIFORNIA BLVD, PASADENA, CA 91125	95-1643307	501(C)(3)	70,000.				GRANT
(11) CEDARS-SINAI MEDICAL CENTER							RESEARCH
8700 BEVERLY BLVD, W HOLLYWOOD, CA 90048	95-1644600	501 (C) (3)	35,000.				GRANT
(12) CHILDREN'S HOSPITAL							RESEARCH
300 LONGWOOD AVENUE, BOSTON, MA 02115	04-2774441	501 (C) (3)	50,000.				GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government	organizations l	sted in the line 1 ta	lble	•		
3 Enter total number of other organizations listed in the		e 1 table	line 1 table		•		+ AND THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF

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Schedule I (Form 990) (2015)

JSA 5E1288 1.000

Department of the Treasury Name of the organization

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	2015	Open to Public	Inspection

NATIONAL ALLIANCE FOR RESEARCH ON

▶ 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 number
SCHIZOPHRENIA AND DEPRESSION	31-1020010
Part   General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance and	or the grants or assistance, and
the selection criteria used to award the grants or assistance?	X Yes

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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.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL OF PHILADELPHIA				**************************************			RESEARCH
34TH ST AND CIVIC CTR BLVD,	23-1352166	501 (C) (3)	104,969.				GRANT
(2) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENT					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	- Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Cont	RESEARCH
3333 BURNET AVENUE, CINCINNATI, OH 45229	31-0833936	501 (C) (3)	35,000.				GRANT
(3) COLD SPRING HARBOR LABORATORY							RESEARCH
1 BUNGTOWN RD, COLD SPRING HARBOR, NY 11724	11-2013303	501 (C) (3)	170,000.				GRANT
(4) COOPER HEALTH SYSTEM							RESEARCH
1 COOPER PLAZA, CAMDEN, NJ 08103	21-0634462	501(C)(3)	35,000.				GRANT
(5) DREXEL UNIVERSITY COLLEGE OF MEDICINE							RESEARCH
3141 CHESTNUT ST, PHILADELPHIA, PA 19104	23-1352630	501 (C) (3)	50,000.				GRANT
(6) DUKE UNIVERSITY MEDICAL CENTER							RESEARCH
700 W. MAIN ST, DURHAM, NC 27701	56-0532129	501 (C) (3)	174,649.				GRANT
(7) EMORY UNIVERSITY SCHOOL OF MEDICINE							RESEARCH
1762 CLIFTON RD, ATLANTA, GA 30322	58-0566256	501 (C) (3)	119,976.				GRANT
(8) FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH							RESEARCH
972 BRUSH HOLLOW RD, WESTBURY, NY 11590	11-2673595	501(C)(3)	104,324.				GRANT
(9) FERRIS STATE UNIVERSITY							RESEARCH
420 OAK STREET, BIG RAPIDS, MI 49307	38-6005159	501 (C) (3)	35,000.				GRANT
(10) FLORIDA INTERNATIONAL UNIVERSITY							RESEARCH
11200 SW 8TH ST, MIAMI, FL 33199	65-0837916	501(C)(3)	35,000.				GRANT
(11) FLORIDA STATE UNIVERSITY							RESEARCH
600 W COLLEGE AVE, TALLAHASSEE, FL 32306	85-8012584		.000,000	4444		MATERIAL SANATA	GRANT
(12) FORDHAM UNIVERSITY					:		RESEARCH
441 E FORDHAM RD, BRONX, NY 10458	13-1740451	501(C)(3)	35,000.				GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government	organizations l	isted in the line 1 ta	able		<b>▲</b> :: ::	
3 Enter total number of other organizations listed in the line 1 table.	sted in the lin	e 1 table					

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Schedule I (Form 990) (2015)

JSA 5E1288 1.000

# 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.

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OMB No. 1545-0047	2015	Open to Public	Inspection

Employer identification number NATIONAL ALLIANCE FOR RESEARCH ON

SCHIZOPHRENIA AND DEPRESSION

Department of the Treasury Internal Revenue Service Name of the organization

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 Seneral Information on Grants and Assistance

0	the selection criteria used to award the grants or assistance?	X Yes	<u>2</u>
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	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.		,

