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GOVERNMENT COPY

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



and ending A For the 2015 calendar year, or tax year beginning В Check if applicable: C Name of organization D Employer identification number Address change DEPRESSION AND BIPOLAR SUPPORT ALLIANCE _____Name _____change 36-3379124 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 642-0049 55 EAST JACKSON BLVD 490 (312)termin-ated 3,300,106. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended 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 527 If "No," attach a list. (see instructions) J Website: WWW.DBSALLIANCE.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust 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 1 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. 2 19 Number of voting members of the governing body (Part VI, line 1a) 3 3 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 20 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 82 6 6 Total number of volunteers (estimate if necessary) 0. 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 Prior Year Current Year 2,229,650. 2,791,631. Contributions and grants (Part VIII, line 1h) 8 Revenue 531,763. 291,350. Program service revenue (Part VIII, line 2g) 9 14,659. 28,059. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 7,075. 9,245. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,785,317. 3,118,115. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,100,224. 1,218,713. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) Ο. 333,707. b Total fundraising expenses (Part IX, column (D), line 25) 1,033,961. 1,351,255. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,134,185. 2,569,968. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 548,147. 651,132. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances Beginning of Current Year End of Year 2,048,374. 2,661,452. 20 Total assets (Part X, line 16) 72,674. 164,154. **21** Total liabilities (Part X, line 26) Net / 975,700. 2,497,298. 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.

Sign Here		IDENT	Date						
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	MARCY STEINDLER			if self-employed P00573131					
Preparer	Firm's name 🕒 MANN. WEITZ & AS	SOCIATES L.L.C.	Firm	Firm's EIN 36-3963131					
Use Only	Firm's address 111 DEER LAKE RC	AD, SUITE 125		-					
	e no. (847)267-3400								
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No					
532001 12-1	6-15 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.		Form 990 (2015)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2015) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-337	9124 _{Pa}
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
 Briefly describe the organization's mission: 	
DBSA ENVISIONS WELLNESS FOR PEOPLE LIVING WITH DEPRESSION AND	BIPOLAR
DISORDER. DBSA PURSUES THIS VISION WITH THE MISSION "TO PROVID	
HELP, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PEOPLE WHO	O 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
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
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 ex	kpenses, and
revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,140,277. including grants of \$) (Revenue \$	34,21
EDUCATION AND INFORMATION - DBSA IS THE LEADING PEER-DIRECTED I	
	015, WE
DIRECTLY ASSISTED 3.4 MILLION PEOPLE WITH IN-PERSON AND ONLINE	
SUPPORT; READILY UNDERSTANDABLE AND CURRENT INFORMATION ABOUT	
DEPRESSION AND BIPOLAR DISORDER; AND EMPOWERING TOOLS FOCUSED (ON AN
INTEGRATED APPROACH TO WELLNESS. MORE THEN 1.4 MILLION PEOPLE	
OUR SUITE OF ONLINE RESOURCES TO ACCESS LIFE-SAVING INFORMATION	
DBSALLIANCE.ORG AND DBSALIANZA.ORG CONNECT INDIVIDUALS WITH IN	
INFORMATION ABOUT MOOD DISORDERS, WELLNESS OPTIONS, PEER SUPPOR	RT, AND
ADVICE ON HELPING OTHERS. FACINGUS.ORG IS HOME TO A WEALTH OF	
CUSTOMIZABLE PERSONAL WELLNESS TOOLS THAT HELP PEOPLE LIVE IN THE DBSA BALANCED MIND PARENT NETWORK LINKS PARENTS OF YOUTH W	
	263,26
· · · · · · · · · · · · · · · · · · ·	TO OUR
242 CHAPTERS HELPING THEM EXPAND THEIR CAPACITY TO PROVIDE EDU	
AND OUTREACH TO THEIR LOCAL COMMUNITIES AND OVERSEE 615 SUPPORT	
NATIONWIDE. A COMPREHENSIVE CHAPTER MANAGEMENT SECTION ON	
DBSALLIANCE.ORG PROVIDES CHAPTERS A HOST OF TOOLS AND RESOURCE	S, WITH
INFORMATION ON HOW TO GROW AND ENHANCE THEIR SERVICES, OFFER	
EDUCATIONAL EVENTS IN THEIR COMMUNITIES, AND FUNDRAISE TO SUPPO	
LOCAL PROGRAMMING. CHAPTER LEADERS MAY ENHANCE THEIR SKILLS A	
ANNUAL DBSA CHAPTER LEADERSHIP FORUM. IN 2015 DBSA TRAINED 55	
MEMBERS AS FACILITATORS, HELPING THEM PROVIDE GUIDANCE AND INS	
TO THEIR SUPPORT GROUPS. THESE LIVE TRAININGS WERE DELIVERED	
LOCATIONS AROUND THE COUNTRY AND THROUGH ONLINE COURSE MATERIAL	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d Other program services (Describe in Schedule O.)	`
(Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ► 1,966,729.)
	Form 990
SEE SCHEDULE O FOR CONTINUATION(S)	
2	
80516 787606 04305 2015.03030 DEPRESSION AND BIPOLAR SUPP	04305

Form 990 (2015)

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Pa	rt 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		Х
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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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	Х	
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	4.0		x
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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
19	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	1/		<u> </u>
18	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? <i>If</i> "Yes,"	10		<u> </u>
.5	complete Schedule G, Part III	19		x

Form **990** (2015)

532003 12-16-15

Form 990 (20 ⁻	10)				SUPPORT	ALLIANCE					
Part IV Checklist of Required Schedules (continued)											

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			v
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		<u>^</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
30	Note. All Form 990 filers are required to complete Schedule O	38	х	l l
		_ 30		<u> </u>

Form **990** (2015)

532004 12-16-15

09280516 787606 04305

	<u>990 (2015)</u> DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379	124	Р	age 5
Pa	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 44			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	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?	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
•	If the organization received a contribution of qualined intellectual property, did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
٩	Sponsoring organizations maintaining donor advised funds.			
э а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
		90		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:	-		
11				
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1	-		
b				
40-	amounts due or received from them.)	40-		-
	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.	40		
а	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			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(2015

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Form 990	(2015)
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36 - 3379124

Page 5

532005 12-16-15

Form 990	(2015))
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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124

Page **6**

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.

