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# ggn

Department of the Treasury

A For the 2014 calendar year, or tax year beginning

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 Open to Public

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

and ending

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

Inspection

Check if applicable: C Name of organization D Employer identification number X Address change DEPRESSION AND BIPOLAR SUPPORT ALLIANCE Name change 36-3379124 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 642-0049 55 EAST JACKSON BLVD 490 (312)termin-ated 2,785,317. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return CHICAGO, IL 60604 H(a) Is this a group return Applica-F Name and address of principal officer: ALLEN DOEDERLEIN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: WWW.DBSALLIANCE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1985 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: TO IMPROVE THE LIVES OF PEOPLE Activities & Governance LIVING WITH MOOD DISORDERS THROUGH ACTIVITIES IN EDUCATION AND Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 Number of voting members of the governing body (Part VI, line 1a) <u>20</u> Number of independent voting members of the governing body (Part VI, line 1b) <del>17</del> 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,563,563. 2,229,650. Contributions and grants (Part VIII, line 1h) Revenue 531,763. 1,226,464. Program service revenue (Part VIII, line 2g) 14,659. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,575. 10 9,245. 6,558. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,803,160. 2,785,317. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 875,403. 1,100,224. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,115,862. 1,033,961. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,991,265. 2,134,185. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 651,132. 811,895. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 2,048,374. 1,476,671. 20 Total assets (Part X, line 16) 72,674. 149,104. 21 Total liabilities (Part X, line 26) 327,567. 975,700. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ALLEN DOEDERLEIN, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature MARCY STEINDLER P00573131 Paid Firm's name MANN. WEITZ & ASSOCIATES L.L.C. 36-3963131 Preparer Firm's EIN Firm's address  $\rightarrow$  111 DEER LAKE ROAD, SUITE 125 Use Only Phone no. (847) 267-3400 DEERFIELD, IL 60015 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

| Pai       | Statement of Program Service Accomplishments   |
|-----------|--|
|           | Check if Schedule O contains a response or note to any line in this Part III   |
| 1         | Briefly describe the organization's mission:  DDCA ENVICATIONS WELLINGS FOR DEODLE LIVING WITHIN DEDDESCROON AND DEDOLAR   |
|           | DBSA ENVISIONS WELLNESS FOR PEOPLE LIVING WITH DEPRESSION AND BIPOLAR  |
|           | DISORDER. DBSA PURSUES THIS VISION WITH THE MISSION "TO PROVIDE HOPE,  |
|           | HELP, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PEOPLE WHO HAVE   |
|           | MOOD DISORDERS."   |
| 2         | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No                             |
|           |  |
| •         | If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No |
| 3         | J J J J J J J J J J J J J J J J J J J  |
|           | If "Yes," describe these changes on Schedule O.  |
| 4         | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.   |
|           | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and                                 |
| 4-        | revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 638,149 · including grants of \$ ) (Revenue \$ 85,507 · )   |
| 4a        | (Code: ) (Expenses \$ 638,149 · including grants of \$ ) (Revenue \$ 85,507 · )  EDUCATION AND INFORMATION - MORE THAN 1,000,000 PEOPLE VISIT DBSA'S                         |
|           | SUITE OF ONLINE RESOURCES TO ACCESS LIFE-SAVING INFORMATION.   |
|           | DBSALLIANCE.ORG AND DBSALIANZA.ORG CONNECT INDIVIDUALS WITH IN-DEPTH   |
|           | INFORMATION ABOUT DEPRESSION AND BIPOLAR DISORDER, WELLNESS OPTIONS,   |
|           | PEER SUPPORT, AND ADVICE ON HOW TO HELP OTHERS. FACINGUS.ORG IS HOME TO  |
|           | A WEALTH OF CUSTOMIZABLE PERSONAL WELLNESS TOOLS THAT HELP PEOPLE LIVE   |
|           | FULL, HEALTHY, AND HAPPY LIVES. DBSA'S GROWING SOCIAL MEDIA CHANNELS   |
|           | CONNECT MORE THAN 150,000 INDIVIDUALS SEEKING INFORMATION AND SUPPORT  |
|           | THROUGH VIDEOS ON THE DBSA YOUTUBE CHANNEL AND INFORMATIONAL POSTS ON  |
|           | DBSA'S FACEBOOK, TWITTER, AND LINKEDIN PAGES. DBSA OFFERS MORE THAN 30   |
|           | PRINTED BROCHURES, CDS, AND DVDS ON SPECIFIC TOPICS RELATED TO MOOD  |
|           | DISORDERS. NEARLY 53,000 INFORMATION-RICH, SCIENTIFICALLY-VETTED,  |
| 4b        | (Code: ) (Expenses \$ 875,669 • including grants of \$ ) (Revenue \$ 454,773 • )   |
|           | GRASS ROOTS AND PEER SERVICES - DBSA OFFERS ONGOING ASSISTANCE TO OUR  |
|           | NEARLY 300 CHAPTERS TO EXPAND THEIR CAPACITY TO PROVIDE SUPPORT,   |
|           | EDUCATION AND OUTREACH TO THEIR LOCAL COMMUNITIES. A PASSWORD-PROTECTED  |
|           | CHAPTER MANAGEMENT SECTION ON DBSALLIANCE.ORG PROVIDES A HOST OF TOOLS   |
|           | AND RESOURCES TO OUR CHAPTERS TO HELP THEM GROW AND ENHANCE THEIR  |
|           | SERVICES, OFFER EDUCATIONAL EVENTS IN THEIR COMMUNITIES, FUNDRAISE TO  |
|           | SUPPORT THEIR LOCAL PROGRAMMING, IMPROVE THEIR SUPPORT GROUPS, AND   |
|           | MORE. DBSA TRAINED 25 DBSA CHAPTER MEMBERS AS FACILITATORS TO HELP THEM  |
|           | PROVIDE GUIDANCE AND INSPIRATION TO THEIR SUPPORT GROUPS. THESE LIVE   |
|           | TRAININGS WERE DELIVERED AT LOCATIONS AROUND THE COUNTRY. FOR THOSE  |
|           | UNABLE TO ATTEND THESE IN-PERSON TRAININGS, CHAPTER MEMBERS CAN ACCESS   |
|           | ONLINE COURSE MATERIALS IN THE CHAPTER MANAGEMENT SECTION OF   |
| 4c        | (Code:) (Expenses \$   |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
| 4d        | Other program services (Describe in Schedule O.)   |
|           | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| <u>4e</u> | Total program service expenses ► 1,513,818.  |
| 43200     | Form <b>990</b> (2014)   |

# Part IV Checklist of Required Schedules

|           |  |            | Yes | No               |
|-----------|--|------------|-----|------------------|
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |            | 37  |                  |
| _         | If "Yes," complete Schedule A  | 1          | X   |                  |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2          | X   |                  |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |            |     | $ _{\mathbf{x}}$ |
| 4         | public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                                   | 3          |     | <u> </u>         |
| 4         | during the tax year? If "Yes," complete Schedule C, Part II  | 4          |     | x                |
| 5         | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | -          |     |                  |
| J         | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5          |     | х                |
| 6         | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | <u> </u>   |     |                  |
| _         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6          |     | Х                |
| 7         | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |            |     |                  |
|           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |     | Х                |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |            |     |                  |
|           | Schedule D, Part III   | 8          |     | Х                |
| 9         | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for  |            |     |                  |
|           | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |            |     |                  |
|           | If "Yes," complete Schedule D, Part IV   | 9          |     | X                |
| 10        | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |            |     | ,                |
|           | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10         |     | X                |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |            |     |                  |
| _         | as applicable.  Did the exemplation report on amount for land, buildings, and equipment in Part V. line 102 if "Yes," complete Schodule D.   |            |     |                  |
| 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        | Х   |                  |
| h         | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  | 114        |     |                  |
|           | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |     | х                |
| С         | 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        |     | Х                |
| е         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e        | X   |                  |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |            |     |                  |
|           | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f        | Х   | <u> </u>         |
| 12a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |            | 37  |                  |
|           | Schedule D, Parts XI and XII   | 12a        | Х   |                  |
| b         | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 40.        |     | x                |
| 10        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b<br>13  |     | X                |
| 13<br>14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |     | X                |
|           | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  | 174        |     | <del></del> -    |
| -         | 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         |     | X                |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |            |     |                  |
|           | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17         |     | X                |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |            |     | \ <sub>37</sub>  |
|           | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         |     | X                |
| 19        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |            |     | X                |
| 20-       | complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 19         |     | X                |
|           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20a<br>20b |     | <del>- ^ `</del> |
|           | 11 100 to mile 200, and the organization attach a copy of its addited illiancial statements to this return?  |            | 990 | (201 <i>4</i> )  |

# Part IV Checklist of Required Schedules (continued)

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 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  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |     |     |    |
|     | last day of the year, that was issued after December 31, 2002? 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   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d |     |    |
|     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                    |     |     |    |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                   | 25a |     | Х  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |     |     |    |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           |     |     |    |
|     | Schedule L, Part I  | 25b |     | Х  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or           |     |     |    |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"          |     |     |    |
|     | complete Schedule L, Part II  | 26  |     | Х  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |     |     |    |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member             |     |     |    |
|     | of any of these persons? If "Yes," complete Schedule L, Part III  | 27  |     | Х  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |     |     |    |
|     | instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |    |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a |     | Х  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b |     | Х  |
| 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 |     | Х  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29  | Х   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |     |     |    |
|     | contributions? If "Yes," complete Schedule M  | 30  |     | Х  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |     |     |    |
|     | If "Yes," complete Schedule N, Part I   | 31  |     | Х  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |     |     |    |
|     | Schedule N, Part II   | 32  |     | Х  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |     |     |    |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | Х  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |     |     |    |
|     | Part V, line 1  | 34  |     | Х  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | Х  |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       |     |     |    |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     |    |
| 36  | 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  |     | Х  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |     |     |    |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37  |     | Х  |
| 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  | Х   |    |
|     |   | _   |     |    |

Form **990** (2014)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

|          | Check if Schedule O contains a response or note to any line in this Part V   |  |                |     |       |
|----------|--|--|----------------|-----|-------|
|          |  | a = 1  |                | Yes | No    |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a  | 37   |                |     |       |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 0  |                |     |       |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  | -  |                | 37  |       |
|          | (gambling) winnings to prize winners?  |  | 1c             | Х   |       |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  | 17   |                |     |       |
|          | filed for the calendar year ending with or within the year covered by this return  |  |                | v   |       |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   |  | 2b             | Х   |       |
| 0-       | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |  | 0-             |     | Х     |
|          |  |  | 3a             |     |       |
|          | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   |  | 3b             |     |       |
| 48       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account |  | 4a             |     | Х     |
| h        | If "Yes," enter the name of the foreign country: ►   | ) '  | <del>4</del> a |     | 21    |
| b        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  | · (FRAR)   |                |     |       |
| 5a       |  |  | 5a             |     | Х     |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |  | 5b             |     | X     |
|          |  |  | 5c             |     |       |
|          | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization  |  |                |     |       |
| -        | any contributions that were not tax deductible as charitable contributions?  |  | 6a             |     | Х     |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or of  |  |                |     |       |
|          | were not tax deductible?   |  | 6b             |     |       |
| 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 pro   | ovided to the payor?   | 7a             |     | Х     |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |  | 7b             |     |       |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi   | red  |                |     |       |
|          | to file Form 8282?   |  | 7с             |     | Х     |
| 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?  | ?  | 7e             |     | X     |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | The state of the s | 7f             |     | X     |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 889   |  | 7g             |     | X     |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file  | a Form 1098-C?   | 7h             |     |       |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |  |                |     |       |
|          | sponsoring organization have excess business holdings at any time during the year?   |  | 8              |     |       |
| 9        | Sponsoring organizations maintaining donor advised funds.  |  |                |     |       |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?   |  | 9a             |     |       |
| 10<br>10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |  | 9b             |     |       |
| 10       | Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12 10a  |  |                |     |       |
| a<br>b   |  |  |                |     |       |
| 11       | Section 501(c)(12) organizations. Enter:   |  |                |     |       |
| ''       | Gross income from members or shareholders 11a  |  |                |     |       |
|          | Gross income from other sources (Do not net amounts due or paid to other sources against   |  |                |     |       |
|          | amounts due or received from them.)  |  |                |     |       |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   |  | 12a            |     |       |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |  |                |     |       |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |  |                |     |       |
|          | Is the organization licensed to issue qualified health plans in more than one state?   |  | 13a            |     |       |
|          | Note. See the instructions for additional information the organization must report on Schedule O.  |  |                |     |       |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the   |  |                |     |       |
|          | organization is licensed to issue qualified health plans   |  |                |     |       |
|          | Enter the amount of reserves on hand   |  |                |     |       |
|          | Did the experiention receive any payments for indeed to prince any increase divides the tay years  |  | 14a            |     | X     |
|          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |  | 14b            |     |       |
|          |  |  | Form           | 990 | (2014 |

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

|          | Check if Schedule O contains a response or note to any line in this Part VI  |           |  |          |           |     | X        |  |  |
|----------|--|-----------|--|----------|-----------|-----|----------|--|--|
| Sec      | 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        |  | 20       |           |     |          |  |  |
|          | If there are material differences in voting rights among members of the governing body, or if the governing  |           |  |          |           |     |          |  |  |
|          | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |           |  |          |           |     |          |  |  |
| b        | Enter the number of voting members included in line 1a, above, who are independent   | 1b        |  | 20       |           |     |          |  |  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi   | ip with   | any other                                |          |           |     |          |  |  |
|          | officer, director, trustee, or key employee?   |           |  |          | 2         |     | X        |  |  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the   |           |  | ``` Г    |           |     |          |  |  |
|          | of officers, directors, or trustees, or key employees to a management company or other person?   |           | •  |          | 3         |     | X        |  |  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form  |           |  |          | 4         |     | X        |  |  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's as  |           |  |          | 5         |     | X        |  |  |
| 6        |  |           |  |          |           |     |          |  |  |
| 7a       |  |           |  |          |           |     |          |  |  |
|          | more members of the governing body?  |           |  |          | 7a        |     | X        |  |  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |           |  |          |           |     |          |  |  |
|          | persons other than the governing body?   |           |  |          | 7b        |     | X        |  |  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye  |           |  |          |           |     |          |  |  |
| а        | The governing body?  | -         | =  | [        | 8a        | Х   |          |  |  |
| b        | Each committee with authority to act on behalf of the governing body?  |           |  |          | 8b        | Х   |          |  |  |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  |           |  |          |           |     |          |  |  |
|          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |           |  |          | 9         |     | X        |  |  |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal R  | evenue    | e Code.)                                 |          |           |     |          |  |  |
|          |  |           |  |          |           | Yes | No       |  |  |
| 10a      | Did the organization have local chapters, branches, or affiliates?   |           |  | [·       | I0a       | X   |          |  |  |
| b        | <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,  |           |  |          |           |     |          |  |  |
|          | and branches to ensure their operations are consistent with the organization's exempt purposes?  |           |  | <u>L</u> | l0b       | Х   |          |  |  |
| 11a      | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   |           |  |          |           | Х   |          |  |  |
| b        | <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |           |  |          |           |     |          |  |  |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  |           |  | <u>L</u> | I2a       | Х   |          |  |  |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise  | e to con  | flicts?                                  | <u>L</u> | l2b       | X   |          |  |  |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y  | es," d    | escribe                                  |          |           |     |          |  |  |
|          | in Schedule O how this was done  |           |  | <u>L</u> | I2c       | Х   | <u></u>  |  |  |
| 13       | Did the organization have a written whistleblower policy?  |           |  | L        | 13        | Х   | <u></u>  |  |  |
| 14       | Did the organization have a written document retention and destruction policy?   |           |  | L        | 14        | X   |          |  |  |
| 15       | Did the process for determining compensation of the following persons include a review and approve   |           | dependent                                |          |           |     |          |  |  |
|          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |           |  |          |           |     |          |  |  |
| а        | The organization's CEO, Executive Director, or top management official   |           |  | Ľ        | l5a       | X   | <u> </u> |  |  |
| b        | Other officers or key employees of the organization  |           |  | <u>L</u> | l5b       | Х   |          |  |  |
|          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |           |  |          |           |     |          |  |  |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | ment v    | vith a                                   |          |           |     | 77       |  |  |
|          | taxable entity during the year?  |           |  | L        | l6a       |     | X        |  |  |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev | -         |  |          |           |     |          |  |  |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga   | ınizatio  | n's                                      |          |           |     |          |  |  |
| 800      | exempt status with respect to such arrangements?   |           |  | [ ·      | l6b       |     |          |  |  |
|          | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL, AK, AR, CA, C   | <u> </u>  | יי די ד | CΔ       | ΗΤ        | кc  | -ĸv      |  |  |
| 17<br>10 |  |           |  |          |           |     | , 11 1   |  |  |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-for public inspection. Indicate how you made these available. Check all that apply.   | i (Sect   | 1011 30 1 (0)(3)\$ 0                     | лпу) а   | alidDi    | e   |          |  |  |
|          | To public inspection, indicate now you made triese available. Crieck all that apply.  X Own website Another's website X Upon request Other (explain  | in Sal    | nedule (1)                               |          |           |     |          |  |  |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co  |           | ,  | / and f  | inana     | ial |          |  |  |
| 19       | statements available to the public during the tax year.  | , milet ( | a arrenest hour.                         | y, anu i | ıı ıal IC | iai |          |  |  |
| 20       | State the name, address, and telephone number of the person who possesses the organization's bo  | noke ar   | id records:                              |          |           |     |          |  |  |
|          | ALLEN DOEDERLEIN - 312-642-0049  | aı        |  |          |           |     |          |  |  |
|          | 55 E. JACKSON SUITE 490, CHICAGO, IL 60604   |           |  |          |           |     |          |  |  |
| 432006   | SEE SCHEDULE O FOR FULL LIST OF STATES   |           |  |          | Form      | 990 | (2014)   |  |  |

# 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.

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

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

| <b>(A)</b><br>Name and Title        | (B) Average hours per                                      | box             | not c<br>, unle       | Pos<br>heck<br>ss pe | ition<br>more<br>rson i | than<br>is bot                | h an | (D) Reportable compensation                    | (E) Reportable compensation                      | (F) Estimated amount of  |
|-------------------------------------|--|-----------------|-----------------------|----------------------|-------------------------|-------------------------------|------|--|--|--|
|                                     | week (list any hours for related organizations below line) | tee or director | Institutional trustee | Officer              |                         | High est compensated employee |      | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) WILLIAM GILMER, MD<br>SECRETARY | 5.00   | x               |                       | x                    |                         |                               |      | 0.   | 0.   | 0.   |
| (2) DAVID MIZENKO VICE CHAIR        | 13.00  | x               |                       | Х                    |                         |                               |      | 0.   | 0.   | 0.   |
| (3) CHERYL MAGRINI                  | 13.00  | 122             |                       | 77                   |                         |                               |      | 0.   | 0.   | 0.   |
| CHAIR                               |  | X               |                       | Х                    |                         |                               |      | 0.   | 0.   | 0.   |
| (4) GREGORY E. OSTFELD              | 13.00  |                 |                       |                      |                         |                               |      |  |  |  |
| TREASURER                           |  | Х               |                       | Х                    |                         |                               |      | 0.   | 0.   | 0.   |
| (5) GREGORY SIMON, M.D., M.P.H.     | 5.00   |                 |                       |                      |                         |                               |      |  |  |  |
| SAB CHAIR                           |  | X               |                       | Х                    |                         |                               |      | 0.   | 0.   | 0.   |
| (6) LEGENIA BAILEY                  | 0.50   |                 |                       |                      |                         |                               |      |  |  |  |
| DIRECTOR                            | 0.00   | Х               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| (7) MANUEL SILVERMAN, PH.D.         | 2.00   | ١,,             |                       |                      |                         |                               |      |  | _  |  |
| MEMBER-AT-LARGE                     | 0.50   | Х               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| (8) CHRISTY B. BECKMANN             | 0.50   | x               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| OIRECTOR (9) SUZANNE BERGOFFEN      | 2.00   | ^               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| MEMBER-AT-LARGE                     | 2.00   | X               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| (10) JAMES J. BLAHA,                | 0.50   | 122             |                       |                      |                         |                               |      |  | 0.   | 0.   |
| DIRECTOR                            | 0.30   | x               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| (11) LUCINDA JEWELL                 | 2.00   | <del> </del>    |                       |                      |                         |                               |      | •  | •  |  |
| IMMEDIATE PAST BOARD CHAIR          |  | X               |                       | х                    |                         |                               |      | 0.   | 0.   | 0.   |
| (12) JOHN WADE II                   | 0.50   |                 |                       |                      |                         |                               |      |  |  |  |
| DIRECTOR                            |  | Х               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| (13) CATHERINE M. FIELDS, J.D.      | 0.30   |                 |                       |                      |                         |                               |      |  |  |  |
| DIRECTOR                            |  | Х               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| (14) MIKE KUHL                      | 0.50   |                 |                       |                      |                         |                               |      |  |  |  |
| DIRECTOR                            |  | Х               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| (15) THOMAS LANE                    | 0.30   | ļ               |                       |                      |                         |                               |      |  | _  | _  |
| DIRECTOR                            | 1 0 50   | Х               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| (16) SUSAN MADIAN                   | 0.50   | ,,              |                       |                      |                         |                               |      |  | ^  | _  |
| DIRECTOR                            | 1 0 20   | Х               | _                     |                      |                         | _                             |      | 0.   | 0.   | 0.   |
| (17) JACKIE RAFF                    | 0.30   | X               |                       |                      |                         |                               |      | 0.   | 0.   | 0.   |
| DIRECTOR 432007 11-07-14            |  | Λ               |                       |                      |                         |                               |      | 1 0.   | <u> </u>   | Form <b>990</b> (2014)   |

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| Section A. Officers, Directors, Trus                   | 1                     | <del>` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` </del> |                       |                  |              |                              | st C         | <del> </del>                          | <u> </u>                |          |       | <b>(E)</b>           |      |
|--|-----------------------|---|-----------------------|------------------|--------------|------------------------------|--------------|---------------------------------------|-------------------------|----------|-------|----------------------|------|
| (A)  | (B)                   |   |                       | (C<br>Posi       | -            | 1                            |              | (D)                                   | (E)                     |          | _     | (F)                  | 1    |
| Name and title   | Average hours per     |   | not c                 | heck<br>ss pe    | more         | than                         |              | Reportable compensation               | Reportable compensation |          |       | stimate<br>nount     |      |
|  | week                  |   |                       | nd a d           |              |                              |              | from                                  | from related            |          | "     | other                | J1   |
|  | (list any             | ector   |                       |                  |              |                              |              | the                                   | organization            | ıs       | con   | npensa               | tion |
|  | hours for             | or dire   | يو                    |                  |              | ated                         |              | organization                          | (W-2/1099-MI            | SC)      |       | rom the              |      |
|  | related organizations | ustee   | truste                |                  | ao           | bens                         |              | (W-2/1099-MISC)                       |                         |          | ٠ -   | ganizat              |      |
|  | below                 | ual tr  | ional                 |                  | ploye        | t com                        | L            |                                       |                         |          |       | ıd relat<br>anizati  |      |
|  | line)                 | Individual trustee or director                    | Institutional trustee | Officer          | key employee | Highest compensated employee | Former       |                                       |                         |          | l     | arnzam               | 5113 |
| (18) JEAN MEISTER                                      | 0.50                  | _   | _                     |                  | ~            | 1 0                          | _            |                                       |                         |          |       |                      |      |
| DIRECTOR   |                       | х   |                       |                  |              |                              |              | 0.                                    |                         | 0.       |       |                      | 0.   |
| (19) HAKEEM RAHIM                                      | 0.30                  |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
| DIRECTOR   |                       | Х   |                       |                  |              |                              |              | 0.                                    |                         | 0.       |       |                      | 0.   |
| (20) JOHN S. TAMERIN, M.D.                             | 0.50                  |   |                       |                  |              |                              |              |                                       |                         |          |       |                      | _    |
| DIRECTOR   | 40.00                 | Х   |                       |                  |              |                              |              | 0.                                    |                         | 0.       |       |                      | 0.   |
| (21) ALLEN DOEDERLEIN                                  | 40.00                 |   |                       | ,,               |              |                              |              | 104 404                               |                         | 0        | 4     | ^ ~                  | 00   |
| PRESIDENT  | 40.00                 |   |                       | Х                |              | -                            |              | 124,424.                              |                         | 0.       |       | 0,3                  | 99.  |
| (22) CINDY SPECHT                                      | 40.00                 |   |                       | х                |              |                              |              | 95,700.                               |                         | 0.       | 1     | 0,3                  | ۵۵   |
| EXECUTIVE VICE PRESIDENT                               |                       |   |                       | Λ                |              | $\vdash$                     |              | 93,700.                               |                         | <u> </u> |       | 0,5                  | 99.  |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       | 4                |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
| 1b Sub-total   |                       |   |                       |                  |              |                              | ightharpoons | 220,124.                              |                         | 0.       | 2     | 0,7                  |      |
| c Total from continuation sheets to Part V             |                       |   |                       |                  |              |                              |              | 0.                                    |                         | 0.       |       | <del>~ -</del>       | 0.   |
| d Total (add lines 1b and 1c)                          |                       |   |                       |                  |              |                              |              | 220,124.                              |                         | 0.       |       | 0,7                  | 98.  |
| 2 Total number of individuals (including but n         | ot limited to th      | iose  | liste                 | ed al            | DOV          | e) wl                        | no r         | eceived more than \$100               | 0,000 of reportab       | ile      |       |                      | 1    |
| compensation from the organization                     |                       |   |                       |                  |              |                              |              |                                       |                         |          |       | Yes                  | No   |
| 3 Did the organization list any <b>former</b> officer, | director or tru       | iste  | e ke                  | v en             | nnlc         | vee                          | or           | highest compensated e                 | mnlovee on              | Į        |       |                      |      |
| line 1a? If "Yes," complete Schedule J for s           | ,                     |   | ,                     | •                | •            | ,                            | •            |                                       | . ,                     |          | 3     |                      | Х    |
| 4 For any individual listed on line 1a, is the su      |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
| and related organizations greater than \$15            |                       |   | -                     |                  |              |                              |              | · · · · · · · · · · · · · · · · · · · |                         |          | 4     |                      | X    |
| 5 Did any person listed on line 1a receive or a        | accrue compe          | nsat  | ion f                 | rom              | any          | / uni                        | elat         | ted organization or indiv             | idual for services      | 3        |       |                      |      |
| rendered to the organization? If "Yes," com            | plete Schedul         | e J f   | or s                  | uch <sub>I</sub> | pers         | son                          |              |                                       |                         |          | 5     |                      | X    |
| Section B. Independent Contractors                     |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
| 1 Complete this table for your five highest co         |                       |   |                       |                  |              |                              |              |                                       |                         | npens    | ation | from                 |      |
| the organization. Report compensation for              | the calendar y        | ear   | endi                  | ng v             | vith         | or w                         | ıthır<br>T   |                                       | year.                   |          |       |                      |      |
| <b>(A)</b><br>Name and business                        | address               | NO  | INC                   | 7.               |              |                              |              | <b>(B)</b><br>Description of s        | services                | С        |       | <b>C)</b><br>ensatio | n    |
|  |                       |   |                       |                  |              |                              | $\dashv$     |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              | _            |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
|  |                       |   |                       |                  |              |                              |              |                                       |                         |          |       |                      |      |
| 2 Total number of independent contractors (i           |                       | ot li   | mite                  | d to             |              | _                            | stec         | d above) who received n               | nore than               |          |       |                      |      |
| \$100,000 of compensation from the organi              | zation 🕨              |   |                       |                  | (            | 0                            |              |                                       |                         |          |       |                      |      |

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 2,229,650 similar amounts not included above ..... 121,234 g Noncash contributions included in lines 1a-1f: \$ 2,229,650. h Total. Add lines 1a-1f Business Code 900099 352,560. 352,560. 2 a CONTRACT REVENUE Program Service Revenue b PROGRAM SERVICE 174,758. 900099 174,758. HONORARIUMS 900099 4,445. 4,445. d All other program service revenue 531,763. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 14,659. 14,659 other similar amounts) Income from investment of tax-exempt bond proceeds 18. 18. 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 8,517. and allowances **b** Less: cost of goods sold ..... 8,517. 8,517. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 710. 710. 11 a OTHER b d All other revenue 710. e Total. Add lines 11a-11d 540,280. ,785,317. 15,387. Total revenue. See instructions.