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GEORGE MASON UNIVERSITY							RESEARCH
4400 UNIVERSITY DR, FAIRFAX, VA 22030	54-0836354		49,686.				GRANT
(2) GEORGE WASHINGTON UNIVERSITY					and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	nigely 4-44-44 in year in year in year in year in year in year in year in year in year in year in year in year	RESEARCH
2121 I STREET NW, WASHINGTON, DC 20052	53-0196584	501 (C) (3)	35,000.				GRANT
(3) GEORGIA STATE UNIVERSITY						The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	RESEARCH
PO BOX 3999, ATLANTA, GA 30302	58-1845423	501 (C) (3)	34,883.				GRANT
(4) HARVARD UNIVERSITY							RESEARCH
86 BRATTLE STREET, CAMBRIDGE, NA 02138	04-2103580	501 (C) (3)	239,740.				GRANT
(5) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	<del></del>						RESEARCH
PO BOX 1049, NEW YORK, NY 10029	13-6171197	501 (C) (3)	749,708.				GRANT
(6) INDIANA UNIVERSITY SCHOOL OF MEDICINE							RESEARCH
400 E 7TH STREET, BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	100,000.				GRANT
(7) INSTITUTE FOR SYSTEMS BIOLOGY	T.						RESEARCH
401 TERRY AVE, SEATTLE, WA 98109	91-2003593	501(C)(3)	32,019.				GRANT
(8) JOHNS HOPKINS UNIVERSITY							RESEARCH
3910 KESWICK RD, BALTIMORE, MD 21211	52-0595110	501(C)(3)	554,994.				GRANT
(9) LAUREATE INSTITUTE FOR BRAIN RESEARCH							RESEARCH
6655 S. YALE AVE, TULSA, OK 74136	73-1328881	501 (C) (3)	104,980.			TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	GRANT
(10) LOYOLA UNIVERSITY CHICAGO							RESEARCH
820 N MICHIGAN AVE, CHICAGO, IL 60611	36-1408475	501 (C) (3)	35,000.				GRANT
(11) MASSACHUSETTS GENERAL HOSPITAL							RESEARCH
55 FRUIT STREET, BOSTON, MA 02114	04-2697983	501 (C) (3)	394, 646.				GRANT
(12) MASSACHUSETTS INSTITUTE OF TECHNOLOGY							RESEARCH
77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	260,000.				GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	id government	corganizations	isted in the line 1 to	able		<b>A</b>	

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

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Department of the Treasury Internal Revenue Service

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.

20	Open to P

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

Open to Public	Inspection
	Open to Public

OMB No. 1545-0047

Name of the organization NATIONAL ALLIANCE	FOR	RESEARCH ON		A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH		Employer identification number	ation number
SCHIZOPHRENIA AND DEPRESSION						31-1020010	
Part General Information on Grants and Assistance	d Assistanc						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ubstantiate th	e amount of the	e grants or assistal	nce, the grantees	eligibility for the grant	_	· · · · · · · · · · · · · · · · · · ·
the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ls or assistand dures for mor	e?	of grant funds in the	United States.			X Yes No
Partil 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.	omestic Ori	ganizations ar	nd Domestic Gov an \$5,000. Part II	ernments. Com	plete if the organiza ed if additional spa	ation answered "Ye	s" on Form
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant
(1) MCLEAN HOSPITAL		***			(DIR)		noacasaa
115 MILL STREET, BELMONT, MA 02478	04-2697981	501 (C) (3)	329,942.				GRANT
(2) MEDICAL UNIVERSITY OF SOUTH CAROLINA						,	RESEARCH
261 CALHOUN ST, CHARLESTON, SC 29425	57-6000722		105,000.				GRANT
(3) MICHIGAN STATE UNIVERSITY						WHITE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	RESEARCH
535 CHESTNUT RD, EAST LANSING, MI 48824	38-6005984	501 (C) (3)	69,898.				GRANT
(4) NATIONAL INSTITUTE OF MENTAL HEALTH	<del></del> -						RESEARCH
1 CENTER DRIVE, BETHESDA, MD 20814	52-0858115		215,817.				GRANT
(5) NEUROPSYCHIATRIC INSTITUTE & HOSPITAL	1						RESEARCH
PO BOX 25027, LOS ANGELES, CA 90025	95-4183712	501 (C) (3)	166,260.				GRANT
(6) NEW YORK UNIVERSITY SCHOOL OF MEDICINE							RESEARCH
25 W 4TH ST, NEW YORK, NY 10012	13-5562308	501 (C) (3)	460,371.	WANTED THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O			GRANT
(7) NORTHEASTERN UNIVERSITY	I						RESEARCH
360 HUNTINGTON AVE, BOSTON, MA 02115	04-1679980	501 (C) (3)	35,000.				GRANT
(8) NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH							RESEARCH
4150 CLEMENT ST, SAN FRANCISCO, CA 94121	94-3084159	501 (C) (3)	35,000.				GRANT
(9) NORTHWESTERN UNIVERSITY							RESEARCH
633 CLARK ST, EVANSTON, IL 60208	36-2167817	501 (C) (3)	240,000.				GRANT
(10) NYS PSYCHIATRIC INSTITUTE AT COLUMBIA UNIV.	1						RESEARCH
622 W 113TH ST, NEW YORK, NY 10025	13-5598093	501(C)(3)	529,750.				GRANT
(11) OHIO STATE UNIVERSITY							RESEARCH
901 WOODY HAYES DR, COLUMBUS, OH 43210	31-6025986	501(C)(1)	35,000.			4.000 m 4.000000 m 4.000000 m 4.0000000 m 4.0000000000	GRANT
(12) OREGON HEALTH AND SCIENCE UNIVERSITY						-	RESEARCH