				_
			Yes	
	Enter the number of voting members of the governing body at the end of the tax year 1a19			I
	If there are material differences in voting rights among members of the governing body, or if the governing			I
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			I
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
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		
	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		
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
	Did the organization have members or stockholders?	6		-
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	•		-
		70		
	more members of the governing body?	7a		-
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		-
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	1
a	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	Х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
0a (Did the organization have local chapters, branches, or affiliates?	10a	Х	
	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?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		_
		12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-
		120	23	_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	
	in Schedule O how this was done	12c	X	_
	Did the organization have a written whistleblower policy?	13		_
4	Did the organization have a written document retention and destruction policy?	14	Х	_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
ľ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			ļ
	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		1
	ion C. Disclosure			-
	List the states with which a copy of this Form 990 is required to be filed ▶AL , AK , AR , CA , CO , CT , DC , FL , GA	.нт	.KS	5
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			-
		valiat	ie.	
1	for public inspection. Indicate how you made these available. Check all that apply.			
-	X Own website Another's website Vpon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year.			
	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 12-16-15 SEE SCHEDULE O FOR FULL LIST OF STATES		990	_

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 3

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more th				one	Reportable	Reportable	Estimated	
	hours per	box, unless pers			erson is both an			compensation	compensation	amount of
	week				l	lee)	from	from related	other	
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			Isated		organization (W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper		(11 2/ 1000 111000)		and related
	below	id ual	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) WILLIAM GILMER, MD	4.00									
SECRETARY		X		X				0.	0.	0.
(2) DAVID MIZENKO	4.00									
VICE CHAIR		X		Х				0.	0.	0.
(3) CHERYL MAGRINI	9.00									
CHAIR		X		Х				0.	0.	0.
(4) GREGORY E. OSTFELD	8.00									
TREASURER		Х		х				0.	0.	0.
(5) GREGORY SIMON, M.D., M.P.H.	2.00									
SAB CHAIR		X		X				0.	0.	0.
(6) LAGENIA BAILEY	2.00									
DIRECTOR		x						0.	0.	0.
(7) JACKIE DELUCA	2.00									
DIRECTOR		x						0.	0.	0.
(8) CHRISTY B. BECKMANN	6.00									
MEMBER-AT-LARGE		X						0.	0.	0.
(9) SUZANNE BERGOFFEN	2.00									
MEMBER-AT-LARGE		X						0.	0.	0.
(10) JAMES J. BLAHA	2.00									
DIRECTOR		X						0.	0.	0.
(11) LUCINDA JEWELL	2.00									
DIRECTOR		X						0.	0.	0.
(12) JOHN WADE II	2.00									
DIRECTOR		X						0.	0.	0.
(13) MIKE KUHL	1.00									
DIRECTOR		X						0.	0.	0.
(14) JERRY PAVLON-BLUM, ED.M., M.A.	1.00									
DIRECTOR		X						0.	0.	0.
(15) THOMAS LANE	1.00									
DIRECTOR		X						0.	0.	0.
(16) HAKEEM RAHIM, ED.M., M.A.	2.00					1				
DIRECTOR		x						0.	0.	0.
(17) GARY SACHS, M.D.	1.00									
DIRECTOR		Х						0.	0.	0.
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Form 990 (2015)

Form 990 (2015) DEPRESSIC											379:	124	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Comper	sated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	B) (C) prage rs per (do not check more than box, unless person is bot						F	(D) Reportable mpensation from	(E) Reportable compensation from related		an	(F) timated nount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	0 (W-2	the rganization 2/1099-MISC)	organizations (W-2/1099-MIS	s	com fr orga and	pensation om the anization d related unizations
(18) ROBERT C. SCHWARTZ, JR. DIRECTOR	1.00	x							0.		Ο.		0.
(19) JOHN S. TAMERIN, M.D. DIRECTOR	1.00	x							0.		0.		0.
(20) ALLEN DOEDERLEIN PRESIDENT	40.00			x					137,099.		0.	I	7,518.
(21) CINDY SPECHT	40.00												
EXECUTIVE VICE PRESIDENT				X					108,100.		0.		9,584.
		-											
							F						
								-	245,199.		0.	1	7,102.
1b Sub-total c Total from continuation sheets to Part VI									0.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n		· · · · · ·					► ho r		245,199. more than \$100),000 of reportabl	0. e	1	7,102.
compensation from the organization													2 Yes No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s												3	x
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	her con	pensation from				
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										idual for services		4	X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .						5	X
1 Complete this table for your five highest co	-										ipensi	ation f	rom
the organization. Report compensation for (A)	ine calendar y	ear	enui	ng w	VILII			n the or	(B)			(C	
Name and business	address						_		Description of s	services	С	omper	nsation
1720 I STREET NW, WASHING	GTON , I	C	20	000)6			GOVE	RNMENT R	ELATIONS		13	2,963.
2 Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strengt		iot li	mite	d to		se li: 1	stec	d above) who received n	nore than			
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Form	n 990 (2015) DEPRESSION AI	ND BIPOLA	R SUPPORT	ALLIANCE	36-3379	124 Page 9
Pa	rt VII	I Statement of Revenue					
		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S, (с	Fundraising events 1c					
Giff lar	d	Related organizations 1d					
ini,	е	Government grants (contributions) 1e					
rior S	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above	<u>,791,631.</u>				
ndr d O	g	Noncash contributions included in lines 1a-1f: \$	91,029.				
au	h	Total. Add lines 1a-1f	►	2,791,631.			
			Business Code				
e	2 a		900099	133,912.			
le vi	b		900099	133,900.			
ent S	с	CONFERENCE FEES	611430	23,538.	23,538.		
Program Service Revenue	d						
Log Log	е						
<u>م</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		291,350.			
	3	Investment income (including dividends, inter		21 246			21 246
		other similar amounts)		21,346.			21,346.
	4	Income from investment of tax-exempt bond	· .				
	5	Royalties					
	_	(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities 188, 704					
		,					
	D	Less: cost or other basis and sales expenses 181,991					
	-		•				
				6,713.			6,713.
		Net gain or (loss) Gross income from fundraising events (not		0,713.			0,713
Other Revenue	0 d	· · · · ·					
ivel		including \$ of contributions reported on line 1c). See					
Re		Part IV, line 18					
her	Ь	Less: direct expenses k					
ō		Net income or (loss) from fundraising events	-				
		Gross income from gaming activities. See					
	- 4	Part IV, line 19					
	b		- -				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances a	5,750.				
	b		0.				
		Net income or (loss) from sales of inventory		5,750.	5,750.		
		Miscellaneous Revenue	Business Code				
	11 a	OTHER	900099	1,325.			1,325.
	b						
	с						
	d	All other revenue					
	е	Total. Add lines 11a-11d		1,325.			
	12	Total revenue. See instructions.		3,118,115.	297,100.	0.	29,384.
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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 10 Form 990 (2015)