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# Part IX | Statement of Functional Expenses

| Sect     | ion 501(c)(3) and 501(c)(4) organizations must com   | plete all columns. All oth | er organizations must co     | omplete column (A).                 |                                       |
|----------|--|----------------------------|------------------------------|-------------------------------------|---------------------------------------|
|          | Check if Schedule O contains a respon  |                            |                              |                                     | X                                     |
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                   | (A)<br>Total expenses      | (B) Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations  |                            | ·                            |                                     | ·                                     |
|          | and domestic governments. See Part IV, line 21   |                            |                              |                                     |                                       |
| 2        | Grants and other assistance to domestic  |                            |                              |                                     |                                       |
|          | individuals. See Part IV, line 22  |                            |                              |                                     |                                       |
| 3        | Grants and other assistance to foreign   |                            |                              |                                     |                                       |
|          | organizations, foreign governments, and foreign  |                            |                              |                                     |                                       |
|          | individuals. See Part IV, lines 15 and 16  |                            |                              |                                     |                                       |
| 4        | Benefits paid to or for members  |                            |                              |                                     |                                       |
| 5        | Compensation of current officers, directors,   |                            |                              |                                     |                                       |
|          | trustees, and key employees  | 240,921.                   | 160,900.                     | 54,516.                             | 25,505.                               |
| 6        | Compensation not included above, to disqualified   |                            |                              |                                     |                                       |
|          | persons (as defined under section 4958(f)(1)) and  |                            |                              |                                     |                                       |
|          | persons described in section 4958(c)(3)(B)   |                            |                              |                                     |                                       |
| 7        | Other salaries and wages   | 859,303.                   | 576,138.                     | 142,469.                            | 140,696.                              |
| 8        | Pension plan accruals and contributions (include   |                            |                              |                                     |                                       |
|          | section 401(k) and 403(b) employer contributions)  |                            |                              |                                     |                                       |
| 9        | Other employee benefits  |                            |                              |                                     |                                       |
| 10       | Payroll taxes  |                            |                              |                                     |                                       |
| 11       | Fees for services (non-employees):   |                            |                              |                                     |                                       |
| а        | Management   |                            |                              |                                     |                                       |
| b        | Legal  | 5,058.                     | 3,799.                       | 683.                                | 576.                                  |
| С        | •  | 18,874.                    | 12,644.                      | 3,379.                              | 2,851.                                |
| d        | ,  |                            |                              |                                     |                                       |
| е        | , , , , , , , , , , , , , , , , , , ,  |                            |                              |                                     |                                       |
| f        | Investment management fees   |                            |                              |                                     |                                       |
| g        | ,  | 221 621                    | 205 422                      | 16 067                              | 10 101                                |
|          | column (A) amount, list line 11g expenses on Sch O.)   | 231,631.                   | 205,433.                     | 16,067.                             | 10,131.                               |
| 12       | Advertising and promotion  | 10,655.                    | 10,455.                      | 17,486.                             | 62,707.                               |
| 13       | Office expenses  | 186,564.<br>69,904.        | 106,371.<br>64,339.          | 2,046.                              | 3,519.                                |
| 14       | Information technology   | 03,304.                    | 04,339.                      | 2,040.                              | 3,313.                                |
| 15       | Royalties  | 122,529.                   | 82,164.                      | 21,893.                             | 18,472.                               |
| 16       | Occupancy  | 161,414.                   | 155,491.                     | 1,078.                              | 4,845.                                |
| 17       | Travel   | 101,414.                   | 133,431.                     | 1,070.                              | 4,045.                                |
| 18       | Payments of travel or entertainment expenses   |                            |                              |                                     |                                       |
| 40       | for any federal, state, or local public officials  | 136,369.                   | 104,134.                     | 22,975.                             | 9,260.                                |
| 19       | Conferences, conventions, and meetings   | 130,309.                   | TOT, TOT.                    | 44,910                              | ٠, ۵٠٠٠                               |
| 20       |  |                            |                              |                                     |                                       |
| 21<br>22 | Payments to affiliates   | 20,879.                    | 15,180.                      | 3,091.                              | 2,608.                                |
| 23       | ,  | 14,794.                    | 9,910.                       | 2,649.                              | 2,235.                                |
| 23<br>24 | Other expenses. Itemize expenses not covered   | ,,,,,,                     | 2,3200                       | =, 0 = 0 •                          | =,255                                 |
|          | 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 0.) |                            |                              |                                     |                                       |
| а        | DEMILIDA OF CDAMM FILINDS  | 34,995.                    |                              | 34,995.                             |                                       |
| b        | MEMBERSHIPS  | 12,851.                    | 967.                         | 25.                                 | 11,859.                               |
| c        | AWARDS & SCHOLARSHIPS  | 5,829.                     | 5,829.                       |                                     | · · · · · · · · · · · · · · · · · · · |
| d        | MISCELLANEOUS  | 1,615.                     | 64.                          | 919.                                | 632.                                  |
|          | All other expenses   |                            |                              |                                     |                                       |
| 25       | Total functional expenses. Add lines 1 through 24e   | 2,134,185.                 | 1,513,818.                   | 324,271.                            | 296,096.                              |
| 26       | Joint costs. Complete this line only if the organization                                     |                            |                              |                                     |                                       |
|          | reported in column (B) joint costs from a combined   |                            |                              |                                     |                                       |
|          | educational campaign and fundraising solicitation.   |                            |                              |                                     |                                       |
|          | Check here if following SOP 98-2 (ASC 958-720)   |                            |                              |                                     |                                       |
|          |  |                            |                              |                                     | Earm <b>990</b> (2014)                |

# Form 990 (2014) Part X Balance Sheet

| Pai           | rt X | Balance Sheet   |                                 |     |                           |
|---------------|------|---|---------------------------------|-----|---------------------------|
|               |      | Check if Schedule O contains a response or note to any line in this Part X        |                                 |     |                           |
|               |      |   | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|               | 1    | Cash - non-interest-bearing   | 827,827.                        | 1   | 845,661.                  |
|               | 2    | Savings and temporary cash investments  |                                 | 2   | 238,597.                  |
|               | 3    | Pledges and grants receivable, net  | 78,967.                         | 3   | 179,621.                  |
|               | 4    | Accounts receivable, net  | 328,108.                        | 4   | 38,593.                   |
|               | 5    | Loans and other receivables from current and former officers, directors,          |                                 |     |                           |
|               |      | trustees, key employees, and highest compensated employees. Complete              |                                 |     |                           |
|               |      | Part II of Schedule L   |                                 | 5   |                           |
|               | 6    | Loans and other receivables from other disqualified persons (as defined under     |                                 |     |                           |
|               |      | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |                                 |     |                           |
|               |      | employers and sponsoring organizations of section 501(c)(9) voluntary             |                                 |     |                           |
| S             |      | employees' beneficiary organizations (see instr). Complete Part II of Sch L       |                                 | 6   |                           |
| Assets        | 7    | Notes and loans receivable, net   |                                 | 7   |                           |
| As            | 8    | Inventories for sale or use   |                                 | 8   |                           |
|               | 9    | Prepaid expenses and deferred charges   | 12,167.                         | 9   | 28,239.                   |
|               |      | Land, buildings, and equipment: cost or other                                     |                                 |     |                           |
|               | 104  | basis. Complete Part VI of Schedule D 10a 177, 076.                               |                                 |     |                           |
|               | h    | Less: accumulated depreciation 10b 112,729.                                       | 43,456.                         | 10c | 64,347.                   |
|               | 11   | Investments - publicly traded securities  | 178,789.                        | 11  | 587,301.                  |
|               | 12   | Investments - other securities. See Part IV, line 11                              | 27077030                        | 12  | 307,3020                  |
|               | 13   | Investments - program-related. See Part IV, line 11                               |                                 | 13  |                           |
|               | 14   | Intangible assets   |                                 | 14  |                           |
|               | 15   | Other assets. See Part IV, line 11  | 7,357.                          | 15  | 66,015.                   |
|               | 16   | Total assets. Add lines 1 through 15 (must equal line 34)                         | 1,476,671.                      | 16  | 2,048,374.                |
|               | 17   | Accounts payable and accrued expenses   | 84,363.                         | 17  | 42,447.                   |
|               | 18   | Grants payable and accided expenses   | 01/0000                         | 18  |                           |
|               | 19   | Deferred revenue  | 50,000.                         | 19  |                           |
|               | 20   | Tax-exempt bond liabilities   |                                 | 20  |                           |
|               | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D             |                                 | 21  |                           |
| ω             | 22   | Loans and other payables to current and former officers, directors, trustees,     |                                 |     |                           |
| Liabilities   |      | key employees, highest compensated employees, and disqualified persons.           |                                 |     |                           |
| ig            |      | Complete Part II of Schedule L  |                                 | 22  |                           |
| Ë             | 23   | Secured mortgages and notes payable to unrelated third parties                    |                                 | 23  |                           |
|               | 24   | Unsecured notes and loans payable to unrelated third parties                      |                                 | 24  |                           |
|               | 25   | Other liabilities (including federal income tax, payables to related third        |                                 |     |                           |
|               |      | parties, and other liabilities not included on lines 17-24). Complete Part X of   |                                 |     |                           |
|               |      | Schedule D  | 14,741.                         | 25  | 30,227.                   |
|               | 26   | Total liabilities. Add lines 17 through 25  | 149,104.                        | 26  | 72,674.                   |
|               |      | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and                  |                                 |     |                           |
| S             |      | complete lines 27 through 29, and lines 33 and 34.                                |                                 |     |                           |
| nce           | 27   | Unrestricted net assets   | 655,862.                        | 27  | 838,615.                  |
| Fund Balances | 28   | Temporarily restricted net assets   | 671,705.                        | 28  | 1,137,085.                |
| В             | 29   | Permanently restricted net assets   |                                 | 29  |                           |
| Ξ             |      | Organizations that do not follow SFAS 117 (ASC 958), check here ▶                 |                                 |     |                           |
|               |      | and complete lines 30 through 34.   |                                 |     |                           |
| ets           | 30   | Capital stock or trust principal, or current funds                                |                                 | 30  |                           |
| Ass           | 31   | Paid-in or capital surplus, or land, building, or equipment fund                  |                                 | 31  |                           |
| Net Assets or | 32   | Retained earnings, endowment, accumulated income, or other funds                  |                                 | 32  |                           |
| Z             | 33   | Total net assets or fund balances   | 1,327,567.                      | 33  | 1,975,700.                |
|               | 34   | Total liabilities and net assets/fund balances                                    | 1,476,671.                      | 34  | 2,048,374.                |

Form **990** (2014)

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

Form 990 (2014)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

➤ 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

| Pa    | rt I  | Reason for Public   | Charity Status (        | All organizations must co                          | omplete th    | is part.) Se | ee instructions.                    |                                   |  |  |  |  |  |
|-------|-------|---|-------------------------|--|---------------|--------------|-------------------------------------|-----------------------------------|--|--|--|--|--|
| The ( | organ | ization is not a private found  | lation because it is: ( | (For lines 1 through 11, o                         | check only    | one box.)    |                                     |                                   |  |  |  |  |  |
| 1     |       | A church, convention of ch  |                         |  |               |              | )(A)(i).                            |                                   |  |  |  |  |  |
| 2     |       | A school described in <b>sect</b>   |                         |  |               | ٠, ٨         | X X7                                |                                   |  |  |  |  |  |
| 3     |       | A hospital or a cooperative   |                         | ·  | ection 170    | γьγ1γΔγii    | i)                                  |                                   |  |  |  |  |  |
| 4     | Ħ     | A medical research organiz  |                         |  |               |              | -                                   | the hospital's name               |  |  |  |  |  |
| •     |       | city, and state:  | ation operated in co    | rijanotion with a noopita                          | 1 40001160    | 3 111 000010 | ii ii o(b)( i)(A)(iii)i Entor       | the neophal o name,               |  |  |  |  |  |
| 5     |       | An organization operated for  | or the benefit of a co  | llogo or university owne                           | d or opera    | tod by a g   | avornmental unit describ            | and in                            |  |  |  |  |  |
| 3     |       | •   |                         | mege of university owne                            | u or opera    | ted by a go  | overninental unit descrit           | Ded III                           |  |  |  |  |  |
|       |       | section 170(b)(1)(A)(iv). (C  |                         |  |               | 70/5//4//4/  | (. A                                |                                   |  |  |  |  |  |
| 6     | X     | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in |                         |  |               |              |                                     |                                   |  |  |  |  |  |
| 7     | 22    |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
| _     |       | section 170(b)(1)(A)(vi). (C  | . ,                     | (4VAV 1) (0  |               |              |                                     |                                   |  |  |  |  |  |
| 8     | Н     | A community trust describe  |                         |  |               |              |                                     |                                   |  |  |  |  |  |
| 9     | Ш     | An organization that norma  |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       | activities related to its exen  |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       | income and unrelated busing   |                         | (less section 511 tax) fr                          | om busine     | sses acqu    | ired by the organization            | after June 30, 1975.              |  |  |  |  |  |
|       |       | See <b>section 509(a)(2).</b> (Con  |                         |  |               |              |                                     |                                   |  |  |  |  |  |
| 10    | Н     | An organization organized a   | =                       | •  |               |              |                                     |                                   |  |  |  |  |  |
| 11    |       | An organization organized a   | •                       |  |               |              |                                     | • •                               |  |  |  |  |  |
|       |       | more publicly supported or  |                         |  |               |              |                                     | Check the box in                  |  |  |  |  |  |
|       |       | lines 11a through 11d that  |                         |  |               | •            |                                     |                                   |  |  |  |  |  |
| а     |       | ☐ Type I. A supporting orga   | •                       |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       | the supported organization  |                         |  | a majority    | of the dired | ctors or trustees of the s          | supporting                        |  |  |  |  |  |
|       |       | organization. <b>You must o</b>   | - ·                     |  | 1             |              |                                     |                                   |  |  |  |  |  |
| b     |       |   | <del>-</del>            |  |               |              |                                     | -                                 |  |  |  |  |  |
|       |       | control or management o   |                         |  | ame perso     | ons that co  | entrol or manage the sup            | pported                           |  |  |  |  |  |
|       |       | organization(s). <b>You mus</b>   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
| С     |       |   | - :                     |  |               |              | · ·                                 | ed with,                          |  |  |  |  |  |
|       |       | its supported organizatio   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
| d     |       |   |                         |  |               |              |                                     | • •                               |  |  |  |  |  |
|       |       | that is not functionally int  | -                       | - ·  | •             |              |                                     | iveness                           |  |  |  |  |  |
|       |       | requirement (see instruct   | •                       | -  |               |              |                                     |                                   |  |  |  |  |  |
| е     |       | ☐ Check this box if the orga  |                         |  |               |              | Type I, Type II, Type III           |                                   |  |  |  |  |  |
|       |       | functionally integrated, or   |                         | ,            | 0 0           |              |                                     |                                   |  |  |  |  |  |
| f     |       | er the number of supported o  |                         |  |               |              |                                     |                                   |  |  |  |  |  |
| g     |       | vide the following information  |                         | <del> </del>                                       | (iv) la tha a | ranization   | (.) A                               | (-d) A                            |  |  |  |  |  |
|       | (     | <ul><li>i) Name of supported<br/>organization</li></ul>   | (ii) EIN                | (iii) Type of organization (described on lines 1-9 | listed i      | n your       | (v) Amount of monetary support (see | (vi) Amount of other support (see |  |  |  |  |  |
|       |       | organization  |                         | above or IRC section                               | governing     |              | Instructions)                       | Instructions)                     |  |  |  |  |  |
|       |       |   |                         | (see instructions))                                | Yes           | No           | ,                                   | ,                                 |  |  |  |  |  |
|       |       |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
|       |       |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |
| Гotа  | ıl    |   |                         |  |               |              |                                     |                                   |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Section A. Public Support |   |                      |                      |                           |                    |                     |                |  |  |  |  |
|---------------------------|---|----------------------|----------------------|---------------------------|--------------------|---------------------|----------------|--|--|--|--|
| Cale                      | ndar year (or fiscal year beginning in) 🕨       | (a) 2010             | <b>(b)</b> 2011      | (c) 2012                  | (d) 2013           | (e) 2014            | (f) Total      |  |  |  |  |
| 1                         | Gifts, grants, contributions, and               |                      |                      |                           |                    |                     |                |  |  |  |  |
|                           | membership fees received. (Do not               |                      |                      |                           |                    |                     |                |  |  |  |  |
|                           | include any "unusual grants.")                  | 1326750.             | 1116408.             | 1455354.                  | 1563563.           | 2229650.            | 7691725.       |  |  |  |  |
| 2                         | Tax revenues levied for the organ-              |                      |                      |                           |                    |                     |                |  |  |  |  |
|                           | ization's benefit and either paid to            |                      |                      |                           |                    |                     |                |  |  |  |  |
|                           | or expended on its behalf                       |                      |                      |                           |                    |                     |                |  |  |  |  |
| 3                         | The value of services or facilities             |                      |                      |                           |                    |                     | _              |  |  |  |  |
|                           | furnished by a governmental unit to             |                      |                      |                           |                    |                     |                |  |  |  |  |
|                           | the organization without charge                 |                      |                      |                           |                    |                     |                |  |  |  |  |
| 4                         | Total. Add lines 1 through 3                    | 1326750.             | 1116408.             | 1455354.                  | 1563563.           | 2229650.            | 7691725.       |  |  |  |  |
| 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)                                      |                      |                      |                           |                    |                     | 2793903.       |  |  |  |  |
| 6                         | Public support. Subtract line 5 from line 4.    |                      |                      |                           |                    |                     | 4897822.       |  |  |  |  |
|                           | ction B. Total Support                          |                      |                      |                           |                    |                     |                |  |  |  |  |
|                           | ndar year (or fiscal year beginning in)         | (a) 2010             | <b>(b)</b> 2011      | (c) 2012                  | (d) 2013           | (e) 2014            | (f) Total      |  |  |  |  |
|                           | Amounts from line 4                             | 1326750.             | 1116408.             | 1455354.                  | 1563563.           | 2229650.            | 7691725.       |  |  |  |  |
| 8                         | Gross income from interest.                     |                      |                      |                           |                    |                     |                |  |  |  |  |
| Ū                         | dividends, payments received on                 |                      |                      |                           |                    |                     |                |  |  |  |  |
|                           | securities loans, rents, royalties              |                      |                      |                           |                    |                     |                |  |  |  |  |
|                           | and income from similar sources                 | 626.                 | 1,589.               | 3,308.                    | 5,779.             | 14,677.             | 25,979.        |  |  |  |  |
| 9                         | Net income from unrelated business              |                      |                      | , , , ,                   | . ,                | ,                   | - ,            |  |  |  |  |
| Ŭ                         | 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.)                    | 9,412.               | 90,164.              | 893.                      | 668.               | 710.                | 101,847.       |  |  |  |  |
| 11                        | Total support. Add lines 7 through 10           | , ===                |                      |                           |                    |                     | 7819551.       |  |  |  |  |
| 12                        | Gross receipts from related activities,         | etc (see instruction | nns)                 |                           |                    | 12 2                | ,638,713.      |  |  |  |  |
| 13                        | <b>First five years.</b> If the Form 990 is for |                      |                      |                           |                    |                     | 7              |  |  |  |  |
|                           | organization, check this box and <b>stop</b>    |                      |                      |                           |                    |                     |                |  |  |  |  |
| Sec                       | ction C. Computation of Publ                    |                      |                      |                           |                    |                     |                |  |  |  |  |
| 14                        | Public support percentage for 2014 (I           | ine 6, column (f) d  | ivided by line 11, c | column (f))               |                    | 14                  | 62.64 %        |  |  |  |  |
| 15                        | Public support percentage from 2013             |                      |                      |                           |                    | 15                  | 63.72 %        |  |  |  |  |
| 16a                       | 33 1/3% support test - 2014. If the c           |                      |                      |                           |                    | nore, check this bo | x and          |  |  |  |  |
|                           | stop here. The organization qualifies           | as a publicly supp   | orted organization   | I                         |                    | ·                   | ightharpoons X |  |  |  |  |
| b                         | 33 1/3% support test - 2013. If the c           |                      |                      |                           |                    |                     | is box         |  |  |  |  |
|                           | and <b>stop here.</b> The organization qual     | -                    |                      |                           |                    |                     |                |  |  |  |  |
| 17a                       | 10% -facts-and-circumstances tes                |                      |                      |                           |                    |                     |                |  |  |  |  |
|                           | and if the organization meets the "fac          | ts-and-circumstan    | ces" test, check th  | nis box and <b>stop h</b> | ere. Explain in Pa | t VI how the organ  | ization        |  |  |  |  |
|                           | meets the "facts-and-circumstances"             |                      |                      | -                         |                    | -                   |                |  |  |  |  |
| b                         | 10% -facts-and-circumstances tes                |                      |                      |                           |                    |                     |                |  |  |  |  |
| -                         | more, and if the organization meets the         | -                    |                      |                           |                    |                     |                |  |  |  |  |
|                           | organization meets the "facts-and-circ          |                      | •                    |                           | •                  |                     |                |  |  |  |  |
| 18                        | Private foundation. If the organization         |                      | •                    | •                         | ,                  |                     | s •            |  |  |  |  |
|                           |   |                      |                      | , , , ,                   | ,                  |                     |                |  |  |  |  |