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

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

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

23-7083114 501 (C) (3)

1121 SW SALMON ST, PORTLAND, OR 97205

2

Schedule I (Form 990) (2015)

GRANT

JSA 5E1288 1.000

# 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.

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NATIONAL ALLIANCE FOR RESEARCH ON

SCHIZOPHRENIA AND DEPRESSION

Department of the Treasury Internal Revenue Service Name of the organization

2015	Open to Public Inspection

Employer identification number

31-1020010

OMB No. 1545-0047

Š X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Seneral Information on Grants and Assistance

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PALO ALTO VETERANS INSTITUTE FOR RESEARCH						THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	RESEARCH
3801 MIRANDA AVE, PALO ALTO, CA 94304	77-0207331	501 (C) (3)	35,000.				GRANT
(2) PENNSYLVANIA STATE UNIVERSITY							RESEARCH
128 NORTH CRAIG STREET,	25-0965591	501 (C) (3)	661,454.	1000			GRANT
(3) PORTLAND VA RESEARCH FOUNDATION							RESEARCH
PO BOX 69539, PORTLAND, OR 97239	94-3090170	501 (C) (3)	35,000.				GRANT
(4) PRINCETON UNIVERSITY	-						RESEARCH
701 CARNEGIE CTR, PRINCETON, NJ 08540	21-0634501	501 (C) (3)	105,000.				GRANT
(5) PURDUE UNIVERSITY	<del></del> r						RESEARCH
403 W WOOD STREET, WEST LAFAYETTE, IN 47907	35-6002041	501 (C) (3)	34,979.				GRANT
(6) QUINNIPIAC UNIVERSITY	<sub>-</sub> r						RESEARCH
275 MT. CARMEL AVE, HAMDEN, CT 06518	06-0646701	501(C)(3)	35,000.				GRANT
(7) RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC							RESEARCH
150 BROADWAY, MENANDS, NY 12204	14-1410842	501 (C) (3)	279,912.				GRANT
(8) RESEARCH FOUNDATION OF THE CITY UNIVERSITY							RESEARCH
230 W 414TH ST, NEW YORK, NY 10036	13-1988190	501 (C) (3)	70,000.				GRANT
(9) RUSH UNIVERSITY	•						RESEARCH
1700 W VAN BUREN ST, CHICAGO, IL 60612	36-2174823	501 (C) (3)	35,000.			**************************************	GRANT
(10) RUTGERS UNIVERSITY							RESEARCH
33 KNIGHTSBRIDGE RD, PISCATAWAY, NJ 08854	46-2354111		70,000.				GRANT
(11) SALK INSTITUTE FOR BIOLOGICAL STUDIES							RESEARCH
10010 N TORREY PINES RD, LA JOLLA, CA 92037	95-2160097	501 (C) (3)	.000.		tyrik ja syndal i Venda vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta synda i vyta sy		GRANT
(12) SANTA CLARA VALLEY MEDICAL CENTER							RESEARCH
2400 MOORPARK AVE, SAN JOSE, CA 95128	77-0187890	501 (C) (3)	35,000.				GRANT
2 Enter total number of section 501(c)(3) and governme	d government	organizations	int organizations listed in the line 1 table.	able		<b>▲</b> ::::::::::::::::::::::::::::::::::::	
3 Enter total number of other organizations listed in the	sted in the lin	e 1 table			line 1 table		

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

93323E 702V 11/9/2016

Department of the Treasury Internal Revenue Service Name of the organization

# 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.

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2015

OMB No. 1545-0047

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Employer Identification number 31-1020010 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 the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance SCHIZOPHRENIA AND DEPRESSION