Form 990 (2015)	TKEODION	MUD DIIOUAK	DOLLOKI YUUI	ANCE 50	3379124	Page IU
Part IX Statement of Fun	ctional Expens	ses				
Section 501(c)(3) and 501(c)(4) orga	nizations must con	nplete all columns. All ot	her organizations must c	omplete column (A).		
Check if Schedule	Contains a respo	nse or note to any line ir	n this Part IX			Χ
Do not include amounts reported of	n lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundra	isina

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	262 201	107 500	40 700	
_	trustees, and key employees	262,301.	187,560.	48,786.	25,955
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	750,373.	534,306.	103,793.	112,274
7	Other salaries and wages	150,515.	554,500.	103,793.	112,2/4
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	131,141.	93,284.	19,864.	17,993
9	Other employee benefits	74,898.	53,284.	11,340.	10,276
0	Payroll taxes	/4,090.	55,202.	11,540.	10,270
1	Fees for services (non-employees):				
а	Management	20,516.	13,747.	1,769.	5,000
b		19,177.	13,642.	2,904.	2,631
	Accounting	19,111.	13,042.	2,904.	2,051
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	344,453.	328,428.	9,088.	6,937
^	Advertising and promotion	645.	645.	5,0001	0,557
2		244,562.	159,149.	18,189.	67,224
3 4	Office expenses	111,366.	102,613.	1,389.	7,364
4 5		111,0001	102/0130	1,0001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5 6	Royalties	129,137.	92,295.	19,330.	17,512
0 7	Occupancy	195,033.	167,634.	3,162.	24,237
, 8	Travel Payments of travel or entertainment expenses		20170020		
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	219,358.	178,284.	21,286.	19,788
9 0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	23,720.	16,873.	3,592.	3,255
23		17,028.	12,113.	2,579.	2,336
3 4	Insurance Other expenses. Itemize expenses not covered			= / 0 / 0 /	
-	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	MEMBERSHIPS	12,469.	200.	842.	11,427
a b	AWARDS & SCHOLARSHIPS	11,087.	10,659.	428.	,,
c	MISCELLANEOUS	2,704.	2,015.	1,191.	<502
d		_,	_, • _ • •	_,	
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,569,968.	1,966,729.	269,532.	333,707
5 6	Joint costs . Complete this line only if the organization	_,,	_,,.		
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

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	
	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
	Prepaid expenses and deferred charges	28,239.	9	27,497.
a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 172, 283.			
C	Less: accumulated depreciation 10b 41,462.	64,347.	10c	130,821.
	Investments - publicly traded securities	587,301.	11	754,014.
	Investments - other securities. See Part IV, line 11		12	
	Investments - program-related. See Part IV, line 11		13	
	Intangible assets		14	
	Other assets. See Part IV, line 11	66,015.	15	60,000.
	Total assets. Add lines 1 through 15 (must equal line 34)	2,048,374.	16	2,661,452.
	Accounts payable and accrued expenses	42,447.	17	103,494.
	Grants payable		18	
	Deferred revenue		19	
	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties		23	
	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			
	Schedule D	30,227.	25	60,660.
	Total liabilities. Add lines 17 through 25	72,674.	26	164,154.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
	Unrestricted net assets	838,615.	27	1,713,740.
	Temporarily restricted net assets	1,137,085.	28	783,558.
	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
	Total net assets or fund balances	1,975,700.	33	2,497,298.
	Total liabilities and net assets/fund balances	2,048,374.	34	2,661,452.
-				Form 990 (2015)

(B)

End of year 1,148,626.

247,776.

280,570. 12,148.

(A)

Beginning of year

845,661.

238,597.

179,621.

38,593.

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Liabilities

Net Assets or Fund Balances

Assets

Form	990 (2015) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-	3379124	Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,115.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,569	968.
3	Revenue less expenses. Subtract line 2 from line 1	3	548	3,147.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,700.
5	Net unrealized gains (losses) on investments	5	<26	5,549.>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
_	column (B))	10	2,497	,298.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?			X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	,	
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37
	review, or compilation of its financial statements and selection of an independent accountant?			X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit	
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			

Form **990** (2015)

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SCHEDULE A	
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(Form 9	90 or	990-	EZ)
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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.

Department of the Treasury Internal Revenue Service		Attach to Form 990 or For				Open to Public
	Information about Schedule A	(Form 990 or 990-EZ) and its	nstructions is at V	ww.irs.gov/foi		Inspection
Name of the organization						identification number
	DEPRESSION AND					6-3379124
Part I Reason	for Public Charity Status	All organizations must com	plete this part.) S	ee instructions	6.	
The organization is not a	a private foundation because it is:	(For lines 1 through 11, che	ck only one box.)		
1 A church, co	nvention of churches, or associati	on of churches described ir	section 170(b)(1)(A)(i).		
2 A school des	scribed in section 170(b)(1)(A)(ii).	Attach Schedule E (Form 9	90 or 990-EZ).)			
3 A hospital or	a cooperative hospital service org	anization described in sect	on 170(b)(1)(A)(i	iii).		
4 A medical res	search organization operated in co	njunction with a hospital de	scribed in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
city, and stat	te:					
e e	ion operated for the benefit of a co	ollege or university owned o	operated by a g	jovernmental u	init describ	ed in
	0(b)(1)(A)(iv). (Complete Part II.)					
37	ate, or local government or govern					
•	ion that normally receives a substa	antial part of its support fror	n a governmenta	l unit or from th	ne general	public described in
	(b)(1)(A)(vi). (Complete Part II.)					
	y trust described in section 170(b)					
•	ion that normally receives: (1) more				•	•
	ated to its exempt functions - subje	• •				
	unrelated business taxable income	e (less section 511 tax) from	businesses acq	uired by the or	ganization	after June 30, 1975.
	509(a)(2). (Complete Part III.)					
<u> </u>	ion organized and operated exclus					
	ion organized and operated exclus					
	y supported organizations describ					heck the box in
	ough 11d that describes the type					
	supporting organization operated, s			-		
	rted organization(s) the power to re		ajority of the dire	ectors or truste	es of the s	upporting
	on. You must complete Part IV, S					
	supporting organization supervise					
	management of the supporting org		e persons that c	ontrol or mana	ge the sup	ported
	on(s). You must complete Part IV,					
	nctionally integrated. A supportir				ly integrate	d with,
	ted organization(s) (see instruction					
	on-functionally integrated. A support				-	
	functionally integrated. The organi			-	an attenti	veness
	nt (see instructions). You must co	-				
	box if the organization received a			а туре ї, туре	n, rype m	
	y integrated, or Type III non-function	onally integrated supporting	organization.			
	of supported organizations	ad arganization(a)				
(i) Name of supp	ving information about the support		Is the organization	(v) Amount of	monetarv	(vi) Amount of
organization		(described on lines 1-9	listed in your erning document?	support		other support (see
		above (see instructions))	Yes No	instructi	ons)	instructions)