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

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

| Sec        | ction A. Public Support  | low, please com    | piete Part II.)      |                        |   |                      |           |
|------------|--|--------------------|----------------------|------------------------|---|----------------------|-----------|
|            | ndar year (or fiscal year beginning in)  | (a) 2010           | <b>(b)</b> 2011      | (c) 2012               | (d) 2013                                | (e) 2014             | (f) Total |
|            | Gifts, grants, contributions, and  |                    |                      | ,,                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,                   | ,,        |
|            | membership fees received. (Do not  |                    |                      |                        |   |                      |           |
|            | include any "unusual grants.")   |                    |                      | 1                      |   |                      |           |
| 2          | Gross receipts from admissions,  |                    |                      |                        |   |                      |           |
|            | merchandise sold or services per-<br>formed, or facilities furnished in              |                    |                      |                        |   |                      |           |
|            | any activity that is related to the  |                    |                      |                        |   |                      |           |
|            | organization's tax-exempt purpose  |                    |                      |                        |   |                      |           |
| 3          | Gross receipts from activities that  |                    |                      |                        |   |                      |           |
|            | are not an unrelated trade or bus-   |                    |                      |                        |   |                      |           |
|            | iness under section 513  |                    |                      |                        |   |                      |           |
| 4          | Tax revenues levied for the organ-   |                    |                      |                        |   |                      |           |
|            | ization's benefit and either paid to   |                    |                      |                        |   |                      |           |
|            | or expended on its behalf  |                    |                      |                        |   |                      |           |
| 5          | The value of services or facilities  |                    |                      |                        |   |                      |           |
|            | furnished by a governmental unit to  |                    |                      |                        |   |                      |           |
|            | the organization without charge  |                    |                      |                        |   |                      |           |
| 6          | Total. Add lines 1 through 5   |                    |                      |                        |   |                      |           |
| 7 <i>a</i> | Amounts included on lines 1, 2, and  |                    |                      |                        |   |                      |           |
|            | 3 received from disqualified persons   |                    |                      |                        |   |                      |           |
| b          | Amounts included on lines 2 and 3 received   |                    |                      |                        |   |                      |           |
|            | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the |                    |                      |                        |   |                      |           |
|            | amount on line 13 for the year   |                    |                      |                        |   |                      |           |
| c          | : Add lines 7a and 7b  |                    |                      |                        |   |                      |           |
| 8          | Public support (Subtract line 7c from line 6.)                                       |                    |                      |                        |   |                      |           |
| Sec        | ction B. Total Support   |                    |                      |                        |   |                      |           |
| Cale       | ndar year (or fiscal year beginning in) ► 🔼  | (a) 2010           | <b>(b)</b> 2011      | (c) 2012               | (d) 2013                                | (e) 2014             | (f) Total |
| 9          | Amounts from line 6  |                    |                      |                        |   |                      |           |
| 10a        | Gross income from interest,  |                    |                      |                        |   |                      |           |
|            | dividends, payments received on securities loans, rents, royalties                   | · ·                |                      |                        |   |                      |           |
|            | and income from similar sources  |                    |                      |                        |   |                      |           |
| b          | Unrelated business taxable income  |                    |                      |                        |   |                      |           |
|            | (less section 511 taxes) from businesses   |                    |                      |                        |   |                      |           |
|            | acquired after June 30, 1975   |                    |                      |                        |   |                      |           |
| c          | : Add lines 10a and 10b  |                    |                      |                        |   |                      |           |
| 11         | Net income from unrelated business   |                    |                      |                        |   |                      |           |
|            | activities not included in line 10b, whether or not the business is                  |                    |                      |                        |   |                      |           |
|            | regularly carried on   |                    |                      |                        |   |                      |           |
| 12         | Other income. Do not include gain  |                    |                      |                        |   |                      |           |
|            | or loss from the sale of capital assets (Explain in Part VI.)                        |                    |                      |                        |   |                      |           |
| 13         | Total support. (Add lines 9, 10c, 11, and 12.)                                       |                    |                      |                        |   |                      |           |
| 14         | First five years. If the Form 990 is for t   | the organization'  | s first, second, thi | rd, fourth, or fifth t | ax year as a secti                      | on 501(c)(3) organi: | zation,   |
|            | check this box and stop here   |                    |                      |                        |   |                      |           |
| Sec        | ction C. Computation of Public   | Support Pe         | rcentage             |                        |   |                      |           |
| 15         | Public support percentage for 2014 (lir  | ne 8, column (f) d | livided by line 13,  | column (f))            |   | 15                   | %         |
|            | Public support percentage from 2013  |                    |                      |                        |   | 16                   | %         |
| Sec        | ction D. Computation of Invest   | tment Incom        | e Percentage         |                        |   |                      |           |
| 17         | Investment income percentage for 201   | 4 (line 10c, colur | mn (f) divided by li | ne 13, column (f))     |   | 17                   | %         |
|            | Investment income percentage from 20   |                    |                      |                        |   | 18                   | %         |
|            | 33 1/3% support tests - 2014. If the c   |                    |                      |                        |   | 33 1/3%, and line    | 17 is not |
|            | more than 33 1/3%, check this box and  |                    |                      |                        |   |                      |           |
| b          | 33 1/3% support tests - 2013. If the o   |                    |                      |                        |   |                      |           |
|            | line 18 is not more than 33 1/3%, chec   | •                  |                      |                        | •                                       | •                    |           |
| 20         | Private foundation. If the organization  |                    |                      |                        |   |                      |           |

# Part IV | Supporting Organizations

(Complete only if you checked a box on 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.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | Yes | No |
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| Sche       | edule A (Form 990 or 990-EZ) 2014 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-337   | 912      | <b>4</b> Pa | age <b>5</b> |
|------------|--|----------|-------------|--------------|
|            | rt IV Supporting Organizations <sub>(continued)</sub>  |          |             | - J          |
|            | _  |          | Yes         | No           |
| 11         | Has the organization accepted a gift or contribution from any of the following persons?  |          |             |              |
| а          | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                     |          |             |              |
|            | below, the governing body of a supported organization?   | 11a      |             |              |
| b          | A family member of a person described in (a) above?  | 11b      |             |              |
|            | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.            | 11c      |             |              |
| <u>Sec</u> | tion B. Type I Supporting Organizations  |          |             |              |
|            | _  |          | Yes         | No           |
| 1          | Did the directors, trustees, or membership of one or more supported organizations have the power to                              |          |             |              |
|            | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the               |          |             |              |
|            | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                    |          |             |              |
|            | controlled the organization's activities. If the organization had more than one supported organization,                          |          |             |              |
|            | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                        |          |             |              |
|            | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                           | 1        |             |              |
| 2          | Did the organization operate for the benefit of any supported organization other than the supported                              |          |             |              |
|            | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                       |          |             |              |
|            | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                      |          |             |              |
|            | supervised, or controlled the supporting organization.   | 2        |             |              |
| <u>Sac</u> | tion C. Type II Supporting Organizations   |          |             |              |
| <u> </u>   | tion of Type in Supporting Organizations   |          | Yes         | Na           |
| 4          | Ware a majority of the expenization's divectors by twistons duving the tay year also a majority of the divectors                 |          | 162         | 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        |             |              |
| Sec        | etion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax            |          |             |              |
|            | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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                            |          |             |              |
|            | 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        |             |              |
| Sec        | tion E. Type III Functionally-Integrated Supporting Organizations  | <u> </u> |             |              |
|            | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions): |          |             |              |
| 1          |  |          |             |              |
| a          | The organization satisfied the Activities Test. Complete line 2 below.   |          |             |              |
| b          | The organization is the parent of each of its supported organizations. Complete line 3 below.                                    |          | ,           |              |
| С          | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru          | ctions   |             |              |
| 2          | Activities Test. Answer (a) and (b) below.   |          | Yes         | No           |
| а          | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of               |          |             |              |
|            | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                       |          |             |              |
|            | those supported organizations and explain how these activities directly furthered their exempt purposes,                         |          |             |              |
|            | how the organization was responsive to those supported organizations, and how the organization determined                        |          |             |              |
|            | that these activities constituted substantially all of its activities.   | 2a       |             |              |
| b          | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more              |          |             |              |
|            | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                     |          |             |              |
|            | reasons for the organization's position that its supported organization(s) would have engaged in these                           |          |             |              |
|            | 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                      |          |             |              |
| u          | trustees of each of the supported organizations? Provide details in <i>Part VI</i> .   | За       |             |              |
| h          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each              | 54       |             |              |
|            | big the organization exercises a easternial adgree of direction ever the policies, programs, and activities of Cacil             |          |             |              |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2014 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 6

| Pa   | Type III Non-Functionally Integrated 509(a)(3) Supporting                         | Orga    | anizations                         | Ţ .                            |
|------|---|---------|------------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying   | trust o | n Nov. 20, 1970. <b>See instru</b> | ctions. All                    |
|      | other Type III non-functionally integrated supporting organizations must com      | plete S | Sections A through E.              |                                |
| Sect | ion A - Adjusted Net Income   |         | (A) Prior Year                     | (B) Current Year               |
|      | on A Adjusted Net modific   |         | (A) Thor real                      | (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       |                                    |                                |
| Sect | ion B - Minimum Asset Amount  |         | (A) Prior Year                     | (B) Current Year<br>(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):                 |         |                                    |                                |
| а    | Average monthly value of securities   | 1a      |                                    |                                |
| b    | Average monthly cash balances   | 1b      |                                    |                                |
| с    | Fair market value of other non-exempt-use assets                                  | 1c      |                                    |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d      |                                    |                                |
| е    | Discount claimed for blockage or other  |         |                                    |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                   |         |                                    |                                |
| 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       |                                    |                                |
| Sect | ion 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-functionally- | integra | ated Type III supporting orga      | anization (see                 |
|      | instructions).  |         |                                    |                                |

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 7

| Par   | ፕ V   Type II      | I Non-Functionally Integrated 509                    | (a)(3) Supporting Orga        | anizations <sub>(continued)</sub> |                 |
|-------|--------------------|--|-------------------------------|-----------------------------------|-----------------|
| Secti | ion D - Distribut  | ions   |                               | ,                                 | Current Year    |
| 1     | Amounts paid to    | supported organizations to accomplish exe            | mpt purposes                  |                                   |                 |
| 2     | Amounts paid to    | perform activity that directly furthers exemp        | ot purposes of supported      |                                   |                 |
|       | organizations, ir  | n excess of income from activity                     |                               |                                   |                 |
| 3     | Administrative e   | expenses paid to accomplish exempt purpose           | es of supported organizatior  | ns                                |                 |
| 4     | Amounts paid to    | acquire exempt-use assets                            |                               |                                   |                 |
| 5     | Qualified set-asi  | de amounts (prior IRS approval required)             |                               |                                   |                 |
| 6     | Other distribution | ons (describe in <b>Part VI</b> ). See instructions. |                               |                                   |                 |
| 7     | Total annual di    | stributions. Add lines 1 through 6.                  |                               |                                   |                 |
| 8     | Distributions to   | attentive supported organizations to which the       | he organization is responsive | e                                 |                 |
|       |                    | in <b>Part VI</b> ). See instructions.               | •                             |                                   |                 |
| 9     | Distributable am   | nount for 2014 from Section C, line 6                |                               |                                   |                 |
| 10    | Line 8 amount o    | livided by Line 9 amount                             |                               |                                   |                 |
|       |                    | •  | (i)                           | (ii)                              | (iii)           |
|       |                    |  | Excess Distributions          | Underdistributions                | Distributable   |
| secti | ion E - Distributi | ion Allocations (see instructions)                   |                               | Pre-2014                          | Amount for 2014 |
| 1     | Distributable am   | nount for 2014 from Section C, line 6                |                               |                                   |                 |
| 2     | Underdistributio   | ons, if any, for years prior to 2014                 |                               |                                   |                 |
|       |                    | se required-see instructions)                        |                               |                                   |                 |
| 3     | Excess distribut   | ions carryover, if any, to 2014:                     |                               |                                   |                 |
| а     |                    | •  |                               |                                   |                 |
| b     |                    |  |                               |                                   |                 |
| С     |                    |  |                               |                                   |                 |
| d     |                    |  |                               |                                   |                 |
| е     | From 2013          |  |                               |                                   |                 |
| f     | Total of lines 3a  | through e  |                               |                                   |                 |
|       |                    | rdistributions of prior years                        |                               |                                   |                 |
| h     | Applied to 2014    | distributable amount                                 |                               |                                   |                 |
| i     | Carryover from 2   | 2009 not applied (see instructions)                  |                               |                                   |                 |
| j     | Remainder. Sub     | stract lines 3g, 3h, and 3i from 3f.                 |                               |                                   |                 |
| 4     | Distributions for  | 2014 from Section D,                                 |                               |                                   |                 |
|       | line 7:            | \$   |                               |                                   |                 |
| а     | Applied to unde    | rdistributions of prior years                        |                               |                                   |                 |
| b     | Applied to 2014    | distributable amount                                 |                               |                                   |                 |
| С     | Remainder. Sub     | stract lines 4a and 4b from 4.                       |                               |                                   |                 |
| 5     | Remaining unde     | erdistributions for years prior to 2014, if          |                               |                                   |                 |
|       | any. Subtract lir  | nes 3g and 4a from line 2 (if amount                 |                               |                                   |                 |
|       | greater than zer   | o, see instructions).                                |                               |                                   |                 |
| 6     | Remaining under    | erdistributions for 2014. Subtract lines 3h          |                               |                                   |                 |
|       | and 4b from line   | e 1 (if amount greater than zero, see                |                               |                                   |                 |
|       | instructions).     |  |                               |                                   |                 |
| 7     | Excess distribu    | itions carryover to 2015. Add lines 3j               |                               |                                   |                 |
|       | and 4c.            |  |                               |                                   |                 |
| 8     | Breakdown of li    | ne 7:  |                               |                                   |                 |
| а     |                    |  |                               |                                   |                 |
| b     |                    |  |                               |                                   |                 |
| С     |                    |  |                               |                                   |                 |
| d     | Excess from 20     | 13   |                               |                                   |                 |
| _     | Excess from 20     | 14   |                               |                                   |                 |

Schedule A (Form 990 or 990-EZ) 2014

| rt VI | <b>Supplemental Information.</b> 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). |
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### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

| Organiza  | ation type (check or   | ne):   |
|-----------|--|--|
| Filers of |  | Section:   |
| Form 990  | or 990-EZ  | $\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization   |
|           |  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |
|           |  | 527 political organization   |
| Form 990  | )-PF   | 501(c)(3) exempt private foundation  |
|           |  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |
|           |  | 501(c)(3) taxable private foundation   |
| Check if  | your organization is   | covered by the General Rule or a Special Rule.   |
| Note. Or  | ly a section 501(c)(   | 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  |
| General   | Rule   |  |
|           |  | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   |
| Special I | Rules  |  |
|           | sections 509(a)(1) a<br>any one contributor                      | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.  |
|           | year, total contribut  | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.  |
|           | year, contributions<br>is checked, enter h<br>purpose. Do not co | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year |
| but it mu | st answer "No" on  | at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

# DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed.         |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          | ASTRAZENECA  1800 CONCORD PIKE, PO BOX 15437  WILMINGTON, DE 19850            | \$ <u>143,800.</u>         | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          | ELI LILLY  4341 S. WESTNEDGE AVE SUITE 1200  KALAMAZOO, MI 49008              | \$ 75,000.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          | FOREST LABORATORIES  909 THIRD AVENUE  NEW YORK, NY 10022                     | \$60,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 4          | ANONYMOUS   | \$99,839.                  | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 5          | TAKEDA PHARMACEUTICALS  ONE TAKEDA PARKWAY  DEERFIELD, IL 60015               | \$ 333,000.                | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 6          | OTSUKA AMERICA PHARMACEUTICAL, INC.  2400 RESEARCH BLVD.  ROCKVILLE, MD 20850 | \$                         | Person X Payroll   |

Name of organization

Employer identification number

# DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl spa          | ice is needed.             |  |
|------------|---|-----------------|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   |                 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 7          | ANONYMOUS   | \$ <sub>-</sub> | 185,000.                   | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   |                 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 8          | SUNOVION  84 WATERFORD DRIVE  MARLBOROUGH, MA 01752                           | \$_             | 200,000.                   | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   |                 | (c) Total contributions    | (d)<br>Type of contribution  |
| 9          | TEVA  1090 HORSHAM ROAD  NORTH WALES, PA 19454-1090                           | \$_             | 170,000.                   | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   |                 | (c)<br>Total contributions | (d) Type of contribution   |
| 10         | LUNDBECK  4 PARKWAY NORTH, SUITE 200  DEERFIELD, IL 60015                     | \$_             | 110,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   |                 | (c)<br>Total contributions | (d) Type of contribution   |
| 11         | THE BALANCED MIND FOUNDATION  55 E. JACKSON  CHICAGO, IL 60604                | \$ <sub>-</sub> | 101,737.                   | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   |                 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 12         | J MAURITS HUDIG   |                 |                            | Person X   |
|            | 44 EDGEMONT ROAD  | \$_             | 48,200.                    | Payroll Noncash  |
|            | MONTCLAIR, NJ 07042   |                 |                            | (Complete Part II for noncash contributions.)                          |

# DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

| Part II                                       | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed.                     |                               |
|---|---|--|-------------------------------|
| (a)<br>No.<br>from<br>Part I                  | (b)  Description of noncash property given                                | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received          |
|   | STOCK   |  |                               |
| $\frac{4}{0000000000000000000000000000000000$ |   |  |                               |
|   |   | \$99,839.                                      | 09/05/14                      |
| (a)<br>No.<br>from<br>Part I                  | (b)  Description of noncash property given                                | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received          |
|   |   | \$   |                               |
| (a)<br>No.<br>from<br>Part I                  | (b) Description of noncash property given                                 | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received          |
|   |   | \$   |                               |
| (a)<br>No.<br>from<br>Part I                  | (b)  Description of noncash property given                                | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received          |
|   |   | \$   |                               |
| (a)<br>No.<br>from<br>Part I                  | (b)  Description of noncash property given                                | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received          |
|   |   | \$   |                               |
| (a)<br>No.<br>from<br>Part I                  | (b)  Description of noncash property given                                | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received          |
| _   |   | \$   | 990. 990-EZ. or 990-PF) (2014 |

Name of organization Employer identification number 36-3379124 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (<u>a)</u> No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

**Employer identification number** 36-3379124

| Pai | t I Organizations Maintaining Donor Advise                         | d Funds or Other Similar Funds              | or Accounts.Complete if the                |
|-----|--|---|--|
|     | organization answered "Yes" to Form 990, Part IV, line             | e 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 v     | writing that the assets held in donor advis | ed funds                                   |
|     | are the organization's property, subject to the organization's     | _   |  |
| 6   | Did the organization inform all grantees, donors, and donor a      |   |  |
| •   | for charitable purposes and not for the benefit of the donor o     |   |  |
|     |  |   |  |
| Pai |  |   |  |
| 1   | Purpose(s) of conservation easements held by the organization      |   | ,  |
|     | Preservation of land for public use (e.g., recreation or e         |   | orically important land area               |
|     | Protection of natural habitat                                      | Preservation of a cert                      |  |
|     | Preservation of open space   |   |  |
| 2   | Complete lines 2a through 2d if the organization held a qualif     | ied conservation contribution in the form   | of a conservation easement on the last     |
|     | day of the tax year.   |   |  |
|     | au, or ano tan your.   |   | Held at the End of the Tax Year            |
| а   | Total number of conservation easements                             |   | 2a   |
| b   |  |   |  |
| c   | Number of conservation easements on a certified historic stru      |   |  |
| d   | Number of conservation easements included in (c) acquired a        |   |  |
| _   | listed in the National Register                                    |   |  |
| 3   | Number of conservation easements modified, transferred, rel        |   |  |
| _   | year >   | ,     | 9  |
| 4   | Number of states where property subject to conservation eas        | sement is located                           |  |
| 5   | Does the organization have a written policy regarding the per      |   |  |
| _   | violations, and enforcement of the conservation easements it       |   | Yes No                                     |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,       |   |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and         |   |  |
| 8   | Does each conservation easement reported on line 2(d) abov         |   |  |
|     | and section 170(h)(4)(B)(ii)?                                      |   |  |
| 9   | In Part XIII, describe how the organization reports conservation   |   |  |
|     | include, if applicable, the text of the footnote to the organizat  |   |  |
|     | conservation easements.  |   | S S  |
| Pai | t III Organizations Maintaining Collections of                     | f Art, Historical Treasures, or O           | ther Similar Assets.                       |
|     | Complete if the organization answered "Yes" to Form                |   |  |
| 1a  | If the organization elected, as permitted under SFAS 116 (AS       | C 958), not to report in its revenue staten | nent and balance sheet works of art,       |
|     | historical treasures, or other similar assets held for public exh  |   |  |
|     | the text of the footnote to its financial statements that descril  |   |  |
| b   | If the organization elected, as permitted under SFAS 116 (AS       |   | and balance sheet works of art, historical |
|     | treasures, or other similar assets held for public exhibition, ed  |   |  |
|     | relating to these items:   | ,   | ,1   |
|     | (i) Revenue included in Form 990, Part VIII, line 1                |   | <b>&gt;</b> \$                             |
|     |  |   |  |
| 2   | If the organization received or held works of art, historical trea |   |  |
| -   | the following amounts required to be reported under SFAS 1:        | •   | J , , ,                                    |
| а   | Revenue included in Form 990, Part VIII, line 1                    |   | <b>&gt;</b> \$                             |
|     | Assets included in Form 990, Part X                                |   |  |
|     |  |   |  |

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

Schedule D (Form 990) 2014

|        | t III Organizations Maintaining C                | Collections of A       |               |            |                 |            |                    |           | ts/continu |          | .ge <b>z</b> |
|--------|--|------------------------|---------------|------------|-----------------|------------|--------------------|-----------|------------|----------|--------------|
| 3      | Using the organization's acquisition, access     |                        |               |            |                 |            |                    |           |            |          |              |
| ·      | (check all that apply):                          |                        |               |            |                 |            |                    |           |            |          |              |
| а      |  |                        |               |            |                 |            |                    |           |            |          |              |
| b      |  |                        |               |            |                 |            |                    |           |            |          |              |
| c      |  |                        |               |            |                 |            |                    |           |            |          |              |
| 4      | Provide a description of the organization's c    | ollections and explain | n how they    | further t  | he organizatio  | n's exem   | nnt nurno          | se in Par | t XIII     |          |              |
| 5      | During the year, did the organization solicit of |                        |               |            |                 |            |                    |           | .,         |          |              |
| _      | to be sold to raise funds rather than to be m    |                        |               |            |                 |            |                    |           | Yes        |          | No           |
| Par    | t IV   Escrow and Custodial Arran                |                        |               |            |                 |            |                    |           | ine 9, or  |          |              |
|        | reported an amount on Form 990, Pa               | •                      | _             |            |                 |            | ,                  | ,         | ,          |          |              |
| 1a     | Is the organization an agent, trustee, custod    | ian or other intermed  | diary for con | tribution  | ns or other ass | ets not i  | ncluded            |           |            |          |              |
|        | on Form 990, Part X?                             |                        |               |            |                 |            |                    |           | Yes        |          | No           |
| b      | If "Yes," explain the arrangement in Part XIII   |                        |               |            |                 |            |                    |           |            |          |              |
|        |  | ·                      |               |            |                 |            |                    |           | Amount     |          |              |
| С      | Beginning balance                                |                        |               |            |                 |            | 1c                 |           |            |          |              |
|        | Additions during the year                        |                        |               |            |                 |            |                    |           |            |          |              |
|        | Distributions during the year                    |                        |               |            |                 |            |                    |           |            |          |              |
| f      | Ending balance                                   |                        |               |            |                 |            |                    |           |            |          |              |
| 2a     | Did the organization include an amount on F      |                        |               |            |                 |            |                    |           | Yes        |          | No           |
| b      | If "Yes," explain the arrangement in Part XIII   |                        |               |            |                 |            |                    |           |            |          | ĺ            |
| Par    | t V Endowment Funds. Complete                    | if the organization an | swered "Ye    | s" to Fo   | rm 990, Part I  | V, line 10 | ).                 |           |            |          |              |
|        |  | (a) Current year       | (b) Prior     | year       | (c) Two years   | back (     | <b>d)</b> Three ye | ears back | (e) Four   | ears l   | oack         |
| 1a     | Beginning of year balance                        |                        |               |            |                 |            |                    |           |            |          |              |
| b      | Contributions                                    |                        |               |            |                 |            |                    |           |            |          |              |
| С      | Net investment earnings, gains, and losses       |                        |               |            |                 |            |                    |           |            |          |              |
| d      | Grants or scholarships                           |                        |               |            |                 |            |                    |           |            |          |              |
| е      | Other expenditures for facilities                |                        |               |            |                 |            |                    |           |            |          |              |
|        | and programs                                     |                        |               |            |                 |            |                    |           |            |          |              |
| f      | Administrative expenses                          |                        |               |            |                 |            |                    |           |            |          |              |
| g      | End of year balance                              |                        |               |            |                 |            |                    |           |            |          |              |
| 2      | Provide the estimated percentage of the cur      | rent year end balanc   | e (line 1g, c | olumn (a   | a)) held as:    |            |                    |           |            |          |              |
| а      | Board designated or quasi-endowment              |                        | _%            |            |                 |            |                    |           |            |          |              |
| b      | Permanent endowment >                            | %                      |               |            |                 |            |                    |           |            |          |              |
| С      | Temporarily restricted endowment ▶               | %                      |               |            |                 |            |                    |           |            |          |              |
|        | The percentages in lines 2a, 2b, and 2c show     | uld equal 100%.        |               |            |                 |            |                    |           |            |          |              |
| 3a     | Are there endowment funds not in the posse       | ession of the organiza | ation that ar | e held a   | and administer  | ed for th  | e organiz          | ation     | _          |          |              |
|        | by:  |                        |               |            |                 |            |                    |           | <u>`</u>   | Yes      | No           |
|        | (i) unrelated organizations                      |                        |               |            |                 |            |                    |           | 3a(i)      |          |              |
|        |  |                        |               |            |                 |            |                    |           | 3a(ii)     |          |              |
| b      | If "Yes" to 3a(ii), are the related organization |                        |               |            |                 |            |                    |           | 3b         |          |              |
| 4      | Describe in Part XIII the intended uses of the   |                        | wment fund    | ls.        |                 |            |                    |           |            |          |              |
| Par    | t VI Land, Buildings, and Equipn                 |                        |               |            |                 |            |                    |           |            |          |              |
|        | Complete if the organization answere             |                        |               |            |                 |            |                    |           |            |          |              |
|        | Description of property                          | (a) Cost or o          |               |            | t or other      |            | cumulate           | d         | (d) Book   | value    | )            |
|        |  | basis (investr         | nent)         | pasis      | (other)         | depi       | reciation          |           |            |          |              |
|        | Land   |                        |               |            |                 |            |                    |           |            |          |              |
|        | Buildings  |                        |               |            | 0 252           |            | 20 25              | -         |            |          | 0.           |
|        | Leasehold improvements                           |                        |               |            | 9,353.          |            | 39,35              |           |            |          | 0.           |
|        | Equipment  |                        |               |            | 5,634.          |            | 55,63              |           | <i>C</i> 1 | 2        | 0.           |
|        | Other  |                        | V ==1 ::: '   |            | 22,089.         |            | 17,74              | ±4.       |            | , 34     |              |
| ı otal | . Add lines 1a through 1e. (Column (d) must e    | uuai rorm 990. Part    | л. coiumn (i  | 5). iine i | IUC.)           |            |                    |           | 04         | ,, ,, ,, | # / ·        |

Schedule D (Form 990) 2014

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

| Part VII Investments - O | ther Securities. |
|--------------------------|------------------|
|--------------------------|------------------|

| - dill in detailed the detailed   |                            |   |
|---|----------------------------|---|
| Complete if the organization answered "Yes"                               | to Form 990, Part IV, line | 11b. See Form 990, Part X, line 12.                       |
| (a) Description of security or category (including name of security)      | (b) Book value             | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives   |                            |   |
| (2) Closely-held equity interests   |                            |   |
| (3) Other   |                            |   |
| (A)   |                            |   |
| (B)   |                            |   |
| (C)   |                            |   |
| (D)   |                            |   |
| (E)   |                            |   |
| (F)   |                            |   |
| (G)   |                            |   |
| (H)   |                            |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                            |   |
| Part VIII Investments - Program Related.                                  |                            |   |
| Complete if the organization answered "Yes"                               | to Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.                       |
| (a) Description of investment   | (b) Book value             | (c) Method of valuation: Cost or end-of-year market value |
| (1)   |                            |   |
| (2)   |                            |   |
| (3)   |                            |   |
| (4)   |                            |   |
| (5)   |                            |   |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(6) (7) (8) (9)

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

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

Part X Other Liabilities.