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** 

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

(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 non-cash assistance	(h) Purpose of grant or assistance
(1) SEPULVEDA RESEARCH CORPORATION							RESEARCH
16111 PLUMMER ST, SEPULVEDA, CA 91343	95-4246275	501 (C) (3)	35,000.			o constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or constraint or	GRANT
(2) SRI INTERNATIONAL							RESEARCH
333 RAVENSWOOD AVE, MENLO PARK, CA 94025	94-1160950	501 (C) (3)	35,000.		VMHHIDA		GRANT
(3) ST. JUDE CHILDREN'S RESEARCH HOSPITAL							RESEARCH
501 ST. JUDE PLACE, MEMPHIS, IN 38105	62-0646012	501 (C) (3)	.000,000				GRANT
(4) STANFORD UNIVERSITY							RESEARCH
3145 PORTER DRIVE, PALO ALTO, CA 94304	94-1156365	501 (C) (3)	420,000.				GRANT
(5) STEVENS INSTITUTE OF TECHNOLOGY							RESEARCH
1 CASTLE POINT ON HUDSON, HOBOKEN, NJ 07030	22-1487354	501 (C) (3)	35,000.				GRANT
(6) STONY BROOK UNIVERSITY SCHOOL OF MEDICINE							RESEARCH
PO BOX 9, ALBANY, NY 12201	14-1368361	501 (C) (3)	70,000.				GRANT
(7) TEMPLE UNIVERSITY							RESEARCH
1852 N 10TH STREET, PHILADELPHIA, PA 19122	23-1365971	501 (C) (3)	35,000.				GRANT
(8) TEXAS A&M UNIVERSITY							RESEARCH
401 GEORGE BUSH DR,	74-6000531	501 (C) (3)	35,000.				GRANT
(9) THE MIRIAM HOSPITAL							RESEARCH
164 SUMMIT AVE, PROVIDENCE, RI 02906	05-0258905	501 (C) (3)	49,996.		A THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE		GRANT
(10) THE ROCKEFELLER UNIVERSITY							RESEARCH
1230 YORK AVE, NEW YORK, NY 10065	13-1624158	501 (C) (3)	65,000.				GRANT
(11) THE SCRIPPS RESEARCH INSTITUTE							RESEARCH
10550 N TORREY PINES RD, LA JOLLA, CA 92037	33-0435954	501 (C) (3)	35,000.				GRANT
(12) TUFTS UNIVERSITY	,						RESEARCH
419 BOSTON AVENUE, MEDFORD, MA 02155	04-2103634	501 (C) (3)	35,000.				GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	l government	organizations	isted in the line 1 ta	able		<b>A</b>	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
3 Enter total number of other organizations listed in the line 1 table	sted in the lin	e 1 table				<b>A</b>	

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

Schedule | (Form 990) (2015)

JSA 5E1288 1.000

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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.

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NATIONAL ALLIANCE FOR RESEARCH ON

Department of the Treasury Internal Revenue Service Name of the organization

1545-0047	***************************************	
OMB No.	-	(
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Open to Publ Inspection

Nam	Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON	Employer identification number	
SCF	SCHIZOPHRENIA AND DEPRESSION	31-1020010	
Ра	Part   General Information on Grants and Assistance		
~	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	r assistance, and	
	the selection criteria used to award the grants or assistance?	X Yes	<u>2</u>
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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 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 non-cash assistance	(h) Purpose of grant or assistance
(1) TULANE UNIVERSITY						- AMARIAN - A - A - A	RESEARCH
6823 ST. CHARLES AVE, NEW ORLEANS, LA 70118	72-0423889	501 (C) (3)	35,000.				GRANT
(2) UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES						manada and an and an an an an an an an an an an an an an	RESEARCH
4301 W. MARKHAM ST, LITTLE ROCK, AR 72205	71-6046242		68,646.				GRANT
(3) UNIVERSITY OF CALLFORNIA, BERKELEY							RESEARCH
2080 ADDISON ST, BERKELEY, CA 94720	94-6090626	501 (C) (3)	70,000.				GRANT
(4) UNIVERSITY OF CALIFORNIA, DAVIS							RESEARCH
ONE SHIELDS AVE, DAVIS, CA 95616	94-6036494	501 (C) (3)	35,000.				GRANT
(5) UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CEN							RESEARCH
1460 DREW AVE, DAVIS, CA 95618	94-6081352	501 (C) (3)	151,863.	, , , , , , , , , , , , , , , , , , ,			GRANT
(6) UNIVERSITY OF CALIFORNIA, LOS ANGELES	,						RESEARCH
10920 WILSHIRE BLVD, LOS ANGELES, CA 90024	95-6006143	501 (C) (3)	408,548.	111111111111111111111111111111111111111			GRANT
(7) UNIVERSITY OF CALIFORNIA, SAN DIEGO		**********					RESEARCH
9500 GILMAN DR, LA JOLLA, CA 92093	95-6006144	501 (C) (3)	433,895.	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA			GRANT
(8) UNIVERSITY OF CALLFORNIA, SAN FRANCISCO							RESEARCH
USCF BOX 0248, SAN FRANCISCO, CA 94104	94-6036493	501 (C) (3)	224,999.				GRANT
(9) UNIVERSITY OF COLORADO DENVER							RESEARCH
1800 N GRANT ST, DENVER, CO 80203	84-6000555	501 (C) (3)	205,000.			717	GRANT
(10) UNIVERSITY OF CONNECTICUT HARTFORD HOSPITAL							RESEARCH
80 SEYMOUR STREET, HARTFORD, CT 06102	06-0772160		35,000.				GRANT
(11) UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN							RESEARCH
506 S WRIGHT ST, URBANA, IL 61801	37-6000511	501 (C) (3)	175,000.				GRANT
(12) UNIVERSITY OF IOWA							RESEARCH
105 JESSUP HALL, IOWA, IA 52242	42-6004813		169, 661.				GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	d government	t organizations l	isted in the line 1 ta	ible		<b>A</b> : : : : : : : : : : : : : : : : : : :	
3 Enter total number of other organizations listed in the	sted in the lir	line 1 table				<b>A</b> · · · · · · · · · · · · · · · · · · ·	