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

OMB No. 1545-0047

2015

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Schedule A (Form 990 or 990-EZ) 2015 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1116408.	1455354.	1563563.	2229650.	2791631.	9156606.
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	1116408.	1455354.	1563563.	2229650.	2791631.	9156606.
5	The portion of total contributions	grants, contributions, and bership fees received. (Do not je any 'unusual grants.) evenues levied for the organ- ris benefit and either paid to pended on its beharf alue of services or facilities hed by a governmental unit to granization without charge income from sine 11, on (f)					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
							0070110
	column (f)						
	Public support. Subtract line 5 from line 4.						6186493.
						() = = / =	
	,		(b) 2012			(e) 2015	
		1110400.	1433334.	1303303.	2229030.	2/91031.	9130000.
8	,						
	· · · ·	1 5 8 9	3 308	5 779	11 677	21 346	16 699
•		1,309.	5,500.	5,113.	14,077.	21,540.	40,099.
9							
10	• •						
10	•						
	•	90.164.	893.	668.	710.	1,325.	93.760.
11							
		etc. (see instructi	ons)			12 2	
	1 4		,	d. fourth. or fifth ta	ax vear as a sectio		<u> </u>
	-				-		
Se			rcentage				ŕ
14	Public support percentage for 2015 (line 6, column (f) d	ivided by line 11, o	column (f))		14	66.54 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	62.64 %
						nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	۱			X
b	33 1/3% support test - 2014. If the o	organization did no	ot check a box on I	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	-			-	-	-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule A (Form 990	or 990-EZ) 2015

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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.)

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	015 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				7		
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	015 (f) Total
9 Amounts from line 6						
IOa 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 20 1075						
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
2 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First five years. If the Form 990 is for t	he organization'	s first. second. thir	d. fourth. or fifth ta	x vear as a section	n 501(c)(3)) organization.
check this box and stop here	-			•		-
Section C. Computation of Public	Support Pe	rcentage				
			column (f))		15	9
15 Public support percentage for 2015 (lin					16	
	Schedule A Part					,
6 Public support percentage from 2014 S						
6 Public support percentage from 2014 Section D. Computation of Invest	tment Incom	e Percentage			47	
 Public support percentage from 2014 5 Section D. Computation of Invest Investment income percentage for 201 	tment Incom 5 (line 10c, colur	mn (f) divided by lin	ne 13, column (f))		17	
 16 Public support percentage from 2014 Section D. Computation of Invest 17 Investment income percentage for 201 18 Investment income percentage from 20 	tment Incom 5 (line 10c, colur 014 Schedule A,	e Percentage mn (f) divided by lin Part III, line 17	ne 13, column (f))		18	Ç
 Public support percentage from 2014 Section D. Computation of Invest Investment income percentage for 201 Investment income percentage from 2019a 33 1/3% support tests - 2015. If the optimized section 2015. 	tment Incom 5 (line 10c, colur 014 Schedule A, organization did r	e Percentage mn (f) divided by lin Part III, line 17 not check the box	ne 13, column (f)) on line 14, and line	15 is more than (18 33 1/3%, a	nd line 17 is not
 Public support percentage from 2014 5 Section D. Computation of Invest Investment income percentage for 201 Investment income percentage from 201 	tment Incom 5 (line 10c, colur 014 Schedule A, organization did r	e Percentage mn (f) divided by lin Part III, line 17 not check the box	ne 13, column (f)) on line 14, and line	15 is more than (18 33 1/3%, a	nd line 17 is not
 Public support percentage from 2014 Section D. Computation of Invest Investment income percentage for 201 Investment income percentage from 2019a 33 1/3% support tests - 2015. If the optimized section 2015. 	tment Incom 5 (line 10c, colur 014 Schedule A, organization did r d stop here. The	ne Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qual	ne 13, column (f)) on line 14, and line ifies as a publicly s	15 is more than supported organiz	18 33 1/3% , ai	nd line 17 is not
 Public support percentage from 2014 Section D. Computation of Invest Investment income percentage for 201 Investment income percentage from 20 Investment income percentag	tment Incom 5 (line 10c, colur 014 Schedule A, organization did r d stop here. The organization did r	Percentage mn (f) divided by lin Part III, line 17 not check the box organization qual not check a box or	ne 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a	15 is more than a supported organiz , and line 16 is mo	18 33 1/3%, an ation ore than 33	▶□ 3 1/3%, and
 16 Public support percentage from 2014 Section D. Computation of Invest 17 Investment income percentage for 201 18 Investment income percentage from 20 19a 33 1/3% support tests - 2015. If the o more than 33 1/3%, check this box and b 33 1/3% support tests - 2014. If the o line 18 is not more than 33 1/3%, check 	timent Incom 5 (line 10c, colur 014 Schedule A, organization did r d stop here. The organization did r k this box and s	The Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qual not check a box or top here. The organization	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies a	15 is more than a upported organiz , and line 16 is ma as a publicly supp	18 33 1/3%, and action pore than 33 ported organ	9 nd line 17 is not ▶
 Public support percentage from 2014 Section D. Computation of Invest Investment income percentage for 201 Investment income percentage from 20 33 1/3% support tests - 2015. If the ormore than 33 1/3%, check this box and b 33 1/3% support tests - 2014. If the organization Private foundation. If the organization 	timent Incom 5 (line 10c, colur 014 Schedule A, organization did r d stop here. The organization did r k this box and s	The Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qual not check a box or top here. The organization	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies a	15 is more than a upported organiz , and line 16 is m as a publicly supp is box and see in	18 33 1/3%, and action cation core than 33 ported organistructions	9 nd line 17 is not ▶
 Section D. Computation of Invest 17 Investment income percentage for 201 18 Investment income percentage from 20 19a 33 1/3% support tests - 2015. If the omore than 33 1/3%, check this box and b 33 1/3% support tests - 2014. If the omore tests - 2014. If the omore tests - 2014. 	timent Incom 5 (line 10c, colur 014 Schedule A, organization did r d stop here. The organization did r k this box and s	The Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qual not check a box or top here. The organization	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies a	15 is more than a upported organiz , and line 16 is m as a publicly supp is box and see in	18 33 1/3%, and action cation core than 33 ported organistructions	9 nd line 17 is not 3 1/3%, and nization