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

| 1.     | (a) Description of liability                                 | (b) Book value |
|--------|--|----------------|
| (1)    | Federal income taxes   |                |
| (2)    | ACCRUED VACATION & PAYROLL                                   | 25,843.        |
| (3)    | ACCRUED  | 4,384.         |
| (4)    |  |                |
| (5)    |  |                |
| (6)    |  |                |
| (7)    |  |                |
| (8)    |  |                |
| (9)    |  |                |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶ | 30,227.        |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

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

|   | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.     |    |         |    |            |
|---|---|----|---------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    |         | 1  | 2,813,186. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |         |    |            |
| а | Net unrealized gains (losses) on investments                                    | 2a | <2,999. | >  |            |
| b | Donated services and use of facilities  | 2b | 30,868. |    |            |
|   | Recoveries of prior year grants   | 2c |         |    |            |
|   | Other (Describe in Part XIII.)  | 2d |         |    |            |
| е | Add lines 2a through 2d   |    |         | 2e | 27,869.    |
| 3 | Subtract line 2e from line 1  |    |         | 3  | 2,785,317. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |         |    |            |
| а | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |         |    |            |
| b | Other (Describe in Part XIII.)  | 4b |         |    |            |
| С | Add lines 4a and 4b   |    |         | 4c | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    |         | 5  | 2,785,317. |

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

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

| 1 | Total expenses and losses per audited financial statements                       | 1  | 2,165,053. |
|---|--|----|------------|
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| а | Donated services and use of facilities   |    |            |
| b | Prior year adjustments 2b  |    |            |
|   | Other losses 2c  |    |            |
| d | Other (Describe in Part XIII.)   |    |            |
| е | Add lines 2a through 2d  | 2e | 30,868.    |
| 3 | Subtract line 2e from line 1   | 3  | 2,134,185. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| а | Investment expenses not included on Form 990, Part VIII, line 7b                 |    |            |
| b | Other (Describe in Part XIII.)   |    |            |
| С | Add lines 4a and 4b  | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 2,134,185. |

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. AS OF DECEMBER 31, 2014, DBSA HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE THE FEDERAL AND STATE TAX RETURNS OF THE DBSA FOR FINANCIAL STATEMENTS. THE TAX YEARS 2011, 2012 AND 2013 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

| Schedule D (Form 990) 2014                                  | DEPRESSION         | AND | BIPOLAR | SUPPORT | ALLIANCE | 36-3379124 | Page 5 |
|---|--------------------|-----|---------|---------|----------|------------|--------|
| Schedule D (Form 990) 2014  Part XIII   Supplemental Inform | mation (continued) |     |         |         |          |            |        |
|   | . ,                |     |         |         |          |            |        |
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## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Noncash Contributions**

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

OMB No. 1545-0047

Open To Public Inspection

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

Attach to Form 990.

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

| Pai | rt I Types of Property   |                     |                            |   |                                  |          |            |    |
|-----|--|---------------------|----------------------------|---|----------------------------------|----------|------------|----|
|     |  | (a)                 | (b)                        | (c)   | (d)                              |          |            |    |
|     |  | Check if applicable | Number of contributions or | Noncash contribution<br>amounts reported on | Method of de<br>noncash contribu |          | -          | c  |
|     |  | арріісаріє          |                            | Form 990, Part VIII, line 1g                | Tioricasii continou              | tion and | ount       | ,  |
| 1   | Art - Works of art   |                     |                            |   |                                  |          |            |    |
| 2   | Art - Historical treasures   |                     |                            |   |                                  |          |            |    |
| 3   | Art - Fractional interests   |                     |                            |   |                                  |          |            |    |
| 4   | Books and publications   |                     |                            |   |                                  |          |            |    |
| 5   | Clothing and household goods   |                     |                            |   |                                  |          |            |    |
| 6   | Cars and other vehicles  |                     |                            |   |                                  |          |            |    |
| 7   | Boats and planes   |                     |                            |   |                                  |          |            |    |
| 8   | Intellectual property  |                     |                            |   |                                  |          |            |    |
| 9   | Securities - Publicly traded   | X                   | 5                          | 121,234.                                    | SELLING PRI                      | CE       |            |    |
| 10  | Securities - Closely held stock  |                     |                            |   |                                  |          |            |    |
| 11  | Securities - Partnership, LLC, or  |                     |                            |   |                                  |          |            |    |
|     | trust interests  |                     |                            |   |                                  |          |            |    |
| 12  | Securities - Miscellaneous   |                     | 4                          |   |                                  |          |            |    |
| 13  | Qualified conservation contribution -  |                     |                            |   |                                  |          |            |    |
|     | Historic structures  |                     |                            |   |                                  |          |            |    |
| 14  | Qualified conservation contribution - Other  |                     |                            |   |                                  |          |            |    |
| 15  | Real estate - Residential  |                     |                            |   |                                  |          |            |    |
| 16  | Real estate - Commercial   |                     |                            |   |                                  |          |            |    |
| 17  | Real estate - Other  |                     |                            |   |                                  |          |            |    |
| 18  | Collectibles   |                     |                            |   |                                  |          |            |    |
| 19  | Food inventory   |                     |                            |   |                                  |          |            |    |
| 20  | Drugs and medical supplies   |                     |                            |   |                                  |          |            |    |
| 21  | Taxidermy  |                     |                            |   |                                  |          |            |    |
| 22  | Historical artifacts   |                     |                            |   |                                  |          |            |    |
| 23  | Scientific specimens   |                     |                            |   |                                  |          |            |    |
| 24  | Archeological artifacts  |                     |                            |   |                                  |          |            |    |
| 25  | Other ()   |                     |                            |   |                                  |          |            |    |
| 26  | Other ()   |                     |                            |   |                                  |          |            |    |
| 27  | Other ()   |                     |                            |   |                                  |          |            |    |
| 28  | Other ()   |                     |                            |   |                                  |          |            |    |
| 29  | Number of Forms 8283 received by the organiz   |                     | •                          |   |                                  |          |            |    |
|     | for which the organization completed Form 828  | 33, Part IV,        | Donee Acknowled            | gement <b>29</b>                            |                                  |          | . 1        |    |
| 00- | Design the constant of the con |                     |                            | and the Dark I. Barra & Harran              | -1- 00 414 4                     | , Y      | es         | No |
| 30a | During the year, did the organization receive by   |                     |                            |   |                                  | 1        |            |    |
|     | must hold for at least three years from the date   |                     | •                          | •   |                                  | 20-      |            | Х  |
| h   | exempt purposes for the entire holding period?   | ·                   |                            |   |                                  | 30a      |            |    |
|     | If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance p   | nalicy that =       | oquires the review         | of any non standard contrib                 | utions?                          | 24       |            | Х  |
| 31  |  |                     |                            |   |                                  | 31       |            |    |
| o∠d | Does the organization hire or use third parties of contributions?  |                     |                            |   |                                  | 32a      | $_{\rm x}$ |    |
| h   | If "Yes," describe in Part II.   |                     |                            |   |                                  | 32d      |            |    |
| 33  | If the organization did not report an amount in  | column (c) t        | for a type of prope        | rty for which column (a) is ch              | jecked                           |          |            |    |
| 55  | describe in Part II.   |                     | or a type or prope         | ity for willour column (a) is cr            | oonou,                           |          |            |    |
|     | accocom arem   |                     |                            |   |                                  |          |            |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

432142 08-12-14

Schedule M (Form 990) (2014)

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

**Employer identification number** 36-3379124

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INFORMATION AND GRASS ROOTS AND PEER SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EASY-TO-READ BROCHURES WERE CIRCULATED IN 2014 BY DBSA AND OUR CHAPTERS TO INDIVIDUALS THROUGHOUT THE NATION VIA REQUESTS TO OUR TOLL-FREE NUMBER OR ONLINE REQUESTS AS WELL AS IN SUPPORT GROUPS, DOCTORS' OFFICES, AND MENTAL HEALTH EVENTS. DBSA CONNECTED MORE THAN 23,000 INDIVIDUALS TO RESOURCES FOR SUPPORT AND ASSISTANCE THOUGH OUR TOLL-FREE REFERRAL NUMBER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DBSALLIANCE.ORG. 65 INDIVIDUALS ATTENDED DBSA'S 2014 CHAPTER LEADERSHIP FORUM IN ORDER TO NETWORK ABOUT BEST PRACTICES FOR IMPROVING COMMUNITY SUPPORT. MEMBERS OF DBSA MANAGEMENT CONDUCTED LISTENING SESSIONS WITH 8 OF OUR CHAPTERS TO SHARE DBSA AND CHAPTER PROGRAMS AS WELL AS LEARN ABOUT CHAPTER LEADERS' AND SUPPORT GROUPS' NEEDS, WANTS, AND CHALLENGES. DBSA PLAYED A PIVOTAL ROLE IN A GROUNDBREAKING INITIATIVE TO MAKE PEER SUPPORT SERVICES WIDELY AVAILABLE TO MILITARY VETERANS STRUGGLING WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES. DBSA WAS AWARDED A MAJOR CONTRACT BY FROM THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS (VA) FOR TRAINING AND CERTIFICATION OF 475 PEER SUPPORT STAFF EMPLOYED BY VA FACILITIES ACROSS THE COUNTRY. THIS TRAINING PREPARED VETERANS TO ASSUME PEER SPECIALIST ROLES IN VA MEDICAL CENTERS AND OTHER FACILITIES. THE DBSA BALANCED MIND PARENT NETWORK AND SUPPORT LINE SPECIFICALLY CONNECT PARENTS OF YOUTH WITH

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

Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

MOOD DISORDERS TO INFORMATION AND PEER SUPPORT.

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

THE TAX RETURNS ARE REVIEWED BY THE FINANCE COMMITTEE AND THE EXECUTIVE

COMMITTEE, AND ANY QUESTIONS THEY HAVE ARE ADDRESSED. ONCE THE TAX RETURNS

ARE APPROVED, THEY ARE SENT TO THE REST OF THE BOARD OF DIRECTORS. THE TAX

RETURNS ARE THEN FILED.

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

ONCE A CANDIDATE IS APPROVED BY THE BOARD, THE CANDIDATE MUST COMPLETE A
COMMITMENT TO SERVE DOCUMENT THAT INCLUDES A SECTION ON CONFLICT OF
INTEREST. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY IS CLEARLY STATED
IN THE BYLAWS AND IS PROVIDED TO ALL NEW BOARD MEMBERS BEFORE THEIR
FACE-TO-FACE ORIENTATION, AND THEN AGAIN TO ALL BOARD MEMBERS ANNUALLY.
THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A MEETING OF THE FULL BOARD,
AND MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS AND UPDATE THEIR FORMS
ANNUALLY. IT IS STATED THAT AT ANYTIME DURING THE COURSE OF THEIR TERMS,
IF A CONFLICT OF INTEREST SHOULD ARISE, MEMBERS MUST BRING FORTH THIS
INFORMATION TO AT LEAST THE CHAIR OF THE BOARD.

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

SALARY FOR THE PRESIDENT IS DETERMINED BY THE BOARD. THE BOARD LOOKS AT

SALARIES FROM LIKE ORGANIZATIONS. THERE IS AN EMPLOYMENT CONTRACT

DOCUMENTING THE SALARY AND BENEFITS FOR THE PRESIDENT. THE PRESIDENT LOOKS

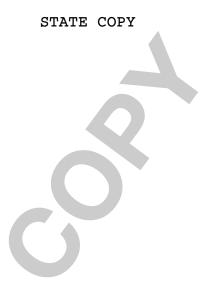
AT SALARIES FROM LIKE ORGANIZATIONS AND DETERMINES THE SALARY FOR THE

EXECUTIVE VICE PRESIDENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

| Schedule O (Form 990 or 990-EZ) (2014)                                     | Page 2                                    |
|--|---|
| Name of the organization  DEPRESSION AND BIPOLAR SUPPORT ALLIANCE          | Employer identification number 36-3379124 |
| IL, AK, AR, CA, CO, CT, DC, FL, GA, HI, KS, KY, ME, MD, MA, MI, MN, MS, MO | ,NH,NJ,NY,NC,ND,OH                        |
| OR, PA, RI, SC, TN, UT, NM, VA, WA, WV, WI, OK                             |   |
|  |   |
| FORM 990, PART VI, SECTION C, LINE 19:                                     |   |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FIN                   | ANCIAL STATEMENTS                         |
| ARE AVAILABLE TO THE PUBLIC AT DBSA'S OFFICE.                              |   |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                                   |   |
| OTHER:   |   |
| PROGRAM SERVICE EXPENSES   | 102,931.                                  |
| MANAGEMENT AND GENERAL EXPENSES  | 8,050.                                    |
| FUNDRAISING EXPENSES   | 5,076.                                    |
| TOTAL EXPENSES   | 116,057.                                  |
|  |   |
| VA PEER SPECIALISTS:   |   |
| PROGRAM SERVICE EXPENSES   | 102,502.                                  |
| MANAGEMENT AND GENERAL EXPENSES  | 8,017.                                    |
| FUNDRAISING EXPENSES   | 5,055.                                    |
| TOTAL EXPENSES   | 115,574.                                  |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A                     | 231,631.                                  |
|  |   |
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Form AG990-IL

|                 | ice Use Only                       | ILLINOIS CHARITABLE ORGANIZATION ANNU  |                             | Revised 3/0                       |
|-----------------|------------------------------------|--|-----------------------------|-----------------------------------|
| PMT             | #                                  | Attorney General LISA MADIGAN State o<br>Charitable Trust Bureau, 100 West Ran |                             | # 01-015755                       |
|                 |                                    | 11th Floor, Chicago, Illinois 60601  |                             |                                   |
|                 |                                    | , 5 ,  |                             | Check all items attached:         |
| AMT             |                                    | Report for the Fiscal Period:  | 37                          | Copy of IRS Return                |
|                 |                                    | Paginning 01/01/201/   | Make Checks X<br>Payable to |                                   |
|                 |                                    | Beginning $01/01/2014$   | the III:neie                | Copy of Form IFC                  |
| INIT            |                                    | <b>&amp; Ending</b> 12/31/2014   | Charity X                   | , ,                               |
|                 |                                    | <b>&amp; Ending</b> $\frac{12/31/2014}{MO DAY YR}$                             | Bureau Fund                 | \$100.00 Late Report Filing Fee   |
|                 | al ID# 36-3379124                  |  |                             | MO DAY YR                         |
| Are c           | ontributions to the organization t | ax deductible? X Yes No Date   | e Organization was create   | d: 11/15/1985                     |
|                 | LEGAL                              | . AND DIDOLAD GUDDODE ALLTANGE   | Year-end                    |                                   |
|                 |                                    | N AND BIPOLAR SUPPORT ALLIANCE   | amounts                     | 0.040.274                         |
|                 | MAIL                               |  | A) ASSETS                   | A) \$ 2,048,374                   |
| I               |                                    | ACKSON BLVD, NO. 490   | B) LIABILITIES              | B) \$ 72,674                      |
|                 | STATE CHICAGO, I                   | IL   | C) NET ASSETS               | C) \$ 1,975,700                   |
| Z               | P CODE 60604                       |  |                             |                                   |
| I.              |                                    | REVENUE ITEMS DURING THE YEAR:   | PERCENTAGE                  | AMOUNT                            |
|                 | ,                                  | RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)                                 | 99.448%                     | D) \$ 2,769,930                   |
|                 | E) GOVERNMENT GRANTS &             | MEMBERSHIP DUES  | %                           | E) \$                             |
|                 | F) OTHER REVENUES                  |  | 0.552%                      | F) \$ 15,387                      |
|                 |                                    |  |                             |                                   |
|                 |                                    | E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)                                   | 100 %                       | G) \$ 2,785,317                   |
| II.             | <b>SUMMARY OF ALL E</b>            | EXPENDITURES DURING THE YEAR:  | ,                           |                                   |
|                 | H) OPERATING CHARITABLE            | PROGRAM EXPENSE  | %                           | H) \$                             |
|                 |                                    |  |                             |                                   |
|                 | I) EDUCATION PROGRAM SE            | ERVICE EXPENSE   | 70.932%                     | l) \$ 1,513,818                   |
|                 |                                    |  |                             |                                   |
|                 | J) TOTAL CHARITABLE PRO            | GRAM SERVICE EXPENSE (ADD H & I)   | 70.932%                     | J) \$ 1,513,818                   |
|                 |                                    |  |                             |                                   |
|                 | J1) JOINT COSTS ALLOCATED          | O TO PROGRAM SERVICES (INCLUDED IN J):   |                             |                                   |
|                 |                                    |  |                             |                                   |
|                 | K) GRANTS TO OTHER CHAR            | ITABLE ORGANIZATIONS   | %                           | K) \$                             |
|                 |                                    |  |                             | 4 540 040                         |
|                 | L) TOTAL CHARITABLE PRO            | GRAM SERVICE EXPENDITURE (ADD J & K)   | 70.932%                     | L) \$ 1,513,818                   |
|                 |                                    |  | 45 404                      | 204 054                           |
|                 | M) MANAGEMENT AND GENE             | RAL EXPENSE  | 15.194%                     | M)\$ 324,271                      |
|                 |                                    |  | 12 074                      | 006 006                           |
|                 | N) FUNDRAISING EXPENSE             |  | 13.874%                     | N) \$ 296,096                     |
|                 |                                    |  |                             | 0 104 105                         |
|                 | 0) TOTAL EXPENDITURES TH           | HIS PERIOD (ADD L, M, & N)   | 100 %                       | 0) \$ 2,134,185                   |
| III.            |                                    | AID FUNDRAISER AND CONSULTANT ACTIVITIE  | ES:                         |                                   |
|                 |                                    | t of Individual Fundraising Campaign- Form IFC. One for each PFR.)             |                             |                                   |
|                 | PROFESSIONAL FUNDRAISER            | <u>S:</u><br>BY PAID PROFESSIONAL FUNDRAISERS                                  | 100.0/                      | P) \$ 0                           |
|                 | P) TOTAL AMOUNT KAISED E           | SY PAID PROFESSIONAL FUNDRAISERS   | 100 %                       | Ι) Ψ                              |
|                 | O) TOTAL FUNDDAIGEDS FFE           | C AND EVDENICES  | %                           | Q) \$                             |
|                 | Q) TOTAL FUNDRAISERS FEE           | S AIND EXPENSES  | 70                          | α) ψ                              |
|                 | R) NET RECEIVED BY THE CH          | ANDITY (D MINIIS O_D)  | %                           | R) \$                             |
|                 | ,                                  |  | 70                          | π) ψ                              |
|                 | PROFESSIONAL FUNDRAISING           | G CONSULTANTS: PROFESSIONAL FUNDRAISING CONSULTANTS                            |                             | S) \$ 0.                          |
| IV              | *                                  | THE (3) HIGHEST PAID PERSONS DURING THE  | VFAR.                       | σ, ψ                              |
| • • •           |                                    | SPECHT, EXECUTIVE VICE PRESIDENT   |                             | T) \$ 95,700                      |
|                 |                                    | D DEETZ-MCMURRAY, CHAPTER RELATION   |                             | U) \$ 72,232                      |
|                 |                                    | DOEDERLEIN, PRESIDENT  |                             | V) \$ 124,424                     |
| <b>,</b> ,      |                                    |  | FNDFD)                      | List on back side of instructions |
| ν.              | CHARITABLE PROG                    | RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPE                      |                             | CODE                              |
| -01-1           | W) DESCRIPTION: EDUCA              | ATION OF PATIENTS, FAMILIES, PROF  | ESSIONALS &                 |                                   |
| 498091 05-01-14 | X) DESCRIPTION:                    |  |                             | X) #                              |
| 60861           | Y) DESCRIPTION:                    |  |                             | Y) #                              |
| -4-             | ., ====:                           |  |                             | 1 / "                             |

| IF  | THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:   |     | YES | NO |
|-----|---|-----|-----|----|
| 1.  | WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?  | 1.  |     | X  |
| 2.  | HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?  | 2.  |     | X  |
| 3.  | DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? | 3.  |     | Х  |
| 4.  | HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?  | 4.  |     | X  |
| 5.  | IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?  | 5.  |     | X  |
| 6.  | DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)   | 6.  |     | X  |
| 7a. | DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?  | 7.  |     | Х  |
| 7b. | IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ; (iii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$  |     |     |    |
| 8.  | DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?   | 8.  |     | X  |
| 9.  | HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?   | 9.  |     | X  |
| 10. | WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?  | 10. |     | X  |
| 11. | LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  |     |     |    |
|     | NORTHERN TRUST, 50 S. LASALLE, CHICAGO, IL 60603  |     |     |    |
|     | CHASE BANK, 10 S. DEARBORN, FLOOR 2, CHICAGO, IL 60603  |     |     |    |
|     | WELLS FARGO ADVISORS, 1410 THIRD AVENUE, SPRING LAKE, NJ 0770   | 62  |     |    |
| 12. | NAME AND TELEPHONE NUMBER OF CONTACT PERSON: ALLEN DOEDERLEIN - 312-642-0049  |     |     |    |
| ΛΙΙ | ATTACHMENTS MIIST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS  |     |     |    |

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

### BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

### ALLEN DOEDERLEIN

PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

### MARCY STEINDLER

498101 05-01-14

PREPARER (PRINT NAME)