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

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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OMB No. 1545-0047	2015	
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Employer identification number

NATIONAL ALLIANCE FOR RESEARCH ON ▼ Inform Department of the Treasury Internal Revenue Service Name of the organization

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Par	Part General Information on Grants and Assistance		
~	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	
	the selection criteria used to award the grants or assistance?	X Yes	<u>8</u>
~	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	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF KANSAS CENTER FOR RESEARCH	***					Option(A)	RESEARCH
2385 IRVING HILL RD, LAWRENCE, KS 66045	48-0680117	501 (C) (3)	35,000.				GRANT
(2) UNIVERSITY OF MARYLAND						manayyi iliyi yayaya	RESEARCH
16409 BOND MILL RD, LAUREL, MD 20707	52-1916318	501 (C) (3)	134,999.	1000000	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		GRANT
(3) UNIVERSITY OF MIAMI	-1						RESEARCH
PO BOX 248106, CORAL GABLES, FL 33124	59~0624458	501 (C) (3)	35,000.				GRANT
(4) UNIVERSITY OF MICHIGAN							RESEARCH
500 S. STATE STRRET, ANN ARBOR, MI 48109	38-6006309	501 (C) (3)	175,000.				GRANT
(5) UNIVERSITY OF MINNESOTA							RESEARCH
1300 S 2ND ST, MINNEAPOLIS, MN 55454	41-6007513	501 (C) (3)	70,000.				GRANT
(6) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL							RESEARCH
103 S. BLDG CAMPUS, CHAPEL HILL, NC 27599	56-6001393	501 (C) (3)	277,461.	111111111111111111111111111111111111111			GRANT
(7) UNIVERSITY OF SOUTHERN CALIFORNIA							RESEARCH
837 W DOWNEY WAY, LOS ANGELES, CA 90089	95-1642394	501 (C) (3)	50,000.				GRANT
(8) UNIVERSITY OF SOUTHERN MISSISSIPPI							RESEARCH
118 COLLEGE DRIVE, HATTIESBURG, MS 39406	64-6000818	501 (C) (3)	34,967.				GRANT
(9) UNIVERSITY OF TEXAS AT AUSTIN	-						RESEARCH
PO_BOX_7458, AUSTIN, TX 78713	74-6000203	501 (C) (3)	35,000.				GRANT
(10) UNIVERSITY OF TX HEALTH SCIENCE CTR AT HOUS							RESEARCH
7000 FANNIN ST, HOUSTON, TX 77030	74-1761309	501 (C) (3)	50,000.				GRANT
(11) UNIVERSITY OF TX MED BRANCH AT GALVESTON							RESEARCH
7000 FANNIN ST, HOUSTON, TX 77030	74-6000949		35,000.		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		GRANT
(12) UNIVERSITY OF TULSA							RESEARCH
800 S. TUCKER DR, TULSA, OK 74104	73-0579298	501 (C) (3)	34,000.				GRANT
2 Enter total number of section 501(c)(3) and governme	d government	organizations l	ent organizations listed in the line 1 table.	able	•		
3 Enter total number of other organizations listed in the	isted in the lin	line 1 table	• • • • • • • • • • • • • • • • • • • •				Andrew of the first throw we wanted

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

Schedule I (Form 990) (2015)

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V 15-7F

# 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

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NATIONAL ALLIANCE FOR RESEARCH ON

Part | General Information on Grants and Assistance

SCHIZOPHRENIA AND DEPRESSION

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047	201	Open to Public Inspection

Employer Identification number

31-1020010

X 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

8 8 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. 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