Schedule A (Form 990 or 990-EZ) 2015 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

Schedule A (Form 990 or 990-EZ) 2015 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 5

га	Supporting Organizations (continued)			
			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. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
~	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 yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
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.			
a	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				
2	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9		0-F7	2015
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Schedule A (Form 990 or 990-EZ) 2015 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adju	usted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-t	erm capital gain	1		
2 Recoveries	s of prior-year distributions	2		
3 Other gros	s income (see instructions)	3		
4 Add lines	1 through 3	4		
5 Depreciatio	on and depletion	5		
6 Portion of	operating expenses paid or incurred for production or			
collection	of gross income or for management, conservation, or			
maintenan	ce of property held for production of income (see instructions)	6		
7 Other expe	enses (see instructions)	7		
8 Adjusted	Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Min	imum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	fair market value of all non-exempt-use assets (see			
instruction	s for short tax year or assets held for part of year):			
a Average m	onthly value of securities	1a		
b Average m	onthly cash balances	1b		
c Fair marke	t value of other non-exempt-use assets	1c		
d Total (add	lines 1a, 1b, and 1c)	1d		
e Discount	claimed for blockage or other			
factors (ex	plain in detail in Part VI):			
2 Acquisition	n indebtedness applicable to non-exempt-use assets	2		
3 Subtract li	ne 2 from line 1d	3		
4 Cash deen	ned held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instruc	ctions).	4		
5 Net value	of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply lin	e 5 by .035	6		
7 Recoveries	s of prior-year distributions	7		
8 Minimum	Asset Amount (add line 7 to line 6)	8		
Section C - Dist	tributable Amount			Current Year
1 Adjusted n	net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%	of line 1	2		
3 Minimum a	asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter great	ter of line 2 or line 3	4		
5 Income tax	k imposed in prior year	5		
6 Distributa	ble Amount. Subtract line 5 from line 4, unless subject to			
emergency	y temporary reduction (see instructions)	6		
7 Che	ck here if the current year is the organization's first as a non-functionally	/-intear	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)				
Secti	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	6 Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which t	he organization is responsive	e				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
с							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
<u>a</u>							
b							
	Excess from 2013						
	Excess from 2014						
е	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A								36-3379124	Pag
Part VI	Part IV, Section A line 1; Part IV, Sec Section D, lines 5,	, lines 1, 2, ction D, line , 6, and 8; a	3b, 3c, 4b, 4c s 2 and 3; Par	, 5a, 6, 9a, 9 t IV, Section	b, 9c, 11a, 11b, E, lines 1c, 2a, 2	and 11c; Part IV, b, 3a and 3b; Pa	Section B, lines 1 Int V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Par nal information.	ιC, tV,
	(See instructions.)								
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					20				
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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.

Name of the organization

Organization type (check one)

Employer identification number

OMB No. 1545-0047

36-3379124

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Charle if your propriation is	accurred by the Concerci Rule or a Special Rule

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

X

X

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X

X

(d)

(d)

(d)

(d)

(d)

(d)

Employer identification number

36-3379124

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ASTRAZENECA Person Payroll 1800 CONCORD PIKE, PO BOX 15437 188,000. Noncash \$ (Complete Part II for WILMINGTON, DE 19850 noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 ANONYMOUS Person Payroll 73,060. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 TAKEDA PHARMACEUTICALS Person Payroll ONE TAKEDA PARKWAY 133,000. Noncash (Complete Part II for DEERFIELD, IL 60015 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 OTSUKA AMERICA PHARMACEUTICAL, INC. Person Payroll 2400 RESEARCH BLVD. 115,000. Noncash \$ (Complete Part II for ROCKVILLE, MD 20850 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 ANONYMOUS Person Payroll 191,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 6 SUNOVION Person Pavroll **84 WATERFORD DRIVE** 175,000. Noncash \$

(Complete Part II for noncash contributions.)

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MARLBOROUGH, MA 01752

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 2

Employer identification number

(d)

(d)

(d)

(d)

(d)

(d)

X

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X

Name of organization 36-3379124 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 TEVA Person Payroll 125,000. 1090 HORSHAM ROAD Noncash \$ (Complete Part II for NORTH WALES, PA 19454-1090 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 ACTAVIS Person Payroll 85,000. 185 HUDSON STREET, PLAZA V Noncash \$ (Complete Part II for JERSEY CITY, NJ 07311 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 ALKERMES Person Payroll 852 WINTER STREET 135,000. Noncash (Complete Part II for WALTHAM, MA 02451 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 HUMANA FOUNDATION Person Payroll 321 WEST MAIN STREET 300,000. Noncash \$ (Complete Part II for LOUISVILLE, KY 40202 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 ESTATE OF PATRICK A MARCOU Person Payroll 5532 E CENTER AVE 189,532. Noncash (Complete Part II for DENVER, CO 80246 noncash contributions.) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Pavroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

36-3379124

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK		
2			
		\$73,060.	12/17/15
(a)	<i>"</i> .	(c)	<u> </u>
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(0)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I			
		۰ ۵	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honcash property given	(see instructions)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from	ره) Description of noncash property given	FMV (or estimate)	(a) Date received
Part I	· · · · · · · · · · · · · · · · · · ·	(see instructions)	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		\$	

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Page 3

Name of orga	anization		Employer identification number
ספספת	SION AND BIPOLAR SUPPO		36-3379124
Part III	Exclusively religious, charitable, etc., con	tributions 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 completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the following set \$1,000 or least the set of \$1	Ig line entry. For organizations
	Use duplicate copies of Part III if addition		
(a) No. from			(d) Deceription of how sift is hold
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, a	nd ZIP + 4	Relationship of transferor to transferee
Γ			
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
		(e) Transfer of gift	
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee
-			
(o) N/c			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			_
L			
		(e) Transfer of gift	
	T		Deletionality of hermaform is in the
-	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee
		[

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2015.03030 DEPRESSION AND BIPOLAR SUPP 04305_1

SCHEDULE [)
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(Form 990)