**SIGNATURE** 

DATE

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

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

and ending

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

Inspection

| <b>B</b> c  | heck if            | C Name of organization  | D Employer identif                                  | ication number                 |  |  |  |  |  |
|---|--------------------|---|---|--------------------------------|--|--|--|--|--|
| v   | Addre              | DEPRESSION AND BIPOLAR SUPPORT ALLIANCE   |   |                                |  |  |  |  |  |
|   | ]chang<br>∏Name    |   | <del></del>   | 36-3379124                     |  |  |  |  |  |
|   | chang<br>□Initial  | 9   | <del>-  </del>                                      |                                |  |  |  |  |  |
|   | return<br>□Final   | 55 FAST TACKSON BLVD  |   | er<br>2) 642-0049              |  |  |  |  |  |
|   | return.<br>termin  | -   | G Gross receipts \$                                 | 2,785,317.                     |  |  |  |  |  |
|   | ated<br>∏Amen      | City or town, state or province, country, and ZIP or foreign postal code  CHICAGO, IL 60604             | <u> </u>  |                                |  |  |  |  |  |
|   | ⊒return<br>∏Applic |   | H(a) Is this a group r                              |                                |  |  |  |  |  |
|   | ⊥tión<br>pendir    | SAME AS C ABOVE   | for subordinates <b>H(b)</b> Are all subordinates i | —                              |  |  |  |  |  |
|   |                    |   |   |                                |  |  |  |  |  |
|   |                    | empt status: LX 501(c)(3)   | ,   | a list. (see instructions)     |  |  |  |  |  |
|   |                    |   | H(c) Group exemption Year of formation: 1985        |                                |  |  |  |  |  |
|   | art I              | Summary   | Year of formation. 1909                             | M State of legal doffliche. 11 |  |  |  |  |  |
| 1 6   |                    | Briefly describe the organization's mission or most significant activities: TO IMPRO                    | איד יישה דינונהם                                    | OF DEODI.E                     |  |  |  |  |  |
| Governance  |                    | LIVING WITH MOOD DISORDERS THROUGH ACTIVITIES   | ES IN EDUCATION                                     | N AND                          |  |  |  |  |  |
| ern   | 2                  | Check this box   if the organization discontinued its operations or disposed of                         | more than 25% of its net a                          |                                |  |  |  |  |  |
| ŏ   | 3                  | Number of voting members of the governing body (Part VI, line 1a)                                       | 3   | 20                             |  |  |  |  |  |
| <u>ھ</u>  | 4                  | Number of independent voting members of the governing body (Part VI, line 1b)                           |   | 20                             |  |  |  |  |  |
| es  | 5                  | Total number of individuals employed in calendar year 2014 (Part V, line 2a)                            |   | 17                             |  |  |  |  |  |
| Ξ   | 6                  | Total number of volunteers (estimate if necessary)  | 6   | 82                             |  |  |  |  |  |
| Activities  | 7 a                | Total unrelated business revenue from Part VIII, column (C), line 12                                    | 7a  | 0.                             |  |  |  |  |  |
| _   | b                  | Net unrelated business taxable income from Form 990-T, line 34  | 7b  | 0.                             |  |  |  |  |  |
|   |                    |   | Prior Year  | Current Year                   |  |  |  |  |  |
| <u>•</u>  | 8                  | Contributions and grants (Part VIII, line 1h)   | 1,563,563.  |                                |  |  |  |  |  |
| enc   | 9                  | Program service revenue (Part VIII, line 2g)  | 1,226,464.  |                                |  |  |  |  |  |
| Revenue   | 10                 | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 6,575.  |                                |  |  |  |  |  |
|   | 11                 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                | 6,558.  |                                |  |  |  |  |  |
|   | 12                 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                      |   |                                |  |  |  |  |  |
|   | 13                 | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0.  |                                |  |  |  |  |  |
|   | 14                 | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.  |                                |  |  |  |  |  |
| es  |                    | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                       |   |                                |  |  |  |  |  |
| Expenses  | 16a                | Professional fundraising fees (Part IX, column (A), line 11e)   | 0.  | 0.                             |  |  |  |  |  |
| ×   | b                  | Total fundraising expenses (Part IX, column (D), line 25)   296,096.                                    |   |                                |  |  |  |  |  |
| Ш   | 17                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 1,115,862.  |                                |  |  |  |  |  |
|   | 18                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                               |   |                                |  |  |  |  |  |
|   | 19                 | Revenue less expenses. Subtract line 18 from line 12  | 811,895.  | 651,132.                       |  |  |  |  |  |
| Net Assets or<br>Fund Balances                                |                    |   | Beginning of Current Year                           | End of Year                    |  |  |  |  |  |
| set   | 20                 | Total assets (Part X, line 16)  | 1,476,671.  | 2,048,374.                     |  |  |  |  |  |
| it As   | 21                 | Total liabilities (Part X, line 26)   | 149,104.  | 72,674.                        |  |  |  |  |  |
| 堊   | 22                 | Net assets or fund balances. Subtract line 21 from line 20  | 1,327,567.  | 1,975,700.                     |  |  |  |  |  |
|   | art II             | Signature Block   |   |                                |  |  |  |  |  |
|   | •                  | Ities of perjury, I declare that I have examined this return, including accompanying schedules and s    | ·   | ny knowledge and belief, it is |  |  |  |  |  |
| true,   | correc             | rt, and complete. Declaration of preparer (other than officer) is based on all information of which pre | eparer has any knowledge.                           |                                |  |  |  |  |  |
|   |                    | Signature of officer  | <br>Date  |                                |  |  |  |  |  |
| Sigi  |                    | <b>,</b>  | Date  |                                |  |  |  |  |  |
| Here ALLEN DOEDERLEIN, PRESIDENT Type or print name and title |                    |   |   |                                |  |  |  |  |  |
|   |                    |   |   |                                |  |  |  |  |  |
| MADOW CONTINUED   |                    |   |   |                                |  |  |  |  |  |
| Paid  |                    | MARCY STEINDLER  Firm's name MANN. WEITZ & ASSOCIATES L.L.C.  | Self-employ   | P00573131<br>36-3963131        |  |  |  |  |  |
|   | Only               | 444 405   | Firm's EIN  | 30-3303131                     |  |  |  |  |  |
| use   | Only               | Firm's address 111 DEER LAKE ROAD, SUITE 125 DEERFIELD, IL 60015  | Dh / 0  | 347)267-3400                   |  |  |  |  |  |
|   | . 41 **            |   | [ Phone no. ( o                                     |                                |  |  |  |  |  |
| May   | tne II             | RS discuss this return with the preparer shown above? (see instructions)                                |   | X Yes No                       |  |  |  |  |  |

| Pai   | rt III Statement of Program Service Accomplishments   | X                      |
|-------|---|------------------------|
| _     | Check if Schedule O contains a response or note to any line in this Part III  | <b>_</b>               |
| 1     | Briefly describe the organization's mission:  DBSA ENVISIONS WELLNESS FOR PEOPLE LIVING WITH DEPRESSION AND                         | BTDOT.ND               |
|       | DISORDER. DBSA PURSUES THIS VISION WITH THE MISSION "TO PROVID  |                        |
|       | HELP, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PEOPLE WH  |                        |
|       | MOOD DISORDERS."  |                        |
| 2     | Did the organization undertake any significant program services during the year which were not listed on                            |                        |
|       | the prior Form 990 or 990-EZ?   | Yes X No               |
|       | If "Yes," describe these new services on Schedule O.  |                        |
| 3     | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                        | Yes X No               |
|       | If "Yes," describe these changes on Schedule O.   |                        |
| 4     | Describe the organization's program service accomplishments for each of its three largest program services, as measured by          |                        |
|       | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e    | expenses, and          |
|       | revenue, if any, for each program service reported.  (Code:) (Expenses \$638,149 . including grants of \$) (Revenue \$)             | 85,507.)               |
| 4a    | (Code:) (Expenses \$ 538,149 · including grants of \$) (Revenue \$)  EDUCATION AND INFORMATION - MORE THAN 1,000,000 PEOPLE VISIT D |                        |
|       | SUITE OF ONLINE RESOURCES TO ACCESS LIFE-SAVING INFORMATION.  | <u> </u>               |
|       | DBSALLIANCE.ORG AND DBSALIANZA.ORG CONNECT INDIVIDUALS WITH IN  | -DEPTH                 |
|       | INFORMATION ABOUT DEPRESSION AND BIPOLAR DISORDER, WELLNESS OP  |                        |
|       | PEER SUPPORT, AND ADVICE ON HOW TO HELP OTHERS. FACINGUS.ORG I  |                        |
|       | A WEALTH OF CUSTOMIZABLE PERSONAL WELLNESS TOOLS THAT HELP PEO  |                        |
|       | FULL, HEALTHY, AND HAPPY LIVES. DBSA'S GROWING SOCIAL MEDIA CH  |                        |
|       | CONNECT MORE THAN 150,000 INDIVIDUALS SEEKING INFORMATION AND   | SUPPORT                |
|       | THROUGH VIDEOS ON THE DBSA YOUTUBE CHANNEL AND INFORMATIONAL P  | OSTS ON                |
|       | DBSA'S FACEBOOK, TWITTER, AND LINKEDIN PAGES. DBSA OFFERS MORE  | THAN 30                |
|       | PRINTED BROCHURES, CDS, AND DVDS ON SPECIFIC TOPICS RELATED TO  | MOOD                   |
|       | DISORDERS. NEARLY 53,000 INFORMATION-RICH, SCIENTIFICALLY-VETT  | ED,                    |
| 4b    | (Code:) (Expenses \$875 , 669 • including grants of \$) (Revenue \$   | <b>454,773.</b> )      |
|       | GRASS ROOTS AND PEER SERVICES - DBSA OFFERS ONGOING ASSISTANCE  |                        |
|       | NEARLY 300 CHAPTERS TO EXPAND THEIR CAPACITY TO PROVIDE SUPPOR  |                        |
|       | EDUCATION AND OUTREACH TO THEIR LOCAL COMMUNITIES. A PASSWORD-  |                        |
|       | CHAPTER MANAGEMENT SECTION ON DBSALLIANCE.ORG PROVIDES A HOST   |                        |
|       | AND RESOURCES TO OUR CHAPTERS TO HELP THEM GROW AND ENHANCE TH SERVICES, OFFER EDUCATIONAL EVENTS IN THEIR COMMUNITIES, FUNDR       |                        |
|       | SUPPORT THEIR LOCAL PROGRAMMING, IMPROVE THEIR SUPPORT GROUPS,  |                        |
|       | MORE. DBSA TRAINED 25 DBSA CHAPTER MEMBERS AS FACILITATORS TO   |                        |
|       |   | E LIVE                 |
|       | TRAININGS WERE DELIVERED AT LOCATIONS AROUND THE COUNTRY. FOR   |                        |
|       | UNABLE TO ATTEND THESE IN-PERSON TRAININGS, CHAPTER MEMBERS CA  |                        |
|       | ONLINE COURSE MATERIALS IN THE CHAPTER MANAGEMENT SECTION OF  |                        |
| 4c    | (Code:) (Expenses \$  | )                      |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
| 4d    | Other program services (Describe in Schedule O.)  |                        |
| ·u    | (Expenses \$ including grants of \$ ) (Revenue \$   | )                      |
| 4e    | Total program service expenses \(\bigs\) 1,513,818.   | ,                      |
| 43200 |   | Form <b>990</b> (2014) |

### Part IV Checklist of Required Schedules

|     |   |     | Yes | No            |
|-----|---|-----|-----|---------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |     |               |
|     | If "Yes," complete Schedule A   | 1   | Х   |               |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2   | Х   |               |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     |               |
|     | public office? If "Yes," complete Schedule C, Part I  | 3   |     | X             |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |     |     |               |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     | X             |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |     |     |               |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5   |     | X             |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |     |     |               |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | X             |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |               |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 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 custodian for   |     |     |               |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |     |     |               |
|     | If "Yes," complete Schedule D, Part IV  | 9   |     | X             |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent   |     |     |               |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |     | X             |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 | Х   |               |
| 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 |     | X             |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total  |     |     | 37            |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     | X             |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in  |     |     | 37            |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d | 37  | 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   |     | 37  |               |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f | X   | <u> </u>      |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     | v   |               |
|     | Schedule D, Parts XI and XII  | 12a | Х   | <u> </u>      |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?   |     |     | v             |
| 40  | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b |     | X             |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | X             |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     |               |
| D   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |     |     | 1             |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves." complete Schedule F. Parts Land IV. | 1/h |     | х             |
| 15  | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b |     |               |
| 15  | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | x             |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  | 13  |     | <del></del>   |
| 10  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     | x             |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 10  |     | <del></del> - |
| .,  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17  |     | x             |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |     |     | <del></del>   |
| .0  | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     | x             |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  | .5  |     | <del></del> - |
|     | complete Schedule G, Part III   | 19  |     | x             |
| 20a |   | 20a |     | X             |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |               |
|     | 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   |     | 990 |               |

Form **990** (2014)

### Part IV Checklist of Required Schedules (continued)

|            |   |             | Yes | No   |
|------------|---|-------------|-----|--|
| 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          |     | X  |
| 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  |
| 24a        | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |             |     |  |
|            | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |             |     |  |
|            | Schedule K. If "No", go to line 25a   | 24a         |     | X  |
| b          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b         |     |  |
| 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         |     |  |
|            | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d         |     |  |
| 25a        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |             |     | ,,   |
|            | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a         |     | 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         |     | х  |
| 26         | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or   |             |     |  |
|            | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"  |             |     |  |
|            | complete Schedule L, Part II  | 26          |     | 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   |             |     | l  |
|            | 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):   |             |     | 37   |
|            | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a         |     | X  |
|            | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b         |     | Х  |
| С          | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,   |             |     | X  |
| 00         | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c         | Х   | Α_   |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29          | Α.  |  |
| 30         | contributions? If "Yes," complete Schedule M  | 30          |     | x  |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations?  | 30          |     | <del>                                     </del> |
| 31         | 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  | <del></del> |     |  |
| <b>0</b> _ | Schedule N, Part II   | 32          |     | х  |
| 33         | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | <u> </u>    |     |  |
|            | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33          |     | х  |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |             |     |  |
|            | Part V, line 1  | 34          |     | Х  |
| 35a        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a         |     | Х  |
| b          | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |             |     |  |
|            | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b         |     |  |
| 36         | 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          |     | Х  |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |             |     |  |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37          |     | X  |
| 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          | Х   |  |

Form **990** (2014)

## Part V Statements Regarding Other IRS Filings and Tax Compliance

|         | Check if Schedule O contains a response or note to any line in this Part V   |            |                        |      |     | Ш           |
|---------|--|------------|------------------------|------|-----|-------------|
|         |  |            |                        |      | Yes | No          |
| 1a      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1a         | 37                     |      |     |             |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |            | 0                      |      |     |             |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and r   |            |                        |      | 37  |             |
|         | (gambling) winnings to prize winners?  | <br>I      | <br>I                  | 1c   | X   |             |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  | l _        | 17                     |      |     |             |
|         | filed for the calendar year ending with or within the year covered by this return  |            |                        |      | v   |             |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax retu   |            |                        | 2b   | X   |             |
| _       | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions   |            |                        |      |     | х           |
|         | -  |            |                        | 3a   |     |             |
|         | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule   |            | aller a comme          | 3b   |     | <del></del> |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial |            | -                      | 4a   |     | x           |
| h       | If "Yes," enter the name of the foreign country:   | accou      | iii) ?                 | 44   |     |             |
| b       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A   | \ccour     | nte (FRAR)             |      |     |             |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            |                        | 5a   |     | х           |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.   |            |                        | 5b   |     | X           |
|         | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |            |                        | 5c   |     | <del></del> |
|         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to  |            |                        |      |     |             |
| -       | any contributions that were not tax deductible as charitable contributions?  |            |                        | 6a   |     | х           |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contribu   |            |                        |      |     |             |
|         | were not tax deductible?   |            |                        | 6b   |     | 1           |
| 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 se   | rvices     | provided to the payor? | 7a   |     | Х           |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |            |                        | 7b   |     |             |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w   | as rec     | uired                  |      |     |             |
|         | to file Form 8282?   |            |                        | 7c   |     | X           |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d         |                        |      |     |             |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of   |            | ct?                    | 7e   |     | X           |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont  |            |                        | 7f   |     | X           |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file F  | orm 88     | 399 as required?       | 7g   |     | X           |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   |            |                        | 7h   |     |             |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained   | d by th    | е                      |      |     |             |
|         | sponsoring organization have excess business holdings at any time during the year?   |            |                        | 8    |     |             |
| 9       | Sponsoring organizations maintaining donor advised funds.  |            |                        |      |     |             |
|         | Did the sponsoring organization make any taxable distributions under section 4966?   |            |                        | 9a   |     | <del></del> |
|         | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |            |                        | 9b   |     |             |
| 10      | Section 501(c)(7) organizations. Enter:  | 140-       | I                      |      |     |             |
|         | Initiation fees and capital contributions included on Part VIII, line 12   | 10a<br>10b |                        |      |     |             |
| р<br>11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | נוטו       | l                      |      |     |             |
|         |  | 11a        |                        |      |     |             |
|         | Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against  | 114        |                        |      |     |             |
| ~       | amounts due or received from them.)  | 11b        |                        |      |     |             |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   |            | ?                      | 12a  |     |             |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b        |                        |      |     |             |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            | •                      |      |     |             |
|         | Is the organization licensed to issue qualified health plans in more than one state?   |            |                        | 13a  |     |             |
|         | Note. See the instructions for additional information the organization must report on Schedule O.  |            |                        |      |     |             |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the   |            |                        |      |     |             |
|         | organization is licensed to issue qualified health plans   | 13b        |                        |      |     |             |
| С       | Enter the amount of reserves on hand   | 13c        |                        |      |     |             |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   |            |                        | 14a  |     | Х           |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul   | le O       |                        | 14b  |     |             |
|         |  |            |                        | Form | 990 | (2014)      |

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

|            | Check if Schedule O contains a response or note to any line in this Part VI  |         |      | X      |
|------------|--|---------|------|--------|
| Sec        | 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  |         |      |        |
|            | If there are material differences in voting rights among members of the governing body, or if the governing  |         |      |        |
|            | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |         |      |        |
| b          | Enter the number of voting members included in line 1a, above, who are independent 20  |         |      |        |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |         |      |        |
|            | officer, director, trustee, or key employee?   | 2       |      | Х      |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |         |      |        |
| _          | of officers, directors, or trustees, or key employees to a management company or other person?   | 3       |      | х      |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |      | Х      |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |      | Х      |
| 6          | Did the organization have members or stockholders?   | 6       |      | Х      |
|            | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   | Ť       |      |        |
| , ,        | more members of the governing body?  | 7a      |      | х      |
| h          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |         |      |        |
|            |  | 7b      |      | x      |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  | 10      |      |        |
|            |  | 8a      | Х    |        |
|            | The governing body?  Each committee with authority to act on behalf of the governing body?   | 8b      | X    |        |
| ь<br>9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | OD      |      |        |
| 9          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9       |      | x      |
| <u>Sac</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   | 9       |      |        |
| 000        | tion B. Follows (This Section B requests information about policies not required by the internal nevenue Gode.)  |         | Yes  | No     |
| 100        | Did the organization have local chapters, branches, or affiliates?   | 10a     | X    | INO    |
|            |  | IUa     | 21   |        |
| D          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   | 10b     | Х    |        |
| 44.        | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 11a     | X    |        |
|            | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | па      | 21   |        |
|            | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 40-     | Х    |        |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | X    |        |
|            | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     | Λ    |        |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   | ا مد ا  | Х    |        |
|            | in Schedule O how this was done  | 12c     | X    |        |
| 13         | Did the organization have a written whistleblower policy?  | 13      | X    |        |
| 14         | Did the organization have a written document retention and destruction policy?   | 14      | Λ    |        |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent   |         |      |        |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |         | 37   |        |
|            | The organization's CEO, Executive Director, or top management official   | 15a     | X    |        |
| b          | Other officers or key employees of the organization  | 15b     | X    |        |
| 40         | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |         |      |        |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |         |      | v      |
| _          | taxable entity during the year?  | 16a     |      | X      |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |         |      |        |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |         |      |        |
|            | exempt status with respect to such arrangements?   | 16b     |      |        |
|            | tion C. Disclosure   | TTT     | TZC  | 7237   |
| 17         | List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$ IL, AK, AR, CA, CO, CT, DC, FL, GA   |         |      | , KY   |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T ( | availab | le   |        |
|            | for public inspection. Indicate how you made these available. Check all that apply.  |         |      |        |
|            | Own website Another's website X Upon request Other (explain in Schedule O)   |         |      |        |
| 19         | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | d finan | cial |        |
|            | statements available to the public during the tax year.  |         |      |        |
| 20         | State the name, address, and telephone number of the person who possesses the organization's books and records:  |         |      |        |
|            | ALLEN DOEDERLEIN - 312-642-0049  |         |      |        |
|            | 55 E. JACKSON SUITE 490, CHICAGO, IL 60604   |         |      |        |
|            | SEE SCHEDILE O FOR FILL LIST OF STATES   | Farm    | 000  | (2014) |

# 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.

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

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

| (A)  | (B)               | l                              | 41 1120               |         | C)           | прс                          | nout     | (D)             | (E)                           | (F)                    |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|-----------------|-------------------------------|------------------------|
| Name and Title                               | Average           | (do                            | not c                 | Pos     | itior        | )<br>than                    | one      | Reportable      | Reportable                    | Estimated              |
|  | hours per         | box                            | , unle                | ss pe   | rson         | is bot                       | h an     | compensation    | compensation                  | amount of              |
|  | week<br>(list any | $\vdash$                       |                       |         |              |                              | <u> </u> | from the        | from related<br>organizations | other<br>compensation  |
|  | hours for         | Individual trustee or director |                       |         |              | DE .                         |          | organization    | (W-2/1099-MISC)               | from the               |
|  | related           | tee or                         | ustee                 |         |              | Highest compensated employee |          | (W-2/1099-MISC) |                               | organization           |
|  | organizations     | al trus                        | onal tr               |         | loyee        | comp                         |          |                 |                               | and related            |
|  | below             | lividu                         | Institutional trustee | Officer | Key employee | jhest i                      | Former   |                 |                               | organizations          |
| /1) WILLIAM GLIMED MD                        | line) 5 • 0 0     | Ĕ                              | <u> </u>              | ₽       | ā.           | E, E                         | 호        | · ·             |                               |                        |
| (1) WILLIAM GILMER, MD<br>SECRETARY          | 3.00              | X                              |                       | X       |              |                              |          | 0.              | 0.                            | 0.                     |
| (2) DAVID MIZENKO                            | 13.00             |                                |                       |         |              |                              |          | 0.              | 0.                            |                        |
| VICE CHAIR                                   | 13.00             | x                              |                       | х       |              |                              |          | 0.              | 0.                            | 0.                     |
| (3) CHERYL MAGRINI                           | 13.00             |                                |                       | - 22    |              |                              |          | 0.              | 0.                            |                        |
| CHAIR  | 13.00             | x                              |                       | Х       | Ι.           |                              |          | 0.              | 0.                            | 0.                     |
| (4) GREGORY E. OSTFELD                       | 13.00             |                                |                       |         |              |                              |          | 0.0             |                               |                        |
| TREASURER                                    |                   | x                              |                       | Х       |              |                              |          | 0.              | 0.                            | 0.                     |
| (5) GREGORY SIMON, M.D., M.P.H.              | 5.00              |                                |                       |         |              |                              |          |                 |                               |                        |
| SAB CHAIR                                    |                   | Х                              |                       | х       |              |                              |          | 0.              | 0.                            | 0.                     |
| (6) LEGENIA BAILEY                           | 0.50              |                                |                       |         |              |                              |          |                 |                               |                        |
| DIRECTOR                                     |                   | Х                              |                       |         |              |                              |          | 0.              | 0.                            | 0.                     |
| (7) MANUEL SILVERMAN, PH.D.                  | 2.00              |                                |                       |         |              |                              |          |                 |                               |                        |
| MEMBER-AT-LARGE                              |                   | Х                              |                       |         |              |                              |          | 0.              | 0.                            | 0.                     |
| (8) CHRISTY B. BECKMANN                      | 0.50              |                                |                       |         |              |                              |          |                 |                               | _                      |
| DIRECTOR                                     |                   | Х                              |                       |         |              |                              |          | 0.              | 0.                            | 0.                     |
| (9) SUZANNE BERGOFFEN                        | 2.00              | l                              |                       |         |              |                              |          |                 |                               | •                      |
| MEMBER-AT-LARGE                              |                   | Х                              |                       |         |              |                              |          | 0.              | 0.                            | 0.                     |
| (10) JAMES J. BLAHA,                         | 0.50              | ١                              |                       |         |              |                              |          |                 | _                             | •                      |
| DIRECTOR                                     | 2 00              | Х                              |                       |         |              |                              |          | 0.              | 0.                            | 0.                     |
| (11) LUCINDA JEWELL                          | 2.00              | X                              |                       | x       |              |                              |          | 0.              | 0.                            | ^                      |
| IMMEDIATE PAST BOARD CHAIR (12) JOHN WADE II | 0.50              | ^                              |                       | ^       |              |                              |          | 0.              | 0.                            | 0.                     |
| DIRECTOR                                     | 0.50              | X                              |                       |         |              |                              |          | 0.              | 0.                            | 0.                     |
| (13) CATHERINE M. FIELDS J.D.                | 0.30              | ^                              |                       |         |              |                              |          | 0.              | 0.                            | <u></u>                |
| DIRECTOR                                     | 0.30              | x                              |                       |         |              |                              |          | 0.              | 0.                            | 0.                     |
| (14) MIKE KUHL                               | 0.50              |                                |                       |         |              |                              |          | 0.              | 0.                            |                        |
| DIRECTOR                                     | 0.30              | x                              |                       |         |              |                              |          | 0.              | 0.                            | 0.                     |
| (15) THOMAS LANE                             | 0.30              |                                |                       |         |              |                              |          | 0.0             |                               |                        |
| DIRECTOR                                     | 3170              | x                              |                       |         |              |                              |          | 0.              | 0.                            | 0.                     |
| (16) SUSAN MADIAN                            | 0.50              |                                |                       | T       |              |                              |          |                 |                               |                        |
| DIRECTOR                                     |                   | х                              |                       |         |              |                              |          | 0.              | 0.                            | 0.                     |
| (17) JACKIE RAFF                             | 0.30              |                                |                       |         |              |                              |          |                 |                               |                        |
| DIRECTOR                                     |                   | Х                              | L                     | L       | L            | L                            | L        | 0.              | 0.                            | 0.                     |
| 432007 11-07-14                              |                   |                                |                       |         |              |                              |          |                 |                               | Form <b>990</b> (2014) |