(a) Name and address of organization     or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TX SW MED CTR AT DALLAS						The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	RESEARCH
601 COLORADO ST, AUSTIN, TX 78701	75~6002868	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	136,753.				GRANT
(2) UNIVERSITY OF WASHINGTON							RESEARCH
BOX 359505, SEATTLE, WA 98195	91-6001537	501 (C) (3)	70,000.				GRANT
(3) UNIVERSITY OF WISCONSIN-MADISON							RESEARCH
702 W JOHNSON ST, MADISON, WI 53715	39-6006492		174,999.				GRANT
(4) VAN ANDEL RESEARCH INSTITUTE							RESEARCH
333 BOSTWICK AVE, GRAND RAPIDS, MI 49503	52-2000823	501 (C) (3)	35,000.				GRANT
(5) VANDERBILT UNIVERSITY							RESEARCH
2301 VANDERBULT PLACE, NASHVILLE, TN 37235	62-0476822	501 (C) (3)	85,000.				GRANT
(6) VANDERBILT UNIVERSITY MEDICAL CENTER							RESEARCH
2525 W END AVE, NASHVILLE, IN 37203	35-2528741	501 (C) (3)	70,000.				GRANT
(7) VIRGINIA COMMONWEALTH UNIVERSITY							RESEARCH
PO BOX 980550, RICHMOND, VA 23298	54-6001758	501(C)(3)	133,721.				GRANT
(8) VIRGINIA TECH							RESEARCH
201 SOUTHGATE CTR, BLACKSBURG, VA 24061	54-6001805		50,000.				GRANT
(9) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE	1						RESEARCH
700 ROSEDALE AVE, SAINT LOUIS, MO 63112	43-0653611	501(C)(3)	70,000.				GRANT
(10) WEILL CORNELL MEDICAL COLLEGE							RESEARCH
575 LEXINGTON AVE, NEW YORK, NY 10022	13-6094042	501 (C) (3)	260,000.				GRANT
(11) WESTERN CONNECTICUT STATE UNIVERSITY							RESEARCH
181 WHITE STREET, DANBURY, CT 06810	06-0775515		35,000.				GRANT
(12) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH	-				***		RESEARCH
9 CAMBRIDGE CENTER, CAMBRIDGE, MA 02142	06-1043412	501 (C) (3)	70,000.				GRANT
2 Enter total number of section 501(c)(3) and government	d government	organizations	organizations listed in the line 1 table	ible	• • • • • • • • • • • • • • • • • • • •		
3 Enter total number of other organizations listed in the line 1 table	isted in the lin	e 1 table					
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

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Department of the Treasury

Internal Revenue Service

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

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

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OMB No. 1545-0047	2015	Open to Public	Inspection

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

No. (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Employer Identification number X Yes RESEARCH SRANT 31-1020010 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash 1,181,880 grant (c) IRC section if applicable NATIONAL ALLIANCE FOR RESEARCH ON 501 (C) (3) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 06-0646973 (a) 333 CEDAR STREET, NEW HAVEN, CT 06510 1 (a) Name and address of organization or government SCHIZOPHRENIA AND DEPRESSION (1) YALE UNIVERSITY SCHOOL OF MEDICINE Name of the organization Partl Part II 3 ₹ (5) (9) 5 (8) 6 (2)30

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Schedule I (Form 990) (2015)

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

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

Schedule 1 (Form 990) (2015)

Part III

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 INDIVI	INDIVIDUAL AWARDS	4.	390,000.		V. The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	decreases a management of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
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Part IV	Supplemental Information. Complete this par information.	s part to prov	ide the informat	ion required in l	Part I, line 2, Part III, o	rt to provide the information required in Part I, line 2, Part III, column (b), and any other additional

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.

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

Schedule 1 (Form 990) (2015)

31-1020010

Schedule I (Form 990) (2015)

Part III

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	ide the informat	ion required in	Part I, line 2, Part III,	column (b), and any other additional

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

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

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) (2015)

Schedule I (Form 990) (2015)

Grants and Other Assistance to Individuals in the United States. 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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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POLITICAL PURPOSES FOR B) FUNDS PROVIDED UNDER THIS GRANT CANNOT BE USED

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

BE INCLUDED WITHIN THE TOTAL GRANT AWARDED. COSTS MUST

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

ANY EXTENSION ALLOWED MUST BE RETURNED TO NARSAD.

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

Schedule 1 (Form 990) (2015)

Schedule I (Form 990) (2015)

Grants and Other Assistance to Individuals in the United States. 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

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.

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

► Attach to Form 990.

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

Name of the organization

SCHIZOPHRENIA AND DEPRESSION

NATIONAL ALLIANCE FOR RESEARCH ON

Inspection Employer identification number

OMB No. 1545-0047

31-1020010

Par	Questions Regarding Compensation			
			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 (e.g., maid, chauffeur, chef)			
b	If any of the hoxes on line 1a are checked did the organization follow a written policy regarding payment			
-	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		200/201902	100000000000000000000000000000000000000
	explain	1b	et erest missioner	sandyani send
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 in line			
	1a?	2	00/2/06/07/4600	Americania (Constanta)
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:			
_	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		^
	if thes 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.			100
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ð	compensation contingent on the revenues of:			
а	The organization?	5a	elletimade	X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	00		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
٠	compensation contingent on the net earnings of:			
а	The organization?	6a		X
	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 non-fixed			
,	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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		Х
9	If "Yes" to 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) 2015

Schedule J (Form 990) 2015

individual.

Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	buc toomerited (O)			
(A) Name and Title	:	(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
JEFFREY BORENSTEIN	8	400,000.	50,000.	26,154.	0	0.0	476,154.	0
1PRESIDENT & CEO	€	0	0.	0	0	0	0.	0
LOUIS INNAMORATO	€	232,858.	30,000.	7,792.	0.	28,410.	299,060.	0.
	<b>©</b>	0	0.	0	0.	0	0	0.
FAITH ROTHBLATT	€	170,020.	0.	7,740.	0	11,385.	189,145.	0.
3VP OF DEVELOPMENT	(ii)	0.	.0	0	0.	0	0	0.
LAUREN DURAN	(3)	157,685.	.0	0	0	0	157,685.	0.
4VP OF M&C	<b>(E)</b>	0.	0.	0	0	0	0	0
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Schedule J (Form 990) 2015

Page 3

Schedule J (Form 990) 2015

Part III Supplemental Information

Complete this part to 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.

### **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.

2015
Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ALLIANCE FOR RESEARCH ON

Employer identification number

SCHIZOPHRENIA AND DEPRESSION 31-1020010 Types of Property (c) (a) Check if (b) (d) Noncash contribution Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art. . . . . . . . . . Art - Historical treasures . . . . . . 3 Art - Fractional interests . . . . . . 4 Books and publications . . . . . . 5 Clothing and household goods............ Cars and other vehicles . . . . . . Boats and planes. . . . . . . . . . 7 8 Intellectual property . . . . . . . . 9 Securities - Publicly traded . . . . Χ 28. 2,819,697. MARKET QUOTATION 10 Securities - Closely held stock . . . Securities - Partnership, LLC, or trust interests . . . . . . . . . 12 Securities - Miscellaneous . . . . . Qualified conservation contribution - Historic Qualified conservation contribution - Other . . . . . . . 15 Real estate - Residential . . . . . . 16 Real estate - Commercial . . . . . 17 Real estate - Other . . . . . . . . . 18 19 Food inventory . . . . . . . . . . 20 Drugs and medical supplies . . . . 22 Historical artifacts . . . . . . . . 23 Scientific specimens..... 24 Archeological artifacts..... 25 Other ►( 26 Other ►( 27 Other ►(\_ 28 Other ►( Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a b If "Yes," describe in Part II.

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

Schedule M (Form 990) (2015)

describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Part II Su

**Supplemental Information.** Complete this part to 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.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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. 2015 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 Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON Employer Identification number SCHIZOPHRENIA AND DEPRESSION 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

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

J. SQUARED PRESS, INC.

PRINT. & FULFILLMENT

285,096.

629 GROVE STREET JERSEY CITY, NJ 07310

HAKON HEIMER

C/O BBRF, 90 PARK AVENUE, 16TH FLOOR

NEW YORK, NY 10016

WEBSITE DEVELOPMENT

119,106.

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION

AMOUNT

NEW YORK GALA

509,498.

TOTAL

509,498.

Name of the organization NATIONAL A	ALLIANCE FOR RESEARCH ON	Employer id	lentification number
SCHIZOPHRENIA AND DEPRESSION	ON	31-1	.020010
		ATTACHME	NT 3
<u> FORM 990, PART VIII - FUND</u>	RAISING EVENTS		
	GROSS	DIRECT	NET
DESCRIPTION	INCOME	EXPENSES	INCOME
	156 007	156,207.	
IEM VODE CATA			
JEW YORK GALA	156,207.	130,207.	

NATIONAL ALLIANCE FOR RESEARCH ON

31-1020010

Related Organizations and Unrelated Partnerships

# SCHEDULE R (Form 990)

Name of the organization Department of the Treasury

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

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

▶ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Employer identification number Inspection

(f) Direct controlling 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. 31-1020010 (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) (b) Primary activity NATIONAL ALLIANCE FOR RESEARCH ON (a) Name, address, and EIN (if applicable) of disregarded entity SCHIZOPHRENIA AND DEPRESSION PartII Part  $\Xi$ 2 3 4 3 9

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Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 (k) Percentage ownership Percentage Ê (j) General or managing partner? Yes No 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. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1055) (f) Share of total income (h) Dispreportemb Yes No (g) Share of end-of-year assets (e)
Type of entity
(C copp, S corp, or frust) (f) Share of total income (d)
Direct controlling
entity (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 entity (c) Legal domicile (state or foreign country) (a) (a) Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization JSA 5E1308 1.000 Part III Part IV 4 9 9 Ξ ন্ত 3 (6)2  $\Xi$ 3  $\odot$ 3 9 (2)