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

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



Department of the Treasury Internal Revenue Service Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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	vriting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
		· · · · · · · · · · · · · · · · · · ·	
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	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.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	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 ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	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, hand	ling of violations, and enforcing conservation	on easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ier Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treater	asures, or other similar assets for financial g	jain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2015
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		ION AND BI	POLA	R SUPP	ORT AL	LIAN	CE 3	36-33	7912	4 Pa	ige 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Othe	er Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following tha	at are a s	ignificant ι	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d			hange progra	ams					
b	Scholarly research	e	. [(Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of		-						-		1
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, oi		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦.,		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T 00	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII]]
	t V Endowment Funds. Complete								<u></u>		1
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Fou	vears	back
1a	Beginning of year balance	(u) ourient you	(5)1	nor your		io suon	(u) 11100 y	ouro suon	(0) 1 0 0	Jouro	Juon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	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 baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	7								
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administe	ered for t	he organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	<u> </u>	owment f	unds.							
Pai	rt VI Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" on Form 990	D, Part IV								
	Description of property	(a) Cost or o basis (investr		.,	or other	. ,	ccumulate preciation	d	(d) Boo	k value	;
4-	Land		nenty	Dasis	(other)	ue					
	Land										
	Buildings Leasehold improvements										
				1	9,425.		3,88	35	1	5,54	40.
	EquipmentOther				2,858.		37,57			5,28	
	I. Add lines 1a through 1e. (Column (d) must e		X colun		-					0,82	
		,	.,	(=),	• • • • • • • • • • • • • • • • • • • •			~	-		

Schedule D (Form 990) 2015

Schedule D	(Form 990) 2015	DEPRESSION	AND	BIPOLAR	SU	PPORT	ALLIANCE	36	-3379124	Page 3
Part VII		Other Securities.								0
		anization answered "Yes"	on For	m 990, Part IV, I	line 1	1b. See Fori	m 990, Part X, line	e 12.		
(a) Descrip	tion of security or categ	JOTY (including name of security)	(b) Book value		(c) Meth	od of valuation: C	Cost or enc	l-of-year market v	value
(1) Financia	al derivatives									
(2) Closely-	held equity interests									
(3) Other										
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
), Part X, col. (B) line 12.) 🕨								
Part VIII	Investments -	Program Related.								
		anization answered "Yes"			line 1					
	(a) Description of	investment	(b) Book value		(c) Meth	od of valuation: C	Cost or end	l-of-year market v	value
(1)						A				
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
), Part X, col. (B) line 13.) 🕨								
Part IX	Other Assets.		_							
	Complete if the org	anization answered "Yes"			line 1	1d. See Fori	m 990, Part X, line	e 15.		
		(a)	Descri	otion					(b) Book va	aiue
(1)			_							
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)	ma (b) must sound Fr	arm 000 Dart V and (D) lin	o 15)							
Part X	Other Liabilitie	orm 990, Part X, col. (B) lin	e 15.)							
T ULC X		anization answered "Yes"	on For	m 990 Part IV I	line 1	1e or 11f S	e Form 990 Par	t X line 25		
4		escription of liability		111000,1 art 10,1		Book value		с <u>х</u> , што <u>го</u>	•	
1. (1) Fed	leral income taxes				(<u>,</u>				
	CRUED RENT					60,6	560.			
(3)						00,0				
(4) (5)										
(6)										
(7)										
(7)										
(8)										
	mn (b) must equal Fr	orm 990, Part X, col. (B) lin	e 25)			60,6	560.			
		sitions. In Part XIII, provide			te to t			atements	hat reports the	
		certain tax positions under								XIII
			1						edule D (Form 9	

Schedule D (Form 990) 2015

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Sche	edule D (Form 990) 2015 DEPRESSION AND BIPOLAR	SUPPORT A	LLIANCE	36-	3379124 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per	Returi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,091,566.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	<26,549	•>	
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	<26,549.>
3	Subtract line 2e from line 1			3	3,118,115.
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				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,118,115.
	rt XII Reconciliation of Expenses per Audited Financial Sta				
		tements Wit			irn.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit 12a.	h Expenses pe	r Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements Wit 12a.	h Expenses pe	r Retu	irn.
P a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements Wit	h Expenses pe	r Retu	irn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements Wit	h Expenses pe	r Retu	irn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	h Expenses pe	r Retu	irn.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses pe	r Retu	irn.
Pa 1 2 a c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	h Expenses pe	r Retu	rn. 2,569,968. 0.
Pa 1 2 a c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses pe	r Retu	irn.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses pe	r Retu	rn. 2,569,968. 0.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses pe	r Retu	rn. 2,569,968. 0.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	h Expenses pe	r Retu	rn. 2,569,968. 0. 2,569,968.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses pe	r Retu	rn. 2,569,968. 0. 2,569,968. 0.
Pa 1 2 4 6 3 4 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses pe	r Retu 1 2e 3 4c	rn. 2,569,968. 0. 2,569,968.

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, 2015, 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 2012, 2013 AND 2014 ARE SUBJECT TO EXAMINATION BY THE
INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE
YEARS AFTER THEY WERE FILED.

29

532054 09-21-15

Schedule D (Form 990) 2015

09280516 787606 04305

Birbedule D (Form 990) 2015 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Part XIII Supplemental Information (continued) Image: Continued of the second se	
32055 3-21-15 Schedule D (Form 99	
30	0) 20

09280516 787606 04305 2015.03030 DEPRESSION AND BIPOLAR SUPP 04305_1

SCHEDUI	_E M	
(Form 990))	

Noncash Contributions

OMB No. 1545-0047

Open To Public

Inspection

15

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.

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE in a sch

Employer identification number	r
36-3379124	

ſ ZU

Par	ιι	Type	s of Property		_					
				(a)	(b)	(c)	(d)			
				Check if	Number of contributions or	Noncash contributio amounts reported o			•	-
				applicable		Form 990, Part VIII, line	nonouon oonano	ution a	mount	.5
1	Art -	Works of	art							
2			I treasures							
3			al interests							
4			Iblications							
5			household goods							
6	Cars	and othe	er vehicles							
7			ines							
8			operty							
9	Sec	urities - Pu	ublicly traded	X	4	91,02	9.SELLING PRI	ICE		
10	Sec	urities - Cl	osely held stock							
11	Sec	urities - Pa	artnership, LLC, or							
12	Sec	urities - M	iscellaneous							
13	Qua	lified cons	servation contribution -							
	Hist	oric struct	tures							
14			servation contribution - Other.							
15			Residential							
16			Commercial							
17			Other							
18										
19			у							
20	Drug	gs and me	edical supplies							
21										
22			acts							
23			cimens							
24			artifacts							
25		er 🕨	(
26		er 🕨	()						
27		er 🕨	()						
28	Oth		()			, L			
29			rms 8283 received by the org		• •					
	for v	which the	organization completed Form	8283, Part IV,	Donee Acknowled	gement 29				
~~									Yes	No
30a			ar, did the organization receive							
			at least three years from the c							v
			ses for the entire holding peri					30a		X
		,	ribe the arrangement in Part I			af any name star dawy	atuibutiana 0			v
31			nization have a gift acceptant					31	\vdash	X
32a		· ·	nization hire or use third parti		•	· •		00-	x	ĺ
•-		ributions						32a		
			ribe in Part II.		for a type of any	why for which a diverse (-)	is shacked			
33		-	ation did not report an amount	t in column (c) 1	for a type of prope	rty for which column (a)	is checked,			
	ues	cribe in Pa	ail II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

532141 08-21-15

09280516 787606 04305

		/I (Form 990) (2015)	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page 2
I	Part II	Supplemental	Information. Prov	/ide the	information requ	iired by Part I, Iir	nes 30b, 32b, and	33, and whether the organization	ation

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

SCHEDULE M, LINE 32B:

DBSA UTILIZES A BROKER TO SELL NON-CASH (STOCKS) CONTRIBUTIONS.