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Form **990** (2014)

|  |                   |                                |                       |              |              |                                 |               | ORT ALLIANCE                            |                                | 79       | 124  | Р              | age 8       |
|--|-------------------|--------------------------------|-----------------------|--------------|--------------|---------------------------------|---------------|---|--------------------------------|----------|--|----------------|-------------|
| Part VII   Section A. Officers, Directors, Trus  | tees, Key Em      | ploy                           | ees                   | , and        | d Hi         | ghe                             | st C          | ompensated Employe                      | es (continued)                 |          |  |                |             |
| (A)  | (B)               |                                |                       | (C           | <b>C)</b>    |                                 |               | (D)                                     | (E)                            |          |  | (F)            |             |
| Name and title   | Average           | (do                            |                       | Posi<br>heck |              |                                 | one           | Reportable                              | Reportable                     |          | Es   | stimate        | ed          |
|  | hours per         | box                            | , unle                | ss pe        | rson         | is bot                          | h an          | compensation                            | compensation                   | า        |  | nount          |             |
|  | week<br>(list any | <u> </u>                       |                       |              |              | )                               | ,,,,,,        | from                                    | from related                   |          |  | other          |             |
|  | hours for         | lirecto                        |                       |              |              | _                               |               | the<br>organization                     | organizations<br>(W-2/1099-MIS |          |  | pensa<br>om th |             |
|  | related           | e or c                         | stee                  |              |              | satec                           |               | (W-2/1099-MISC)                         | (W-2/1099-WIIO                 | Ο,       |  | anizat         |             |
|  | organizations     | truste                         | al tru                |              | yee          | mpe                             |               | (** = * * * * * * * * * * * * * * * * * |                                |          | ·  | d relat        |             |
|  | below             | Individual trustee or director | Institutional trustee | er           | Key employee | Highest compensated<br>employee | ner           |   |                                |          | orga   | anizati        | ions        |
|  | line)             | Indi                           | Insti                 | Officer      | Keye         | High<br>emp                     | Former        |   |                                |          |  |                |             |
| (18) JEAN MEISTER  | 0.50              |                                |                       |              |              |                                 |               |   |                                |          |  |                | •           |
| DIRECTOR   | 0 20              | Х                              |                       |              |              |                                 |               | 0.                                      |                                | 0.       | <u> </u>   |                | 0.          |
| (19) HAKEEM RAHIM  | 0.30              | \<br>\<br>\                    |                       |              |              |                                 |               | 0                                       |                                | ^        |  |                | 0           |
| DIRECTOR   | 0 50              | Х                              |                       |              |              |                                 |               | 0.                                      |                                | 0.       | <del>                                     </del> |                | 0.          |
| (20) JOHN S. TAMERIN, M.D.   | 0.50              | X                              |                       |              |              |                                 |               | 0.                                      |                                | 0.       |  |                | 0.          |
| DIRECTOR (21) ALLEW POPPERLETY   | 40.00             | ^                              |                       |              |              |                                 |               | 0.                                      |                                | <u> </u> | <del></del>                                      |                | <u> </u>    |
| (21) ALLEN DOEDERLEIN PRESIDENT  | 40.00             |                                |                       | Х            |              |                                 |               | 124,424.                                |                                | 0.       | 1  | <b>л</b> з     | 99.         |
| (22) CINDY SPECHT  | 40.00             |                                |                       |              |              |                                 |               | 124,424.                                |                                | ٠.       |  | 0,3            | 99.         |
| EXECUTIVE VICE PRESIDENT   | 40.00             |                                |                       | x            |              |                                 |               | 95,700.                                 |                                | 0.       | 1  | n 3            | 99.         |
| INDECTIVE VICE INDEPENT  |                   |                                |                       |              |              |                                 |               | 33,100.                                 |                                | <b>~</b> |  | 0,5            | <del></del> |
|  |                   |                                |                       |              |              |                                 |               |   |                                |          |  |                |             |
|  |                   |                                |                       |              |              |                                 |               |   |                                | $\dashv$ |  |                |             |
|  |                   |                                |                       |              |              |                                 |               |   |                                |          |  |                |             |
|  |                   |                                |                       |              |              |                                 |               |   |                                | $\neg$   |  |                |             |
|  |                   |                                |                       | 1            |              |                                 |               |   |                                |          |  |                |             |
|  |                   |                                |                       |              |              |                                 |               |   |                                | $\Box$   |  |                |             |
|  |                   |                                |                       |              |              |                                 |               |   |                                |          |  |                |             |
| 1b Sub-total   |                   |                                |                       |              |              |                                 |               | 220,124.                                |                                | 0.       | 2  | 0,7            | 98.         |
| c Total from continuation sheets to Part VI  | I, Section A      |                                |                       |              |              |                                 | ightharpoonup | 0.                                      |                                | 0.       |  |                | 0.          |
| d Total (add lines 1b and 1c)  |                   | _                              | _                     |              |              |                                 |               | 220,124.                                |                                | 0.       | 2  | 0,7            | 98.         |
| 2 Total number of individuals (including but n   | ot limited to th  | ose                            | liste                 | ed al        | OOV          | e) wł                           | no re         | eceived more than \$100                 | 0,000 of reportable            | Э        |  |                | 1           |
| compensation from the organization   |                   |                                |                       |              |              |                                 |               |   |                                |          |  | V              | 1           |
|  |                   |                                |                       |              |              |                                 |               |   |                                | ,        |  | Yes            | No          |
| 3 Did the organization list any <b>former</b> officer,   |                   |                                |                       |              |              |                                 |               |   |                                |          |  |                | Х           |
| line 1a? If "Yes," complete Schedule J for s   |                   |                                |                       |              |              |                                 |               |   |                                |          | 3  |                |             |
| 4 For any individual listed on line 1a, is the su  | -                 |                                | -                     |              |              |                                 |               |   | -                              |          | 4  |                | х           |
| <ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul> |                   |                                |                       |              |              |                                 |               |   |                                |          | 4  |                | - 25        |
| rendered to the organization? If "Yes," com  |                   |                                |                       |              | -            |                                 |               | -                                       |                                |          | 5  |                | Х           |
| Section B. Independent Contractors   | piete deriedar    | 001                            | 01 30                 | исп          | OCI          |                                 |               |   |                                |          |  |                |             |
| Complete this table for your five highest co   | mpensated in      | dene                           | ende                  | ent c        | onti         | racto                           | ors th        | nat received more than                  | \$100,000 of com               | pens     | ation t  | rom            |             |
| the organization. Report compensation for  | •                 | •                              |                       |              |              |                                 |               |   |                                | ропо     | ationi   |                |             |
| (A)  |                   |                                |                       | - <u>-</u>   |              |                                 | T             | (B)                                     | ,                              |          | (0   | <br>)          |             |
| Name and business  | address           | NO                             | INC                   | Ξ            |              |                                 |               | Description of s                        | services                       | С        | ompe   |                | n           |
|  |                   |                                |                       |              |              |                                 |               |   |                                |          |  |                |             |
|  |                   |                                |                       |              |              |                                 |               |   |                                |          |  |                |             |
|  |                   |                                |                       |              |              |                                 |               |   |                                |          |  |                |             |
|  |                   |                                |                       |              |              |                                 |               |   |                                |          |  |                |             |
|  |                   |                                |                       |              |              |                                 |               |   |                                |          |  |                |             |
|  |                   |                                |                       |              |              |                                 | 4             |   |                                |          |  |                |             |
|  |                   |                                |                       |              |              |                                 |               |   |                                |          |  |                |             |
|  |                   |                                |                       |              |              |                                 | +             |   |                                |          |  |                |             |
| 2 Total number of independent contractors (i   | ncluding but n    | ot lii                         | mite                  | d to         | tho          | se li                           | sted          | above) who received n                   | nore than                      |          |  |                |             |
| \$100,000 of compensation from the organization  |                   |                                |                       |              |              | 0                               |               | ,                                       |                                |          |  |                |             |

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## Part VIII Statement of Revenue

| Ca   |                |      | Check if Schedule O conta  | ins a response                           | or note to any lir | ne in this Part VIII |             |   |                       |
|--|----------------|------|--|--|--------------------|----------------------|-------------|---|-----------------------|
| 1 a   Federated campaigns   1 a  |                |      |  | '  | ,                  | (A)                  |             |   | Povenue evoluded      |
| 1 a Federated campaigns   1a   |                |      |  |  |                    | Total revenue        | I I         |   | from tax under        |
| 1  |                |      |  |  |                    |                      |             |   | sections<br>512 - 514 |
| 2 a CONTRACT REVENUE   900099   352,560   35   | ts ts          | 1 a  | Federated campaigns  | 1a                                       |                    |                      |             |   |                       |
| 2 a CONTRACT REVENUE   900099   352,560   35   | ran<br>Mu      |      |  |  |                    |                      |             |   |                       |
| 2 a CONTRACT REVENUE   900099   352,560   35   | , E            |      |  |  |                    |                      |             |   |                       |
| 2 a CONTRACT REVENUE   900099   352,560   35   | iffs           |      |  | ·····                                    |                    |                      |             |   |                       |
| 2 a CONTRACT REVENUE   900099   352,560   35   | a;e            |      |  |  |                    |                      |             |   |                       |
| 2 a CONTRACT REVENUE   900099   352,560   35   | Sig            |      | - · · · · · · · · · · · · · · · · · · ·  | · — —                                    |                    |                      |             |   |                       |
| 2 a CONTRACT REVENUE   900099   352,560   35   | ig E           | •    |  | 4. 2                                     | 229 650.           |                      |             |   |                       |
| 2 a CONTRACT REVENUE   900099   352,560   35   | G를             |      |  | · ····· [11  2 /                         | 121 234            |                      |             |   |                       |
| 2 a CONTRACT REVENUE   900099   352,560   35   | o b            | _    |  |  |                    |                      |             |   |                       |
| 2 a CONTRACT REVENUE PROGRAM SERVICE ON 00099 352,560. 35 | 0 (0           | n    | Iotal. Add lines 1a-11   |  | 1                  |                      |             |   |                       |
| B   PROGRAM SERVICE   900099   174,758, 174,758,   17   |                | 0 -  | CONTRACT REVENII   | F  |                    |                      | 352 560     |   |                       |
| Total, Add lines 2a-2f   | <u>ş</u>       |      |  |  |                    |                      |             |   |                       |
| Total, Add lines 2a-2f   | ue e           | р    |  |  |                    |                      |             |   |                       |
| Total, Add lines 2a-2f   | m S            | С    | HONORARIUMS  |  | 900099             | 4,445.               | 4,445.      |   |                       |
| Total, Add lines 2a-2f   | gra            | d    |  |  |                    | _                    |             |   |                       |
| Total, Add lines 2a-2f   | Š_             | е    |  |  |                    |                      |             |   |                       |
| 3   Investment income (including dividends, interest, and other similar amounts)   14 , 659 .   14 , 659 .   | <u>-</u>       |      |  |  |                    | E24 E42              |             |   |                       |
| 14,659.   14,659.   14,659.   14,659.   14,659.   14,659.   18.    | $\blacksquare$ | g    |  |  |                    | 531,763.             |             |   |                       |
| A   Income from investment of tax-exempt bond proceeds   18   18   18   18   18   18   18   1  |                | 3    |  |  |                    | 44 650               |             |   | 1                     |
| 18.  |                |      |  |  |                    | 14,659.              |             |   | 14,659.               |
| (i) Real   (ii) Personal   (ii) Personal   (iii) Person   |                | 4    | Income from investment of tax  | exempt bond p                            | roceeds            |                      |             |   |                       |
| 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) for contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: cidrect expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b D Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code 11 a OTHER 900099 710.   |                | 5    | Royalties  |  | , <b>)</b>         | 18.                  |             |   | 18.                   |
| b Less: rental expenses CRental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net gain or (lo |                |      |  | (i) Real                                 | (ii) Personal      |                      |             |   |                       |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$   |                | 6 a  | Gross rents  |  |                    |                      |             |   |                       |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$  |                | b    | Less: rental expenses  |  |                    |                      |             |   |                       |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$  |                |      |  |  |                    |                      |             |   |                       |
| 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Netgain or (loss |                |      | -  |  |                    |                      |             |   |                       |
| assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER  900099 710.   |                |      |  |  |                    |                      |             |   |                       |
| b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$   |                |      | ŀ  | (,) ==================================== | (1) 5 11 15        |                      |             |   |                       |
| and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 900099 710.  710.  Total. Add lines 11a-11d 710.  Total revenue. See instructions.  |                | h    | · •  |  |                    |                      |             |   |                       |
| C Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$  |                |      |  |  |                    |                      |             |   |                       |
| d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER 900099 710.  710.  4 All other revenue e Total. Add lines 11a-11d  710.  710.  710.  710.  |                | _    | T T T T T T T T T T T T T T T T T T T  |  |                    |                      |             |   |                       |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b. Less: direct expenses b C. Net income or (loss) from fundraising events a b. Less: direct expenses b c. Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: direct expenses b c. Net income or (loss) from gaming activities a B. Less: cost of goods sold b c. Net income or (loss) from sales of inventory P. 8,517.  |                |      | <u>-</u>   |  |                    |                      |             |   |                       |
| including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events  |                |      |  |  | <b>P</b>           |                      |             |   |                       |
| contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 900099 710.  710.  4 All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  A a b Less: direct expenses c Net income or (loss) from gaming activities  8 , 517.  8 , 517.  710.  | ne             | 8 a  |  | •  |                    |                      |             |   |                       |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER  D OTHER | l Je           |      |  |  |                    |                      |             |   |                       |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER  D OTHER | Be             |      | •  | ,  |                    |                      |             |   |                       |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER  D OTHER | ē              |      |  |  |                    |                      |             |   |                       |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER  D OTHER | ĕ              |      |  |  |                    |                      |             |   |                       |
| Part IV, line 19   |                |      | , ,  | •  | <b>_</b>           |                      |             |   |                       |
| b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory    Miscellaneous Revenue   Business Code  |                | 9 a  |  |  |                    |                      |             |   |                       |
| c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER  900099  710.  710.  4 All other revenue  e Total. Add lines 11a-11d  Total revenue. See instructions.  > A S , 517.  8 , 517.  8 , 517.  710.  710.   |                |      |  |  |                    |                      |             |   |                       |
| 10 a Gross sales of inventory, less returns and allowances   |                |      |  |  |                    |                      |             |   |                       |
| and allowances a   |                | С    | Net income or (loss) from gami   | ng activities                            | <u></u>            |                      |             |   |                       |
| b Less: cost of goods sold b 0.  c Net income or (loss) from sales of inventory ▶ 8,517. 8,517.  Miscellaneous Revenue   |                | 10 a | Gross sales of inventory, less r   | eturns                                   |                    |                      |             |   |                       |
| c Net income or (loss) from sales of inventory       ▶       8,517.       8,517.         Miscellaneous Revenue       Business Code         11 a OTHER       900099       710.       710.         b       C       C       C         d All other revenue       D       710.       710.         12 Total revenue. See instructions.       D       2,785,317.       540,280.       0.       15,387.  |                |      | and allowances   | а  |                    |                      |             |   |                       |
| c Net income or (loss) from sales of inventory       ▶       8,517.       8,517.         Miscellaneous Revenue       Business Code         11 a OTHER       900099       710.       710.         b       C       C       C         d All other revenue       D       710.       710.         12 Total revenue. See instructions.       D       2,785,317.       540,280.       0.       15,387.  |                | b    |  |  | _                  |                      |             |   |                       |
| Miscellaneous Revenue       Business Code         11 a OTHER       900099       710.       710.         b c d All other revenue       710.       710.         e Total. Add lines 11a-11d       710.       710.         12 Total revenue. See instructions.       2,785,317.       540,280.       0.       15,387.  |                |      |  |  | <b></b>            | 8,517.               | 8,517.      |   |                       |
| 11 a OTHER 900099 710. 710.  b   |                |      |  |  |                    |                      |             |   |                       |
| b  |                | 11 a |  |  |                    |                      |             |   | 710.                  |
| c       d All other revenue         e Total. Add lines 11a-11d       ► 710 ⋅         12 Total revenue. See instructions.       ► 2,785,317 ⋅ 540,280 ⋅       0 ⋅ 15,387 ⋅  |                |      |  |  |                    |                      |             |   | 1                     |
| d All other revenue  e Total. Add lines 11a-11d  ▶ 710 ⋅  12 Total revenue. See instructions.  ▶ 2,785,317 ⋅ 540,280 ⋅ 0 ⋅ 15,387 ⋅  |                |      |  |  |                    |                      |             |   | 1                     |
| e Total. Add lines 11a-11d   |                |      | All other revenue  |  |                    |                      |             |   | 1                     |
| 12 Total revenue. See instructions.   2,785,317. 540,280.  0. 15,387.  |                |      |  |  |                    | 710.                 |             |   |                       |
|  |                |      |  |  |                    |                      | 540,280.    | 0 | 15.387.               |
|  | 43200<br>11-07 |      | The second secon |  |                    | , , . =              | , = = = = = |   | <u> </u>              |

### Part IX | Statement of Functional Expenses

| Sect     | 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 respon  |                       |                              |                                     | X                                     |  |  |  |  |  |
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |  |  |  |  |  |
| 1        | Grants and other assistance to domestic organizations  |                       | ·                            |                                     | ·                                     |  |  |  |  |  |
|          | and domestic governments. See Part IV, line 21   |                       |                              |                                     |                                       |  |  |  |  |  |
| 2        | Grants and other assistance to domestic  |                       |                              |                                     |                                       |  |  |  |  |  |
|          | individuals. See Part IV, line 22  |                       |                              |                                     |                                       |  |  |  |  |  |
| 3        | Grants and other assistance to foreign   |                       |                              |                                     |                                       |  |  |  |  |  |
|          | organizations, foreign governments, and foreign  |                       |                              |                                     |                                       |  |  |  |  |  |
|          | individuals. See Part IV, lines 15 and 16  |                       |                              |                                     |                                       |  |  |  |  |  |
| 4        | Benefits paid to or for members  |                       |                              |                                     |                                       |  |  |  |  |  |
| 5        | Compensation of current officers, directors,   |                       |                              |                                     |                                       |  |  |  |  |  |
|          | trustees, and key employees  | 240,921.              | 160,900.                     | 54,516.                             | 25,505.                               |  |  |  |  |  |
| 6        | Compensation not included above, to disqualified   |                       |                              |                                     |                                       |  |  |  |  |  |
|          | persons (as defined under section 4958(f)(1)) and  |                       |                              |                                     |                                       |  |  |  |  |  |
|          | persons described in section 4958(c)(3)(B)   |                       |                              |                                     |                                       |  |  |  |  |  |
| 7        | Other salaries and wages   | 859,303.              | 576,138.                     | 142,469.                            | 140,696.                              |  |  |  |  |  |
| 8        | Pension plan accruals and contributions (include   |                       |                              |                                     |                                       |  |  |  |  |  |
|          | section 401(k) and 403(b) employer contributions)  |                       |                              |                                     |                                       |  |  |  |  |  |
| 9        | Other employee benefits  |                       |                              |                                     |                                       |  |  |  |  |  |
| 10       | Payroll taxes  |                       |                              |                                     |                                       |  |  |  |  |  |
| 11       | Fees for services (non-employees):   |                       |                              |                                     |                                       |  |  |  |  |  |
| а        | Management   |                       |                              |                                     |                                       |  |  |  |  |  |
| b        | Legal  | 5,058.                | 3,799.                       | 683.                                | 576.                                  |  |  |  |  |  |
| С        | •  | 18,874.               | 12,644.                      | 3,379.                              | 2,851.                                |  |  |  |  |  |
| d        | ,  |                       |                              |                                     |                                       |  |  |  |  |  |
| е        | , , , , , , , , , , , , , , , , , , ,  |                       |                              |                                     |                                       |  |  |  |  |  |
| f        | Investment management fees   |                       |                              |                                     |                                       |  |  |  |  |  |
| g        | ,  | 221 621               | 205 422                      | 16 067                              | 10 101                                |  |  |  |  |  |
|          | column (A) amount, list line 11g expenses on Sch O.)   | 231,631.              | 205,433.                     | 16,067.                             | 10,131.                               |  |  |  |  |  |
| 12       | Advertising and promotion  | 10,655.               | 10,455.                      | 17,486.                             | 62,707.                               |  |  |  |  |  |
| 13       | Office expenses  | 186,564.<br>69,904.   | 106,371.<br>64,339.          | 2,046.                              | 3,519.                                |  |  |  |  |  |
| 14       | Information technology   | 03,304.               | 04,339.                      | 2,040.                              | 3,313.                                |  |  |  |  |  |
| 15       | Royalties  | 122,529.              | 82,164.                      | 21,893.                             | 18,472.                               |  |  |  |  |  |
| 16       | Occupancy  | 161,414.              | 155,491.                     | 1,078.                              | 4,845.                                |  |  |  |  |  |
| 17       | Travel   | 101,414.              | 133,431.                     | 1,070.                              | 4,045.                                |  |  |  |  |  |
| 18       | Payments of travel or entertainment expenses   |                       |                              |                                     |                                       |  |  |  |  |  |
| 40       | for any federal, state, or local public officials  | 136,369.              | 104,134.                     | 22,975.                             | 9,260.                                |  |  |  |  |  |
| 19       | Conferences, conventions, and meetings   | 130,309.              | TOT, TOT.                    | 44,910                              | ٠, ۵٠٠٠                               |  |  |  |  |  |
| 20       |  |                       |                              |                                     |                                       |  |  |  |  |  |
| 21<br>22 | Payments to affiliates   | 20,879.               | 15,180.                      | 3,091.                              | 2,608.                                |  |  |  |  |  |
| 23       | ,  | 14,794.               | 9,910.                       | 2,649.                              | 2,235.                                |  |  |  |  |  |
| 23<br>24 | Other expenses. Itemize expenses not covered   | ,,,,,,                | 2,3200                       | =, 0 = 0 •                          | =,255                                 |  |  |  |  |  |
|          | 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 0.)                               |                       |                              |                                     |                                       |  |  |  |  |  |
| а        | DEMILIDA OF CDAMM FILINDS  | 34,995.               |                              | 34,995.                             |                                       |  |  |  |  |  |
| b        | MEMBERSHIPS  | 12,851.               | 967.                         | 25.                                 | 11,859.                               |  |  |  |  |  |
| c        | AWARDS & SCHOLARSHIPS  | 5,829.                | 5,829.                       |                                     | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
| d        | MISCELLANEOUS  | 1,615.                | 64.                          | 919.                                | 632.                                  |  |  |  |  |  |
|          | All other expenses   |                       |                              |                                     |                                       |  |  |  |  |  |
| 25       | Total functional expenses. Add lines 1 through 24e   | 2,134,185.            | 1,513,818.                   | 324,271.                            | 296,096.                              |  |  |  |  |  |
| 26       | Joint costs. Complete this line only if the organization   |                       |                              |                                     |                                       |  |  |  |  |  |
|          | reported in column (B) joint costs from a combined   |                       |                              |                                     |                                       |  |  |  |  |  |
|          | educational campaign and fundraising solicitation.   |                       |                              |                                     |                                       |  |  |  |  |  |
|          | Check here if following SOP 98-2 (ASC 958-720)   |                       |                              |                                     |                                       |  |  |  |  |  |
|          |  |                       |                              |                                     | Earm <b>990</b> (2014)                |  |  |  |  |  |

#### Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 845,661. 827,827. Cash - non-interest-bearing 1 238,597. 2 Savings and temporary cash investments 78,967. 179,621. Pledges and grants receivable, net 3 328,108. 38,593. 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 12,167. 28,239. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 177,076. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 112,729. 43,456. 64,347. b Less: accumulated depreciation 10b 10c 178,789. 587,301. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 7,357**.** 66,015. 15 Other assets. See Part IV, line 11 15 2,048,374. 1,476,671. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 84,363. 17 42,447. Accounts payable and accrued expenses 17 18 18 Grants payable 50,000. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 14,741. 30,227. Schedule D 149,104. 72,674. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 655,862. 838,615. 27 Unrestricted net assets 27

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Permanently restricted net assets

Total liabilities and net assets/fund balances\_\_\_\_\_\_

and complete lines 30 through 34.

2,048,374. Form **990** (2014)

1,975,700.

1,137,085.

29

32

33

671,705.

1,327,567.

1,476,671.