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

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Note. Co	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		<u> </u>	Yes No
1 Duri	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?	ed in Parts II-IV?		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		.: 1a	×
b Giff,	Gift, grant, or capital contribution to related organization(s)		1p	×
c Giff,	Gift, grant, or capital contribution from related organization(s).		10	×
d Loar	Loans or loan guarantees to or for related organization(s)		77	×
e Loar	Loans or loan guarantees by related organization(s)		:	×
			· · ·	4
f Divic	Dividends from related organization(s)			>
			11. ::	⋖
	Sale of assets to related organization(s).		19	×
h Purc	Purchase of assets from related organization(s).		<b>4</b>	×
i Exct	Exchange of assets with related organization(s),		1	×
j Leas	Lease of facilities, equipment, or other assets to related organization(s).		-	×
			<u>;</u>	
k Leas	Lease of facilities, equipment, or other assets from related organization(s)		<del>*</del>	×
! Perf	Performance of services or membership or fundraising solicitations for related organization(s)		==	×
m Perf	Performance of services or membership or fundraising solicitations by related organization(s)			>
Shar	Sharing of facilities, equipment, mailing lists, or other assets with related propagate to the continues.		= 4	+
	training of quipment in the property of other assets will related organization(s)		=	4 ;
o snar	Snaring of paid employees with related organization(s)		. : 10	×
	Reimbursement paid to related organization(s) for expenses		10	×
q Rein	Reimbursement paid by related organization(s) for expenses			×
			<u>-</u>	5
	has transfer of each or necessity to related executivation(a)			>
	Other transfer of cash of property to related organization(s)		<u>-</u>	≺ :
	Other transfer of cash of property from related organization(s).		118	×
2 If the	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cover	covered relationships and transaction thresholds	on thresholds,	
			( <del>p</del> )	Westerday
	Name of related organization  Transaction  type (a-s)	Amount involved M	Method of determining amount involved	nining ed
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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 from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	12 5 %	(i) Code V - UB; amount in box 20 of Schedule K-1 (Form 1065)		(k)  Percentage  g ownership											
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Schedule R (Form 990) 2015

Page 5

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see

# Form 4562

# Depreciation and Amortization

(Including Information on Listed Property)

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

Attach to your tax return. ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Sequence No.

Name(s) shown on return Identifying number NATIONAL ALLIANCE FOR RESEARCH ON 31-1020010 Business or activity to which this form relates GENERAL DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . . . . . . 14 15 Other depreciation (including ACRS) 34,212 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (a) Classification of property (business/investment use only - see instructions) (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L 27.5 yrs. MM S/L h Residential rental property 27.5 vrs. MM S/L 39 yrs. MM S/I i Nonresidential real property MM S/1. Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L c 40-year 40 yrs. MM S/L Part V Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

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34,212.

and on the appropriate lines of your return. Partnerships and S corporations - see instructions . .

23 For assets shown above and placed in service during the current year, enter the

For	m 4562 (2015)												1-1020	OUTU	Page
P	art V Listed Pro	perty (Include	automobile	s, ce	rtain c	ther	vehicles	s, ce	rtain air	craft, o	certain	com	puters,	and p	
	Note: For a	tertainment, rec ny vehicle for wh s (a) through (c) o	ich you are	usin	g the s	tandar	d milea	ge rat	e or dec	lucting	lease e	expens	e, comp	olete o	nly 24
_		S (a) through (c) o Depreciation and									r nasse	nnera	utomobi	les 1	
24	a Do you have evidence						Yes		24b  f"\					Yes	No
	(a)	(b)	(c)			$\neg$	(e)		(f)	T	(g)	T	(h)	T '	(i)
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25	Special depreciation	n allowance for	qualified lis	ted p	roperty	placed	l in ser	vice d	uring						
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27	Property used 50%	or less in a qualir	lea business	use:					Ι	0.0		T		1	
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28	Add amounts in col	umn (h) lines 25	<u> </u>	<u> </u>	hore ar	ad on li	ine 21 r	200 1	<u> </u>		28	<u> </u>		-	
	Add amounts in col	umn (i), line 26. E	inter here ar	nd on	line 7. p	ade 1	III <del>C</del> 21, p	Jaye I				<u></u>	. 29		
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					(a)		(b)		(c)		d)		(e)		(f)
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	the year (do not inc	lude commuting r	miles)												
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An:	swer these questions			-						-				who are	e not
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37	Do you maintain a	written policy s	tatement th	at pr	ohibits	all per	sonal u	se of	vehicles	includ	ding co	mmuti	ng, by	Yes	No
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38	Do you maintain a	i written policy s	statement tr	nat pr	ohibits	persor	nal use	of ve	hicles, e	xcept o	commu	ting, b	y your		
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