32142 08-21-15	Schedule M (Form 990) (;
	32
80516 787606 04305	2015.03030 DEPRESSION AND BIPOLAR SUPP 04305

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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



Name of the organization

Employer identification number DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 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:

DISORDERS TO INFORMATION AND PEER SUPPORT. DBSA ALSO OFFERS MORE THAN

30 INFORMATION-RICH, SCIENTIFICALLY-VETTED, EASY-TO-READ PRINTED

BROCHURES AS WELL AS CDS AND DVDS ON SPECIFIC TOPICS RELATED TO MOOD

IN 2015, 71,000 BROCHURES WERE CIRCULATED TO INDIVIDUALS, DISORDERS.

SUPPORT GROUPS, DOCTOR'S OFFICES, AND MENTAL HEALTH EVENTS. OUR

ACTIVE, CONTENT-RICH SOCIAL MEDIA CHANNELS WERE ACCESSED BY 1.3 MILLION

PEOPLE SEEKING INFORMATION AND HELP.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THOSE UNABLE TO ATTEND LIVE SESSIONS. DBSA CONTINUES TO PLAY A PIVOTAL ROLE IN MAKING PEER SUPPORT SERVICES WIDELY AVAILABLE. A PREFERRED PROVIDER OF THE VA, DBSA TRAINED 111 VETERANS IN 2015 TO ASSUME PEER SPECIALIST ROLES IN VA MEDICAL CENTERS AND OTHER VETERAN-SERVING ORGANIZATIONS. 62 NON-VETERANS WERE ALSO TRAINED.

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: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 5322 i i 09-02-15 33

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Employer identification number $36-3379124$
ONCE A CANDIDATE IS APPROVED BY THE BOARD, THE CANDIDATE	MUST COMPLETE A
COMMITMENT TO SERVE DOCUMENT THAT INCLUDES A SECTION ON C	ONFLICT OF
INTEREST. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY	IS CLEARLY STATED
IN THE BYLAWS AND IS PROVIDED TO ALL NEW BOARD MEMBERS BE	FORE THEIR
FACE-TO-FACE ORIENTATION, AND THEN AGAIN TO ALL BOARD MEM	BERS ANNUALLY.
THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A MEETING	OF THE FULL BOARD,
AND MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS AND UP	DATE THEIR FORMS
ANNUALLY. IT IS STATED THAT AT ANYTIME DURING THE COURSE	OF THEIR TERMS,
IF A CONFLICT OF INTEREST SHOULD ARISE, MEMBERS MUST BRIN	G 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: AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,KS,KY,ME,MD,MA,MI,MN,MS,IL,NH,NJ,NY,NC,ND,OH OR,PA,RI,SC,TN,UT,NM,VA,WA,WV,WI,OK,TX

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT DBSA'S OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

532212 09-02-15

Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Employer identification number 36-3379124
PROGRAM SERVICE EXPENSES	47,542
MANAGEMENT AND GENERAL EXPENSES	3,658
FUNDRAISING EXPENSES	6,937
TOTAL EXPENSES	58,137
GOVERNMENT RELATIONS:	
PROGRAM SERVICE EXPENSES	132,963
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	132,963
PEER SPECIALIST TRAINING:	
PROGRAM SERVICE EXPENSES	106,658
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	106,658
SOCIAL MEDIA CONSULTING:	
PROGRAM SERVICE EXPENSES	24,06
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	24,06
STRATEGIC PLANNING & BOARD GOVERNANCE:	
PROGRAM SERVICE EXPENSES	8,000
MANAGEMENT AND GENERAL EXPENSES	5,43
FUNDRAISING EXPENSES	(

Name of the organization	DEPRESSION A	ND BIPOLAR	SUPPORT	ALLIANCE	Employer identification number 36-3379124
WEBSITE CONSU	LTING:				
PROGRAM SERVI	CE EXPENSES				9,198
MANAGEMENT AN	D GENERAL EXP	ENSES			0
FUNDRAISING E	XPENSES				0
TOTAL EXPENSE	S				9,198
TOTAL OTHER F	EES ON FORM 9	90, PART II	K, LINE 1	1G, COL A	344,453

532212 09-02-15	Schedule O (Form 990 or 990-EZ) (201 36
280516 787606 04305	2015.03030 DEPRESSION AND BIPOLAR SUPP 04305_1

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY \mathbf{S}

	ice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL	Form AG990-IL Revised 3/05	
PMT	· · · · · · · · · · · · · · · · · · ·		
	Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	iph CO	# 01-015755
			Check all items attached:
AMT	•	X	15
	Beging 01/01/2015	Make Checks X	
	Beginning 01/01/2015	Payable to the Illinois	Copy of Form IFC
INIT	& Ending 12/31/2015	Charity 🔼	1 0
E . d . u	& Ending 12/31/2015 al ID # 36-3379124 MO DAY YR	Bureau Fund	\$100.00 Late Report Filing Fee
		anization was graats	MO DAY YR d: 11/15/1985
Are co	LEGAL	ganization was create Year-end	
	NAME DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	amounts	
		A) ASSETS	A) \$ 2,661,452.
	DDRESS 55 EAST JACKSON BLVD, NO. 490	B) LIABILITIES	B) \$ 164,154.
	STATE CHICAGO, IL	C) NET ASSETS	C) \$ 2,497,298.
	P CODE 60604		
Ι.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.058%	D) \$ 3,088,731.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES	0.942%	F) \$ 29,384.
			0.0 0.110.11F
I	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 3,118,115.
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	0/	ц), ф
	H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$
	I) EDUCATION PROGRAM SERVICE EXPENSE	76.527%	1) \$ 1,966,729.
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	76.527%	J) \$ 1,966,729.
	, , , , , , , , , , , , , , , , , , ,		
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	76.527%	L) \$ 1,966,729.
		10.488%	M)\$ 269,532.
	M) MANAGEMENT AND GENERAL EXPENSE	10.400%	
	N) FUNDRAISING EXPENSE	12.985%	N) \$ 333,707.
			, φ
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 2,569,968.
	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISERS:		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
			Q) \$
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	α) φ
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
		/0	
	PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	EAR:	
1	T) NAME, TITLE: CINDY SPECHT, EXECUTIVE VICE PRESIDENT		T) \$ 108,100.
	U) NAME, TITLE: INGRID DEETZ-MCMURRAY, CHAPTER RELATIONS	S VP	U)\$ 78,486.
1	V) NAME, TITLE: ALLEN DOEDERLEIN, PRESIDENT		V) \$ 137,099.
v .	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	ED)	List on back side of instructions
1-15			CODE
598091 04-01-15	W) DESCRIPTION: EDUCATION OF PATIENTS, FAMILIES, PROFES	STONALS 8	a W)# 300
38091	X) DESCRIPTION:		X) # Y) #
56	Y) DESCRIPTION:		T) #