28

29

30 31

32

33

Form 990 (2014)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

► 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

**Employer identification number** 36-3379124

| Pa   | rt I  | Reason for Public Charity Status (All organizations must complete this part.) See instructions.  |                                       |  |               |                      |                                 |                         |  |
|------|-------|--|---------------------------------------|--|---------------|----------------------|---------------------------------|-------------------------|--|
| The  | organ | ization is not a private found   | lation because it is: (               | (For lines 1 through 11, o               | check only    | one box.)            |                                 |                         |  |
| 1    |       | A church, convention of ch   |                                       |  |               |                      |                                 |                         |  |
| 2    |       | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)   |                                       |  |               |                      |                                 |                         |  |
| 3    |       | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>   |                                       |  |               |                      |                                 |                         |  |
| 4    | Ħ     | •  |                                       |  |               |                      | -                               | the hospital's name     |  |
| •    |       | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state: |                                       |  |               |                      |                                 |                         |  |
| _    |       |  | or the benefit of a co                | llogo or university owne                 | d or opera    | tod by a a           | overnmental unit describ        | and in                  |  |
| 5    | ш     | An organization operated for   |                                       | niege of university owner                | u or opera    | ted by a g           | overnmentar unit descrit        | Jeu III                 |  |
| _    |       | section 170(b)(1)(A)(iv). (C   | · · · · · · · · · · · · · · · · · · · |  |               |                      |                                 |                         |  |
| 6    | \     | A federal, state, or local government  | -                                     |  |               |                      |                                 |                         |  |
| 7    | X     | An organization that norma   | •                                     | intial part of its support               | from a gov    | ernmental            | unit or from the general        | public described in     |  |
|      |       | section 170(b)(1)(A)(vi). (C   | -                                     |  |               |                      |                                 |                         |  |
| 8    | Н     | A community trust describe   | ed in <b>section 170(b)</b>           | (1)(A)(vi). (Complete Par                | t II.)        |                      |                                 |                         |  |
| 9    |       | An organization that norma   | lly receives: (1) more                | than 33 1/3% of its sup                  | port from     | contribution         | ons, membership fees, a         | and gross receipts from |  |
|      |       | activities related to its exen   | npt functions - subje                 | ct to certain exceptions,                | , and (2) no  | more tha             | n 33 1/3% of its suppor         | t from gross investment |  |
|      |       | income and unrelated busin   | ness taxable income                   | (less section 511 tax) fr                | om busine     | sses acqu            | ired by the organization        | after June 30, 1975.    |  |
|      |       | See section 509(a)(2). (Cor  | mplete Part III.)                     |  |               |                      |                                 |                         |  |
| 10   |       | An organization organized a  | and operated exclus                   | ively to test for public sa              | afety. See    | section 50           | 09(a)(4).                       |                         |  |
| 11   |       | An organization organized a  | and operated exclus                   | ively for the benefit of, to             | o perform     | the functio          | ons of, or to carry out the     | purposes of one or      |  |
|      |       | more publicly supported or   | ganizations describe                  | ed in <b>section 509(a)(1)</b> o         | r section     | 509(a)(2).           | See <b>section 509(a)(3).</b> ( | Check the box in        |  |
|      |       | lines 11a through 11d that   | describes the type o                  | of supporting organization               | n and con     | nplete lines         | s 11e, 11f, and 11g.            |                         |  |
| а    |       | Type I. A supporting orga  | anization operated, s                 | supervised, or controlled                | by its sup    | ported org           | ganization(s), typically by     | giving                  |  |
|      |       | the supported organization   | on(s) the power to re                 | gularly appoint or elect                 | a majority    | of the dire          | ctors or trustees of the s      | supporting              |  |
|      |       | organization. You must o   | complete Part IV, Se                  | ections A and B.                         |               |                      |                                 |                         |  |
| b    |       | Type II. A supporting org  | anization supervised                  | d or controlled in connec                | tion with it  | ts support           | ed organization(s), by ha       | iving                   |  |
|      |       | control or management o  | <del>-</del>                          |  |               |                      |                                 | •                       |  |
|      |       | organization(s). You mus   |                                       |  | •             |                      |                                 | •                       |  |
| С    |       | ☐ Type III functionally inte   |                                       |  | in connec     | tion with, a         | and functionally integrate      | ed with.                |  |
|      |       | its supported organization   | - :                                   |  |               |                      | • •                             | ,                       |  |
| d    |       | Type III non-functionally  |                                       | •  |               |                      |                                 | zation(s)               |  |
|      |       | that is not functionally int   |                                       |  |               |                      |                                 |                         |  |
|      |       | requirement (see instruct  | -                                     |  | •             |                      | •                               |                         |  |
| е    |       | Check this box if the orga   | •                                     |  |               |                      |                                 |                         |  |
|      |       | functionally integrated, or  |                                       |  |               |                      |                                 |                         |  |
| f    | Fnte  | er the number of supported of  |                                       |  |               |                      |                                 |                         |  |
| a    |       | vide the following information   |                                       |  |               |                      |                                 |                         |  |
|      |       | i) Name of supported   | (ii) EIN                              | (iii) Type of organization               | (iv) Is the o | rganization          | (v) Amount of monetary          | (vi) Amount of          |  |
|      |       | organization   |                                       | (described on lines 1-9                  |               | in your<br>document? | support (see                    | other support (see      |  |
|      |       |  |                                       | above or IRC section (see instructions)) | Yes           | No                   | Instructions)                   | Instructions)           |  |
|      |       |  |                                       | (3CC ITISTI detions))                    |               |                      |                                 |                         |  |
|      |       |  |                                       |  |               |                      |                                 |                         |  |
|      |       |  |                                       |  |               |                      |                                 |                         |  |
|      |       |  |                                       |  |               |                      |                                 |                         |  |
|      |       |  |                                       |  |               |                      |                                 |                         |  |
|      |       |  |                                       |  |               |                      |                                 |                         |  |
|      |       |  |                                       |  |               |                      |                                 |                         |  |
|      |       |  |                                       |  |               |                      |                                 |                         |  |
|      |       |  |                                       |  |               |                      |                                 |                         |  |
| Γota | ıl    |  |                                       |  |               |                      |                                 |                         |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec  | tion A. Public Support   |                      |                      |             |          |                     |                |  |
|------|--|----------------------|----------------------|-------------|----------|---------------------|----------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2010             | <b>(b)</b> 2011      | (c) 2012    | (d) 2013 | (e) 2014            | (f) Total      |  |
| 1    | Gifts, grants, contributions, and  |                      |                      |             |          |                     |                |  |
|      | membership fees received. (Do not  |                      |                      |             |          |                     |                |  |
|      | include any "unusual grants.")   | 1326750.             | 1116408.             | 1455354.    | 1563563. | 2229650.            | 7691725.       |  |
| 2    | Tax revenues levied for the organ-   |                      |                      |             |          |                     |                |  |
|      | ization's benefit and either paid to   |                      |                      |             |          |                     |                |  |
|      | or expended on its behalf  |                      |                      |             |          |                     |                |  |
| 3    | The value of services or facilities  |                      |                      |             |          |                     | _              |  |
|      | furnished by a governmental unit to  |                      |                      |             |          |                     |                |  |
|      | the organization without charge  |                      |                      |             |          |                     |                |  |
| 4    | Total. Add lines 1 through 3   | 1326750.             | 1116408.             | 1455354.    | 1563563. | 2229650.            | 7691725.       |  |
| 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)   |                      |                      |             |          |                     | 2793903.       |  |
| 6    | Public support. Subtract line 5 from line 4.   |                      |                      |             |          |                     | 4897822.       |  |
|      | ction B. Total Support   |                      |                      |             |          |                     |                |  |
|      | ndar year (or fiscal year beginning in)  | (a) 2010             | <b>(b)</b> 2011      | (c) 2012    | (d) 2013 | (e) 2014            | (f) Total      |  |
|      | Amounts from line 4  | 1326750.             | 1116408.             | 1455354.    | 1563563. | 2229650.            | 7691725.       |  |
| 8    | Gross income from interest.  |                      |                      |             |          |                     |                |  |
| Ū    | dividends, payments received on  |                      |                      |             |          |                     |                |  |
|      | securities loans, rents, royalties   |                      |                      |             |          |                     |                |  |
|      | and income from similar sources  | 626.                 | 1,589.               | 3,308.      | 5,779.   | 14,677.             | 25,979.        |  |
| 9    | Net income from unrelated business   |                      |                      | , , , ,     | . ,      | ,                   |                |  |
| Ŭ    | 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.)   | 9,412.               | 90,164.              | 893.        | 668.     | 710.                | 101,847.       |  |
| 11   | Total support. Add lines 7 through 10  | , ===                |                      |             |          |                     | 7819551.       |  |
| 12   | Gross receipts from related activities,  | etc (see instruction | nns)                 |             |          | 12 2                | ,638,713.      |  |
| 13   | First five years. If the Form 990 is for   |                      |                      |             |          |                     | 7              |  |
|      | organization, check this box and <b>stop</b>   |                      |                      |             |          |                     |                |  |
| Sec  | ction C. Computation of Publ   |                      |                      |             |          |                     |                |  |
| 14   | Public support percentage for 2014 (I  | ine 6, column (f) d  | ivided by line 11, c | column (f)) |          | 14                  | 62.64 %        |  |
| 15   | Public support percentage from 2013  |                      |                      |             |          | 15                  | 63.72 %        |  |
| 16a  | 33 1/3% support test - 2014. If the c  |                      |                      |             |          | nore, check this bo | x and          |  |
|      | stop here. The organization qualifies  | as a publicly supp   | orted organization   | I           |          | ·                   | ightharpoons X |  |
| b    | 33 1/3% support test - 2013. If the c  |                      |                      |             |          |                     | is box         |  |
|      | and <b>stop here.</b> The organization qual  | -                    |                      |             |          |                     |                |  |
| 17a  |  |                      |                      |             |          |                     |                |  |
|      | 17a 10% -facts-and-circumstances test - 2014. 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"  |                      |                      | -           |          | -                   |                |  |
| b    | 10% -facts-and-circumstances tes   |                      |                      |             |          |                     |                |  |
| ~    | more, and if the organization meets the  | -                    |                      |             |          |                     |                |  |
|      | organization meets the "facts-and-circ   |                      | •                    |             | •        |                     |                |  |
| 18   | Private foundation. If the organization  |                      | •                    | •           | ,        |                     | s •            |  |
|      |  |                      |                      | , , , ,     | ,        |                     |                |  |

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

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

| Sec        | ction A. Public Support  | low, please com    | piete Part II.)      |                        |   |                      |           |
|------------|--|--------------------|----------------------|------------------------|---|----------------------|-----------|
|            | ndar year (or fiscal year beginning in)  | (a) 2010           | <b>(b)</b> 2011      | (c) 2012               | (d) 2013                                | (e) 2014             | (f) Total |
|            | Gifts, grants, contributions, and  |                    |                      | ,,,                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,                   | ,,        |
|            | membership fees received. (Do not  |                    |                      |                        |   |                      |           |
|            | include any "unusual grants.")   |                    |                      | 1                      |   |                      |           |
| 2          | Gross receipts from admissions,  |                    |                      |                        |   |                      |           |
|            | merchandise sold or services per-<br>formed, or facilities furnished in              |                    |                      |                        |   |                      |           |
|            | any activity that is related to the  |                    |                      |                        |   |                      |           |
|            | organization's tax-exempt purpose  |                    |                      |                        |   |                      |           |
| 3          | Gross receipts from activities that  |                    |                      |                        |   |                      |           |
|            | are not an unrelated trade or bus-   |                    |                      |                        |   |                      |           |
|            | iness under section 513  |                    |                      |                        |   |                      |           |
| 4          | Tax revenues levied for the organ-   |                    |                      |                        |   |                      |           |
|            | ization's benefit and either paid to   |                    |                      |                        |   |                      |           |
|            | or expended on its behalf  |                    |                      |                        |   |                      |           |
| 5          | The value of services or facilities  |                    |                      |                        |   |                      |           |
|            | furnished by a governmental unit to  |                    |                      |                        |   |                      |           |
|            | the organization without charge  |                    |                      |                        |   |                      |           |
| 6          | Total. Add lines 1 through 5   |                    |                      |                        |   |                      |           |
| 7 <i>a</i> | Amounts included on lines 1, 2, and  |                    |                      |                        |   |                      |           |
|            | 3 received from disqualified persons   |                    |                      |                        |   |                      |           |
| b          | Amounts included on lines 2 and 3 received   |                    |                      |                        |   |                      |           |
|            | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the |                    |                      |                        |   |                      |           |
|            | amount on line 13 for the year   |                    |                      |                        |   |                      |           |
| c          | : Add lines 7a and 7b  |                    |                      |                        |   |                      |           |
| 8          | Public support (Subtract line 7c from line 6.)                                       |                    |                      |                        |   |                      |           |
| Sec        | ction B. Total Support   |                    |                      |                        |   |                      |           |
| Cale       | ndar year (or fiscal year beginning in) ► 🔼  | (a) 2010           | <b>(b)</b> 2011      | (c) 2012               | (d) 2013                                | (e) 2014             | (f) Total |
| 9          | Amounts from line 6  |                    |                      |                        |   |                      |           |
| 10a        | Gross income from interest,  |                    |                      |                        |   |                      |           |
|            | dividends, payments received on securities loans, rents, royalties                   | · ·                |                      |                        |   |                      |           |
|            | and income from similar sources  |                    |                      |                        |   |                      |           |
| b          | Unrelated business taxable income  |                    |                      |                        |   |                      |           |
|            | (less section 511 taxes) from businesses   |                    |                      |                        |   |                      |           |
|            | acquired after June 30, 1975   |                    |                      |                        |   |                      |           |
| c          | : Add lines 10a and 10b  |                    |                      |                        |   |                      |           |
| 11         | Net income from unrelated business   |                    |                      |                        |   |                      |           |
|            | activities not included in line 10b, whether or not the business is                  |                    |                      |                        |   |                      |           |
|            | regularly carried on   |                    |                      |                        |   |                      |           |
| 12         | Other income. Do not include gain  |                    |                      |                        |   |                      |           |
|            | or loss from the sale of capital assets (Explain in Part VI.)                        |                    |                      |                        |   |                      |           |
| 13         | Total support. (Add lines 9, 10c, 11, and 12.)                                       |                    |                      |                        |   |                      |           |
| 14         | First five years. If the Form 990 is for t   | the organization'  | s first, second, thi | rd, fourth, or fifth t | ax year as a secti                      | on 501(c)(3) organi: | zation,   |
|            | check this box and stop here   |                    |                      |                        |   |                      |           |
| Sec        | ction C. Computation of Public   | Support Pe         | rcentage             |                        |   |                      |           |
| 15         | Public support percentage for 2014 (lir  | ne 8, column (f) d | livided by line 13,  | column (f))            |   | 15                   | %         |
|            | Public support percentage from 2013  |                    |                      |                        |   | 16                   | %         |
| Sec        | ction D. Computation of Invest   | tment Incom        | e Percentage         |                        |   |                      |           |
| 17         | Investment income percentage for 201   | 4 (line 10c, colur | mn (f) divided by li | ne 13, column (f))     |   | 17                   | %         |
|            | Investment income percentage from 20   |                    |                      |                        |   | 18                   | %         |
|            | 33 1/3% support tests - 2014. If the c   |                    |                      |                        |   | 33 1/3%, and line    | 17 is not |
|            | more than 33 1/3%, check this box and  |                    |                      |                        |   |                      |           |
| b          | 33 1/3% support tests - 2013. If the o   |                    |                      |                        |   |                      |           |
|            | line 18 is not more than 33 1/3%, chec   | •                  |                      |                        | •                                       | •                    |           |
| 20         | Private foundation. If the organization  |                    |                      |                        |   |                      |           |

### Part IV | Supporting Organizations

(Complete only if you checked a box on 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.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| Yes No  1  2  3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b |      |          |       |      |
|---|------|----------|-------|------|
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8                                |      |          | Yes   | No   |
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8                                |      |          |       |      |
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8                                |      | -        |       |      |
| 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8                                  |      | 1        |       |      |
| 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8                                  |      |          |       |      |
| 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8                                     |      | 2        |       |      |
| 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8                                     |      |          |       |      |
| 3c 4a 4b 4b 5a 5b 5c 6 7 8 8 9a                                   |      | 3a       |       |      |
| 3c 4a 4b 4b 5a 5b 5c 6 7 8 8 9a                                   |      |          |       |      |
| 3c 4a 4b 4b 5a 5b 5c 6 7 8 8 9a                                   |      | 2h       |       |      |
| 4a 4b 4c 5a 5b 5c 6 7 8   | ł    | JU       |       |      |
| 4b  4c  5a  5b  5c  6  7  8                                       |      | 3c       |       |      |
| 4b  4c  5a  5b  5c  6  7  8                                       |      |          |       |      |
| 4c 5a 5b 5c 6 7 8   | ļ    | 4a       |       |      |
| 4c 5a 5b 5c 6 7 8   |      |          |       |      |
| 4c 5a 5b 5c 6 7 8   |      | 4b       |       |      |
| 5a 5b 5c 6 7 8  |      |          |       |      |
| 5a 5b 5c 6 7 8  |      |          |       |      |
| 5a 5b 5c 6 7 8  |      |          |       |      |
| 5b<br>5c<br>6<br>7<br>8   |      | 4c       |       |      |
| 5b<br>5c<br>6<br>7<br>8   |      |          |       |      |
| 5b<br>5c<br>6<br>7<br>8   |      |          |       |      |
| 5b<br>5c<br>6<br>7<br>8   |      |          |       |      |
| 5b<br>5c<br>6<br>7<br>8   |      | Ea       |       |      |
| 5c 6 7 8 9a   | H    | Эa       |       |      |
| 6<br>7<br>8   |      | 5b       |       |      |
| 6<br>7<br>8   | Ì    |          |       |      |
| 7<br>8<br>9a  | İ    |          |       |      |
| 7<br>8<br>9a  |      |          |       |      |
| 7<br>8<br>9a  |      |          |       |      |
| 7<br>8<br>9a  |      |          |       |      |
| 9a  | ļ    | 6        |       |      |
| 9a  |      |          |       |      |
| 9a  |      | 7        |       |      |
| 9a  |      | ,        |       |      |
| 9a  |      | 8        |       |      |
|   |      | <u> </u> |       |      |
|   |      |          |       |      |
| 9b  |      | 9a       |       |      |
| 9b  |      |          |       |      |
|   |      | 9b       |       |      |
|   |      |          |       |      |
| 9c  |      | 9c       |       |      |
|   |      |          |       |      |
| 10a   |      | 100      |       |      |
| IUd   | ł    | ıva      |       |      |
| 10b   |      | 10h      |       |      |
| n 990 or 990-EZ) 2014   | n 99 |          | 0-EZ) | 2014 |

|     | dule A (Form 990 or 990-EZ) 2014 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-33   | 7912     | 4 Pa | age <b>5</b> |
|-----|--|----------|------|--------------|
| Pa  | t IV   Supporting Organizations <sub>(continued)</sub>   |          |      |              |
|     |  |          | Yes  | No           |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |          |      |              |
| а   | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                     |          |      |              |
|     | below, the governing body of a supported organization?   | 11a      |      |              |
|     | A family member of a person described in (a) above?  | 11b      |      |              |
|     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.            | 11c      |      |              |
| Sec | tion B. Type I Supporting Organizations  |          |      |              |
|     |  |          | Yes  | No           |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to                              |          |      |              |
|     | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the               |          |      |              |
|     | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                    |          |      |              |
|     | controlled the organization's activities. If the organization had more than one supported organization,                          |          |      |              |
|     | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                        |          |      |              |
|     | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                           | 1        |      |              |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported                              |          |      |              |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                       |          |      |              |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                      |          |      |              |
|     | supervised, or controlled the supporting organization.   | 2        |      |              |
| Sec | tion 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        |      |              |
| Sec | tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax            |          |      |              |
|     | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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                            |          |      |              |
|     | 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        |      |              |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations  |          |      |              |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions): |          |      |              |
| a   | The organization satisfied the Activities Test. Complete line 2 below.   |          |      |              |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.                                    |          |      |              |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst            | ructions |      |              |
| 2   | Activities Test. Answer (a) and (b) below.   |          | Yes  | No           |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of               |          |      |              |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                       |          |      |              |
|     | those supported organizations and explain how these activities directly furthered their exempt purposes,                         |          |      |              |
|     | how the organization was responsive to those supported organizations, and how the organization determined                        |          |      |              |
|     | that these activities constituted substantially all of its activities.   | 2a       |      |              |
| b   | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more              |          |      |              |
|     | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                     |          |      |              |
|     | reasons for the organization's position that its supported organization(s) would have engaged in these                           | -        |      |              |
| _   | activities but for the organization's involvement.   | 2b       |      |              |
| 3   | Parent of Supported Organizations. Answer (a) and (b) below.   |          |      |              |
| а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                      |          |      |              |
|     | trustees of each of the supported organizations? Provide details in <i>Part VI</i> .   | 3a       |      |              |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each              |          |      |              |
|     | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                | 3b       |      |              |

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| Pa   | Type III Non-Functionally Integrated 509(a)(3) Supporting                         | Orga    | anizations                         | . ago o                        |
|------|---|---------|------------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying   | trust c | n Nov. 20, 1970. <b>See instru</b> | ctions. All                    |
|      | other Type III non-functionally integrated supporting organizations must com      | plete   | Sections A through E.              |                                |
| Sect | ion A - Adjusted Net Income   |         | (A) Prior Year                     | (B) Current Year<br>(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       |                                    |                                |
| Sect | ion B - Minimum Asset Amount  |         | (A) Prior Year                     | (B) Current Year<br>(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):                 |         |                                    |                                |
| а    | Average monthly value of securities   | 1a      |                                    |                                |
| b    | Average monthly cash balances   | 1b      |                                    |                                |
| С    | Fair market value of other non-exempt-use assets                                  | 1c      |                                    |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d      |                                    |                                |
| е    | Discount claimed for blockage or other  |         |                                    |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                   |         |                                    |                                |
| 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       |                                    |                                |
| Sect | ion 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-functionally- | integra | ated Type III supporting orga      | anization (see                 |
|      | instructions).  |         |                                    |                                |

Schedule A (Form 990 or 990-EZ) 2014

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| Par   | TV   Type         | III Non-Functionally Integrated 509                   | (a)(3) Supporting Orga        | anizations <sub>(continued)</sub> |                 |
|-------|-------------------|---|-------------------------------|-----------------------------------|-----------------|
| Secti | on D - Distribu   | Current Year  |                               |                                   |                 |
| 1     | Amounts paid      | to supported organizations to accomplish exe          | mpt purposes                  |                                   |                 |
| 2     | Amounts paid      | to perform activity that directly furthers exemp      | ot purposes of supported      |                                   |                 |
|       | organizations,    |   |                               |                                   |                 |
| 3     | Administrative    |   |                               |                                   |                 |
| 4     | Amounts paid      | to acquire exempt-use assets                          |                               |                                   |                 |
| 5     | Qualified set-a   | side amounts (prior IRS approval required)            |                               |                                   |                 |
| 6     | Other distribut   | ions (describe in <b>Part VI</b> ). See instructions. |                               |                                   |                 |
| 7     | Total annual      | distributions. Add lines 1 through 6.                 |                               |                                   |                 |
| 8     | Distributions to  | attentive supported organizations to which the        | ne organization is responsive | е                                 |                 |
|       | (provide detail   | s in <b>Part VI</b> ). See instructions.              |                               |                                   |                 |
| 9     | Distributable a   | mount for 2014 from Section C, line 6                 |                               |                                   |                 |
| 10    | Line 8 amount     | divided by Line 9 amount                              |                               |                                   |                 |
|       |                   |   | (i)                           | (ii)                              | (iii)           |
| Cooti | on E. Distribu    | ution Allocations (see instructions)                  | Excess Distributions          | Underdistributions                | Distributable   |
| Secu  | on E - Distribt   | ition Allocations (see instructions)                  |                               | Pre-2014                          | Amount for 2014 |
| 1     | Distributable a   | mount for 2014 from Section C, line 6                 |                               |                                   |                 |
| 2     | Underdistribut    | ions, if any, for years prior to 2014                 |                               |                                   |                 |
|       | (reasonable ca    | ause required-see instructions)                       |                               |                                   |                 |
| 3     | Excess distrib    | utions carryover, if any, to 2014:                    |                               |                                   |                 |
| а     |                   |   |                               |                                   |                 |
| b     |                   |   |                               |                                   |                 |
| С     |                   |   |                               |                                   |                 |
| d     |                   |   |                               |                                   |                 |
| е     | From 2013         |   |                               |                                   |                 |
| f     | Total of lines    | Ba through e  |                               |                                   |                 |
| g     | Applied to und    | lerdistributions of prior years                       |                               |                                   |                 |
| h     | Applied to 201    | 4 distributable amount                                |                               |                                   |                 |
| i     | Carryover fron    | n 2009 not applied (see instructions)                 |                               |                                   |                 |
| j     | Remainder. Su     | ubtract lines 3g, 3h, and 3i from 3f.                 |                               |                                   |                 |
| 4     | Distributions for | or 2014 from Section D,                               |                               |                                   |                 |
|       | line 7:           | \$  |                               |                                   |                 |
| а     | Applied to und    | lerdistributions of prior years                       |                               |                                   |                 |
| b     | Applied to 201    | 4 distributable amount                                |                               |                                   |                 |
| С     | Remainder. Su     | ubtract lines 4a and 4b from 4.                       |                               |                                   |                 |
| 5     | Remaining und     | derdistributions for years prior to 2014, if          |                               |                                   |                 |
|       | any. Subtract     | lines 3g and 4a from line 2 (if amount                |                               |                                   |                 |
|       | greater than ze   | ero, see instructions).                               |                               |                                   |                 |
| 6     | Remaining und     | derdistributions for 2014. Subtract lines 3h          |                               |                                   |                 |
|       | and 4b from lin   | ne 1 (if amount greater than zero, see                |                               |                                   |                 |
|       | instructions).    |   |                               |                                   |                 |
| 7     | Excess distril    | outions carryover to 2015. Add lines 3j               |                               |                                   |                 |
|       | and 4c.           |   |                               |                                   |                 |
| 8     | Breakdown of      | line 7:   |                               |                                   |                 |
| а     |                   |   |                               |                                   |                 |
| b     |                   |   |                               |                                   |                 |
| С     |                   |   |                               |                                   |                 |
| d     | Excess from 2     | 013   |                               |                                   |                 |

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

| <br><b>Supplemental Information.</b> 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). |
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

**Employer identification number** 36-3379124

| Par | t I Organizations Maintaining Donor Advised                          | Funds or Other Similar Funds                | or Acc    | counts. Complete if the              |
|-----|--|---|-----------|--------------------------------------|
|     | organization answered "Yes" to Form 990, Part IV, line 6             | 5.  |           |                                      |
|     |  | (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 wr      | iting that the assets held in donor advise  | d funds   |                                      |
|     | are the organization's property, subject to the organization's ex    | xclusive legal control?                     |           | Yes No                               |
| 6   | Did the organization inform all grantees, donors, and donor adv      |   |           |                                      |
|     | for charitable purposes and not for the benefit of the donor or      |   |           |                                      |
|     |  |   |           | Yes No                               |
| Par |  |   |           | e 7.                                 |
| 1   | Purpose(s) of conservation easements held by the organization        | n (check all that apply).                   |           |                                      |
|     | Preservation of land for public use (e.g., recreation or ed          | ucation) Preservation of a histor           | ically im | portant land area                    |
|     | Protection of natural habitat  | Preservation of a certifi                   | ed histo  | oric structure                       |
|     | Preservation of open space   |   |           |                                      |
| 2   | Complete lines 2a through 2d if the organization held a qualifie     | d conservation contribution in the form of  | a cons    | ervation easement on the last        |
|     | day of the tax year.   |   |           |                                      |
|     |  |   |           | Held at the End of the Tax Year      |
| а   | Total number of conservation easements                               |   | 2         | 2a                                   |
| b   | Total acreage restricted by conservation easements                   |   | 2         | 2b                                   |
| С   | Number of conservation easements on a certified historic structure   | cture included in (a)                       | 2         | 2c                                   |
| d   | Number of conservation easements included in (c) acquired af         | ter 8/17/06, and not on a historic structur | e         |                                      |
|     | listed in the National Register                                      |   | 2         | 2d                                   |
| 3   | Number of conservation easements modified, transferred, release      | ased, extinguished, or terminated by the    | organiza  | ation during the tax                 |
|     | year >   |   |           |                                      |
| 4   | Number of states where property subject to conservation ease         | ement is located                            |           |                                      |
| 5   | Does the organization have a written policy regarding the period     | dic monitoring, inspection, handling of     |           |                                      |
|     | violations, and enforcement of the conservation easements it h       | nolds?                                      |           | Yes  No                              |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, a       |   |           |                                      |
| 7   | Amount of expenses incurred in monitoring, inspecting, and en        |   |           |                                      |
| 8   | Does each conservation easement reported on line 2(d) above          |   |           |                                      |
|     | and section 170(h)(4)(B)(ii)?  |   |           | Yes No                               |
| 9   | In Part XIII, describe how the organization reports conservation     |   |           |                                      |
|     | include, if applicable, the text of the footnote to the organization | on's financial statements that describes th | ie organ  | nization's accounting for            |
| Da  | conservation easements.  | Aut Historical Tuescomes on OH              | O:-       | asilan Assata                        |
| Pai | t III Organizations Maintaining Collections of                       |   | ier Sii   | milar Assets.                        |
|     | Complete if the organization answered "Yes" to Form 99               |   |           |                                      |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC        |   |           |                                      |
|     | historical treasures, or other similar assets held for public exhib  | ,   | ce of pu  | blic service, provide, in Part XIII, |
|     | the text of the footnote to its financial statements that describe   |   |           |                                      |
| р   | If the organization elected, as permitted under SFAS 116 (ASC        |   |           |                                      |
|     | treasures, or other similar assets held for public exhibition, edu   | ication, or research in furtherance of publ | ic servic | ce, provide the following amounts    |
|     | relating to these items:   |   | _         | Φ.                                   |
|     | (i) Revenue included in Form 990, Part VIII, line 1                  |   |           |                                      |
| _   |  |   |           |                                      |
| 2   | If the organization received or held works of art, historical treas  |   | gain, pro | ovide                                |
| _   | the following amounts required to be reported under SFAS 116         |   |           | •                                    |
| a   | Revenue included in Form 990, Part VIII, line 1                      |   |           |                                      |
| b   | Assets included in Form 990, Part X                                  |   | J         | φ                                    |

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

Schedule D (Form 990) 2014

|                                       | PEPPEGG   | D.                    |                        |                       | ran 26 2             | 27012              | 4       | _            |
|---------------------------------------|---|-----------------------|------------------------|-----------------------|----------------------|--------------------|---------|--------------|
|                                       | rt III Organizations Maintaining C                                |                       |                        | ORT ALLIAN            |                      | 37912<br>ets/conti |         | age <b>Z</b> |
| 3                                     | Using the organization's acquisition, accession                   |                       |                        |                       |                      |                    |         | ıs           |
| _                                     | (check all that apply):   | ,                     | ,,                     |                       | 9                    |                    |         | _            |
| а                                     |   | d                     | Loan or exc            | hange programs        |                      |                    |         |              |
| b                                     |   | е                     |                        | 3 1 3                 |                      |                    |         |              |
| c Preservation for future generations |   |                       |                        |                       |                      |                    |         |              |
| 4                                     | Provide a description of the organization's co                    | llections and explai  | n how they further t   | he organization's ex  | empt purpose in Pa   | art XIII.          |         |              |
| 5                                     | During the year, did the organization solicit or                  | =                     | · ·                    | -                     |                      |                    |         |              |
|                                       | to be sold to raise funds rather than to be ma                    | intained as part of t | he organization's co   | ollection?            |                      | Yes                |         | □No          |
| Pai                                   | rt IV Escrow and Custodial Arrang                                 |                       |                        |                       |                      | , line 9, oı       |         |              |
|                                       | reported an amount on Form 990, Par                               | t X, line 21.         |                        |                       |                      |                    |         |              |
| 1a                                    | Is the organization an agent, trustee, custodia                   | an or other intermed  | liary for contribution | ns or other assets no | ot included          |                    |         |              |
|                                       | on Form 990, Part X?  |                       |                        |                       |                      | Yes                |         | No           |
| b                                     | If "Yes," explain the arrangement in Part XIII a                  |                       |                        |                       |                      |                    |         |              |
|                                       |   |                       |                        |                       |                      | Amour              | it      |              |
| С                                     | Beginning balance   |                       |                        |                       | 1c                   |                    |         |              |
| d                                     | Additions during the year   |                       |                        |                       | 1d                   |                    |         |              |
| е                                     | Distributions during the year                                     |                       |                        |                       | 1e                   |                    |         |              |
| f                                     | •                           |                       |                        |                       |                      |                    |         |              |
| <b>2</b> a                            | Did the organization include an amount on Fo                      | orm 990, Part X, line | 21, for escrow or c    | ustodial account liab | oility?L             | Yes                | Ļ       | ∐ No         |
| _                                     | If "Yes," explain the arrangement in Part XIII.                   |                       |                        |                       |                      |                    |         |              |
| Pai                                   | rt V Endowment Funds. Complete if                                 |                       |                        |                       | 1                    |                    |         |              |
|                                       |   | (a) Current year      | (b) Prior year         | (c) Two years back    | (d) Three years back | ( <b>(e)</b> Fou   | r years | back         |
|                                       | Beginning of year balance   |                       |                        | _                     |                      |                    |         |              |
|                                       | Contributions   |                       |                        |                       |                      |                    |         |              |
| С.                                    | * * * * * * * * * * * * * * * * * * *                             |                       |                        |                       |                      |                    |         |              |
|                                       | Grants or scholarships  |                       |                        |                       |                      | +                  |         |              |
| е                                     | Other expenditures for facilities                                 |                       |                        |                       |                      |                    |         |              |
|                                       | and programs  |                       |                        |                       |                      | +                  |         |              |
|                                       | Administrative expenses   |                       |                        |                       |                      |                    |         |              |
|                                       | End of year balance  Provide the estimated percentage of the curr | ont year and balance  | o (line 1g. column (   | )) pold so:           |                      |                    |         |              |
| 2                                     |   | erit year erid balanc | %                      | a)) Helu as.          |                      |                    |         |              |
| a                                     | Permanent endowment   | %                     |                        |                       |                      |                    |         |              |
|                                       | Temporarily restricted endowment                                  |                       |                        |                       |                      |                    |         |              |
| ·                                     | The percentages in lines 2a, 2b, and 2c shou                      |                       |                        |                       |                      |                    |         |              |
| 32                                    | Are there endowment funds not in the posses                       |                       | ation that are held a  | and administered for  | the organization     |                    |         |              |
| Ja                                    | by:   | Solon of the organiza | anon mar are nelu a    | and administered for  | ano organization     |                    | Yes     | No           |
|                                       | (i) unrelated organizations                                       |                       |                        |                       |                      | 3a(i)              | 103     | 140          |
|                                       | (ii) related organizations  |                       |                        |                       |                      |                    |         |              |
| b                                     | If "Yes" to 3a(ii), are the related organizations                 |                       |                        |                       |                      |                    |         |              |
| 4                                     | Describe in Part XIII the intended uses of the                    |                       |                        |                       |                      |                    |         |              |
|                                       | rt VI Land, Buildings, and Equipm                                 |                       |                        |                       |                      |                    |         |              |

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

| Description of property   | (d) Book value |         |         |         |  |  |  |
|---|----------------|---------|---------|---------|--|--|--|
| 1a Land   |                |         |         |         |  |  |  |
| <b>b</b> Buildings  |                |         |         | 0.      |  |  |  |
| c Leasehold improvements  |                | 39,353. | 39,353. | 0.      |  |  |  |
| d Equipment   |                | 55,634. | 55,634. | 0.      |  |  |  |
| e Other   |                | 82,089. | 17,742. | 64,347. |  |  |  |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                |         |         |         |  |  |  |

Schedule D (Form 990) 2014

|  | ע | ĿГ | VE | D | νт | OI |
|--|---|----|----|---|----|----|
|  |   |    |    |   |    |    |
|  |   |    |    |   |    |    |

| Part VII    | Investments - Other Securities.  | to Forms 000 Deat N/ P         | - 11h Coo Farms 000 Dark V F - 11   | 2                                    |
|-------------|--|--------------------------------|-------------------------------------|--------------------------------------|
| (a) Descrir | Complete if the organization answered "Yes" ption of security or category (including name of security) | (b) Book value                 |                                     | 2.<br>st or end-of-year market value |
|             | al derivatives   | (b) Book value                 | (c) mothed of valuations of         | or or or or year marker value        |
|             | -held equity interests   |                                |                                     |                                      |
| (3) Other   | Tiola oquity intorooto   |                                |                                     |                                      |
| (A)         |  |                                |                                     |                                      |
| (B)         |  |                                |                                     |                                      |
| (C)         |  |                                |                                     |                                      |
| (D)         |  |                                |                                     |                                      |
| (E)         |  |                                |                                     |                                      |
| (F)         |  |                                |                                     |                                      |
| (G)         |  |                                |                                     |                                      |
| (H)         |  |                                |                                     |                                      |
|             | b) must equal Form 990, Part X, col. (B) line 12.)   |                                |                                     |                                      |
|             | Investments - Program Related.   |                                | •                                   |                                      |
|             | Complete if the organization answered "Yes"  | to Form 990, Part IV, line     | e 11c. See Form 990, Part X, line 1 | 3.                                   |
|             | (a) Description of investment  | (b) Book value                 | (c) Method of valuation: Cos        | st or end-of-year market value       |
| (1)         |  |                                |                                     |                                      |
| (2)         |  |                                |                                     |                                      |
| (3)         |  |                                |                                     |                                      |
| (4)         |  |                                |                                     |                                      |
| (5)         |  | 4                              |                                     |                                      |
| (6)         |  |                                |                                     |                                      |
| (7)         |  |                                |                                     |                                      |
| (8)         |  |                                |                                     |                                      |
| (9)         |  |                                |                                     |                                      |
|             | b) must equal Form 990, Part X, col. (B) line 13.)   |                                |                                     |                                      |
| Part IX     |  |                                |                                     |                                      |
|             | Complete if the organization answered "Yes"  |                                | e 11d. See Form 990, Part X, line 1 |                                      |
|             | (a)  | Description                    |                                     | (b) Book value                       |
| (1)         |  |                                |                                     |                                      |
| (2)         |  |                                |                                     |                                      |
| (3)         |  |                                |                                     |                                      |
| (4)         |  |                                |                                     |                                      |
| (5)         |  |                                |                                     |                                      |
| (6)         |  |                                |                                     |                                      |
| (7)         |  |                                |                                     |                                      |
| (8)         |  |                                |                                     |                                      |
| (9)         | ımn (b) must equal Form 990, Part X, col. (B) line   | - 1F \                         |                                     |                                      |
| Part X      | Other Liabilities.   | e 15.)                         |                                     | ······ <b>/</b>                      |
| I dit X     | Complete if the organization answered "Yes"  | to Form 990 Part IV line       | e 11e or 11f See Form 990 Part X    | line 25                              |
| 1.          | (a) Description of liability   | 10 1 01111 000, 1 411 14, 1111 | (b) Book value                      |                                      |
|             | deral income taxes   |                                | · · ·                               |                                      |
|             | CRUED VACATION & PAYROL  | L                              | 25,843.                             |                                      |
| (-/         | CCRUED   | _                              | 4,384.                              |                                      |
| (4)         |  |                                | , -                                 |                                      |
| (5)         |  |                                |                                     |                                      |
| (6)         |  |                                |                                     |                                      |
| (7)         |  |                                |                                     |                                      |
| (8)         |  |                                |                                     |                                      |
| (9)         |  |                                |                                     |                                      |
|             | ımn (b) must equal Form 990, Part X, col. (B) line   | e 25.)                         | 30,227.                             |                                      |
|             | (-) (D) mil  | /                              | •                                   |                                      |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem                    | ents With  | Revenue per R  | eturi | n.         |
|----|---|------------|----------------|-------|------------|
|    | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a      | l.         |                |       |            |
| 1  | Total revenue, gains, and other support per audited financial statements        |            |                | 1     | 2,813,186. |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |            |                |       |            |
| а  | Net unrealized gains (losses) on investments                                    | 2a         | <2,999.        |       |            |
| b  | Donated services and use of facilities  | 2b         | 30,868.        |       |            |
| С  | Recoveries of prior year grants   | 2c         |                |       |            |
| d  | Other (Describe in Part XIII.)  | 2d         |                |       |            |
| е  | Add lines 2a through 2d   |            |                | 2e    | 27,869.    |
| 3  | Subtract line 2e from line 1  |            |                | 3     | 2,785,317. |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |            |                |       |            |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a         |                |       |            |
| b  | Other (Describe in Part XIII.)  | 4b         |                |       | _          |
| С  | Add lines <b>4a</b> and <b>4b</b>   |            |                | 4c    | 0.         |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |            |                | 5     | 2,785,317. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stater                  | nents Wit  | h Expenses per | Retu  | ırn.       |
|    | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a      | l <b>.</b> |                |       |            |
| 1  | Total expenses and losses per audited financial statements                      |            |                | 1     | 2,165,053. |
|    |   |            |                |       |            |

| 1  | Total expenses and losses per audited financial statements                       | 1       | 2,165,053. |  |
|----|--|---------|------------|--|
| 2  | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |         |            |  |
| а  | Donated services and use of facilities2a   | 30,868. |            |  |
| b  | Prior year adjustments 2b  |         |            |  |
| С  | Other losses 2c  |         |            |  |
|    | Other (Describe in Part XIII.)   |         |            |  |
| е  | Add lines 2a through 2d  | 2e      | 30,868.    |  |
| 3  | Subtract line 2e from line 1   | 3       | 2,134,185. |  |
| 4  | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |         |            |  |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b                 |         |            |  |
| b  | Other (Describe in Part XIII.)   |         |            |  |
| С  | Add lines 4a and 4b  | 4c      | 0.         |  |
| _5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5       | 2,134,185. |  |

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. AS OF DECEMBER 31, 2014, DBSA HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL AND STATE TAX RETURNS OF THE DBSA FOR THE TAX YEARS 2011, 2012 AND 2013 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

| Schedule D (Form 990) 2014                                       | DEPRESSION          | AND | BIPOLAR | SUPPORT | ALLIANCE | 36-3379124 | Page 5 |
|--|---------------------|-----|---------|---------|----------|------------|--------|
| Schedule D (Form 990) 2014  Part XIII   Supplemental Information | rmation (continued) |     |         |         |          |            |        |
|  |                     |     |         |         |          |            |        |
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|  |                     |     |         |         |          |            |        |

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service ► 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.

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

| Pai | TI Types of Property  |                     |                            |  |                               |         |       |    |
|-----|---|---------------------|----------------------------|--|-------------------------------|---------|-------|----|
|     |   | (a)                 | (b)                        | (c)                                      | (d)                           | tormin  | ina   |    |
|     |   | Check if applicable | Number of contributions or | Noncash contribution amounts reported on | Method of de noncash contribu |         | _     | rs |
|     |   | аррпоавіс           |                            | Form 990, Part VIII, line 1g             | Tiorioasi Toorians            | <i></i> | mount |    |
| 1   | Art - Works of art  |                     |                            |  |                               |         |       |    |
| 2   | Art - Historical treasures  |                     |                            |  |                               |         |       |    |
| 3   | Art - Fractional interests  |                     |                            |  |                               |         |       |    |
| 4   | Books and publications  |                     |                            |  |                               |         |       |    |
| 5   | Clothing and household goods  |                     |                            |  |                               |         |       |    |
| 6   | Cars and other vehicles   |                     |                            |  |                               |         |       |    |
| 7   | Boats and planes  |                     |                            |  |                               |         |       |    |
| 8   | Intellectual property   |                     |                            |  |                               |         |       |    |
| 9   | Securities - Publicly traded  | X                   | 5                          | 121,234.                                 | SELLING PRI                   | CE      |       |    |
| 10  | Securities - Closely held stock   |                     |                            |  |                               |         |       |    |
| 11  | Securities - Partnership, LLC, or   |                     |                            |  |                               |         |       |    |
|     | trust interests   |                     |                            |  |                               |         |       |    |
| 12  | Securities - Miscellaneous  |                     | 4                          |  |                               |         |       |    |
| 13  | Qualified conservation contribution -   |                     |                            |  |                               |         |       |    |
|     | Historic structures   |                     |                            |  |                               |         |       |    |
| 14  | Qualified conservation contribution - Other   |                     |                            |  |                               |         |       |    |
| 15  | Real estate - Residential   |                     |                            |  |                               |         |       |    |
| 16  | Real estate - Commercial  |                     |                            |  |                               |         |       |    |
| 17  | Real estate - Other   |                     |                            |  |                               |         |       |    |
| 18  | Collectibles  |                     |                            |  |                               |         |       |    |
| 19  | Food inventory  |                     |                            |  |                               |         |       |    |
| 20  | Drugs and medical supplies  |                     |                            |  |                               |         |       |    |
| 21  | Taxidermy   |                     |                            |  |                               |         |       |    |
| 22  | Historical artifacts  |                     |                            |  |                               |         |       |    |
| 23  | Scientific specimens  |                     |                            |  |                               |         |       |    |
| 24  | Archeological artifacts   |                     |                            |  |                               |         |       |    |
| 25  | Other • ()  |                     |                            |  |                               |         |       |    |
| 26  | Other • ()  |                     |                            |  |                               |         |       |    |
| 27  | Other • ()  |                     |                            |  |                               |         |       |    |
| 28  | Other ()  |                     |                            |  |                               |         |       |    |
| 29  | Number of Forms 8283 received by the organia  | zation durin        | g the tax year for o       | contributions                            |                               |         |       |    |
|     | for which the organization completed Form 82  | 83, Part IV,        | Donee Acknowled            | gement <b>29</b>                         |                               |         |       |    |
|     |   |                     |                            |  |                               |         | Yes   | No |
| 30a | During the year, did the organization receive b   | y contributio       | on any property rep        | oorted in Part I, lines 1 throu          | gh 28, that it                |         |       |    |
|     | must hold for at least three years from the date  | e of the initia     | al contribution, and       | d which is not required to be            | used for                      |         |       |    |
|     | exempt purposes for the entire holding period   | ?                   |                            |  |                               | 30a     |       | X  |
| b   | If "Yes," describe the arrangement in Part II.  |                     |                            |  |                               |         |       |    |
| 31  | Does the organization have a gift acceptance  | policy that r       | equires the review         | of any non-standard contrib              | utions?                       | 31      |       | X  |
| 32a | Does the organization hire or use third parties   | or related or       | ganizations to soli        | icit, process, or sell noncash           |                               |         |       |    |
|     | contributions?  |                     |                            |  |                               | 32a     | Х     |    |
| b   | If "Yes," describe in Part II.  |                     |                            |  |                               |         |       |    |
| 33  | If the organization did not report an amount in   | column (c) 1        | or a type of prope         | rty for which column (a) is ch           | necked,                       |         |       |    |
|     | describe in Part II.  |                     |                            |  |                               |         |       |    |
| LHA | A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014) |                     |                            |  |                               |         |       |    |

08-12-1

432142 08-12-14

Schedule M (Form 990) (2014)

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

**Employer identification number** 36-3379124

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INFORMATION AND GRASS ROOTS AND PEER SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EASY-TO-READ BROCHURES WERE CIRCULATED IN 2014 BY DBSA AND OUR CHAPTERS TO INDIVIDUALS THROUGHOUT THE NATION VIA REQUESTS TO OUR TOLL-FREE NUMBER OR ONLINE REQUESTS AS WELL AS IN SUPPORT GROUPS, DOCTORS' OFFICES, AND MENTAL HEALTH EVENTS. DBSA CONNECTED MORE THAN 23,000 INDIVIDUALS TO RESOURCES FOR SUPPORT AND ASSISTANCE THOUGH OUR TOLL-FREE REFERRAL NUMBER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DBSALLIANCE.ORG. 65 INDIVIDUALS ATTENDED DBSA'S 2014 CHAPTER LEADERSHIP FORUM IN ORDER TO NETWORK ABOUT BEST PRACTICES FOR IMPROVING COMMUNITY SUPPORT. MEMBERS OF DBSA MANAGEMENT CONDUCTED LISTENING SESSIONS WITH 8 OF OUR CHAPTERS TO SHARE DBSA AND CHAPTER PROGRAMS AS WELL AS LEARN ABOUT CHAPTER LEADERS' AND SUPPORT GROUPS' NEEDS, WANTS, AND CHALLENGES. DBSA PLAYED A PIVOTAL ROLE IN A GROUNDBREAKING INITIATIVE TO MAKE PEER SUPPORT SERVICES WIDELY AVAILABLE TO MILITARY VETERANS STRUGGLING WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES. DBSA WAS AWARDED A MAJOR CONTRACT BY FROM THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS (VA) FOR TRAINING AND CERTIFICATION OF 475 PEER SUPPORT STAFF EMPLOYED BY VA FACILITIES ACROSS THE COUNTRY. THIS TRAINING PREPARED VETERANS TO ASSUME PEER SPECIALIST ROLES IN VA MEDICAL CENTERS AND OTHER FACILITIES. THE DBSA BALANCED MIND PARENT NETWORK AND SUPPORT LINE SPECIFICALLY CONNECT PARENTS OF YOUTH WITH

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

Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

MOOD DISORDERS TO INFORMATION AND PEER SUPPORT.

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

THE TAX RETURNS ARE REVIEWED BY THE FINANCE COMMITTEE AND THE EXECUTIVE

COMMITTEE, AND ANY QUESTIONS THEY HAVE ARE ADDRESSED. ONCE THE TAX RETURNS

ARE APPROVED, THEY ARE SENT TO THE REST OF THE BOARD OF DIRECTORS. THE TAX

RETURNS ARE THEN FILED.

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

ONCE A CANDIDATE IS APPROVED BY THE BOARD, THE CANDIDATE MUST COMPLETE A
COMMITMENT TO SERVE DOCUMENT THAT INCLUDES A SECTION ON CONFLICT OF
INTEREST. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY IS CLEARLY STATED
IN THE BYLAWS AND IS PROVIDED TO ALL NEW BOARD MEMBERS BEFORE THEIR
FACE-TO-FACE ORIENTATION, AND THEN AGAIN TO ALL BOARD MEMBERS ANNUALLY.
THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A MEETING OF THE FULL BOARD,
AND MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS AND UPDATE THEIR FORMS
ANNUALLY. IT IS STATED THAT AT ANYTIME DURING THE COURSE OF THEIR TERMS,
IF A CONFLICT OF INTEREST SHOULD ARISE, MEMBERS MUST BRING FORTH THIS
INFORMATION TO AT LEAST THE CHAIR OF THE BOARD.

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

SALARY FOR THE PRESIDENT IS DETERMINED BY THE BOARD. THE BOARD LOOKS AT

SALARIES FROM LIKE ORGANIZATIONS. THERE IS AN EMPLOYMENT CONTRACT

DOCUMENTING THE SALARY AND BENEFITS FOR THE PRESIDENT. THE PRESIDENT LOOKS

AT SALARIES FROM LIKE ORGANIZATIONS AND DETERMINES THE SALARY FOR THE

EXECUTIVE VICE PRESIDENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

| Schedule O (Form 990 or 990-EZ) (2014)                            | Page 2                                    |
|---|---|
| Name of the organization  DEPRESSION AND BIPOLAR SUPPORT ALLIANCE | Employer identification number 36-3379124 |
| IL,AK,AR,CA,CO,CT,DC,FL,GA,HI,KS,KY,ME,MD,MA,MI,MN,MS,MO          | ,NH,NJ,NY,NC,ND,OH                        |
| OR, PA, RI, SC, TN, UT, NM, VA, WA, WV, WI, OK                    |   |
|   |   |
| FORM 990, PART VI, SECTION C, LINE 19:                            |   |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FIN          | ANCIAL STATEMENTS                         |
| ARE AVAILABLE TO THE PUBLIC AT DBSA'S OFFICE.                     |   |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                          |   |
| OTHER:  |   |
| PROGRAM SERVICE EXPENSES  | 102,931.                                  |
| MANAGEMENT AND GENERAL EXPENSES                                   | 8,050.                                    |
| FUNDRAISING EXPENSES  | 5,076.                                    |
| TOTAL EXPENSES  | 116,057.                                  |
|   |   |
| VA PEER SPECIALISTS:  |   |
| PROGRAM SERVICE EXPENSES  | 102,502.                                  |
| MANAGEMENT AND GENERAL EXPENSES                                   | 8,017.                                    |
| FUNDRAISING EXPENSES  | 5,055.                                    |
| TOTAL EXPENSES  | 115,574.                                  |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A            | 231,631.                                  |
|   |   |
|   |   |
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