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.		Х
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.		X
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.		Х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) 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:			
	5TH 3RD, P.O. BOX 630900, CINCINNATI, OH 45263			
	CHASE BANK, 10 S. DEARBORN, FLOOR 2, CHICAGO, IL 60603			
	WELLS FARGO ADVISORS, 1410 THIRD AVENUE, SPRING LAKE, NJ 077	62		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: ALLEN DOEDERLEIN - 312-642-0049			

ALL ATTACHMENTS MUST 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:	ALLEN DOEDERLEIN		
 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. FOR FEES DUE SEE INSTRUCTIONS. 	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. 	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	MARCY STEINDLER		
598101 04-01-15	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)

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

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



Department of the Treasury Internal Revenue Service

A	For th	e 2015 calendar year, or tax year beginning and o	ending	_				
Β	Check if applicat	le: C Name of organization		D Employer identific	ation number			
	Addr	DEPRESSION AND BIPOLAR SUPPORT ALLIANC	CE					
	Name	Doing business as		36-3379124				
	Initial		Room/suite	E Telephone number				
	Final		490	(312				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,300,106.			
F	Amer returr			H(a) Is this a group re				
	Appli tion pend			for subordinates				
	T - · · · · ·	^{ng} SAME AS C ABOVE empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 527	H(b) Are all subordinates in				
		empt status: $\[\] \] 501(c)(3) \[\] 501(c)(\]) \] (insert no.) \[\] 4947(a)(1) c$ te: $\[\] WWW \cdot DBSALLIANCE \cdot ORG$,	list. (see instructions)			
		forganization: X Corporation Trust Association Other	I Vear	H(c) Group exemption	State of legal domicile: IL			
	art I							
	1	Briefly describe the organization's mission or most significant activities: \underline{TO} IN	MPROVE	THE LIVES (OF PEOPLE			
Governance		LIVING WITH MOOD DISORDERS THROUGH ACTIVI	ITIES	IN EDUCATION	N AND			
srna	2	Check this box if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	sets.			
0V6	3	Number of voting members of the governing body (Part VI, line 1a)			19			
ୁ ଅ	4	Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm c}$			19			
Activities &	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			20			
iviti	6	Total number of volunteers (estimate if necessary)			82			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.			
				Prior Year 2,229,650.	Current Year 2,791,631.			
iue	8	Contributions and grants (Part VIII, line 1h)		531,763.	291,350.			
Revenue	9	Program service revenue (Part VIII, line 2g)		14,659.	28,059.			
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,245.	7,075.			
	11	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,785,317.	3,118,115.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,100,224.	1,218,713.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
м ф	b	Total fundraising expenses (Part IX, column (D), line 25)	07.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,033,961.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,134,185.	2,569,968.			
	19	Revenue less expenses. Subtract line 18 from line 12		651,132.	548,147.			
s or			Be	eginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		2,048,374.	2,661,452.			
Fund Balances	21	Total liabilities (Part X, line 26)		72,674. 1,975,700.	<u>164,154.</u> 2,497,298.			
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,9/5,/00.	4,49/,498.			
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and states	ante and to the heet of m	knowledge and belief it is			
		and complete Declaration of preparer (other than officer) is based on all information of wh			הווטישופעטר מווע טרוורו, ול 15			

Sign Here	Signature of officer ALLEN DOEDERLEIN, PRES Type or print name and title	IDENT	Date					
Paid	Print/Type preparer's name MARCY STEINDLER	Preparer's signature Date	Check PTIN if self-employed P00573131					
Preparer	Firm's name MANN. WEITZ & AS	SOCIATES L.L.C.	Firm's EIN 36-3963131					
Use Only	Firm's address 111 DEER LAKE RC DEERFIELD, IL 60	•	Phone no. (847) 267 – 3400					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
	532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)							
S	SEE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEMENT	CONTINUATION					
0928051	6 787606 04305 20	15.03030 DEPRESSION AND	BIPOLAR SUPP 043051					

	1990 (2015) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Pa
Pa	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:
•	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?
	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?
	If "Yes," describe these changes on Schedule O.
1	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,140,277. including grants of \$) (Revenue \$ 34,212)
та	EDUCATION AND INFORMATION - DBSA IS THE LEADING PEER-DIRECTED NATIONAL
	ORGANIZATION FOCUSED ON DEPRESSION AND BIPOLAR DISORDER. IN 2015, WE
	DIRECTLY ASSISTED 3.4 MILLION PEOPLE WITH IN-PERSON AND ONLINE PEER
	SUPPORT; READILY UNDERSTANDABLE AND CURRENT INFORMATION ABOUT
	DEPRESSION AND BIPOLAR DISORDER; AND EMPOWERING TOOLS FOCUSED ON AN
	INTEGRATED APPROACH TO WELLNESS. MORE THEN 1.4 MILLION PEOPLE VISITE
	OUR SUITE OF ONLINE RESOURCES TO ACCESS LIFE-SAVING INFORMATION.
	DBSALLIANCE.ORG AND DBSALIANZA.ORG CONNECT INDIVIDUALS WITH IN-DEPTH
	INFORMATION ABOUT MOOD DISORDERS, WELLNESS OPTIONS, PEER SUPPORT, AND
	ADVICE ON HELPING OTHERS. FACINGUS.ORG IS HOME TO A WEALTH OF
	CUSTOMIZABLE PERSONAL WELLNESS TOOLS THAT HELP PEOPLE LIVE IN WELLNES THE DBSA BALANCED MIND PARENT NETWORK LINKS PARENTS OF YOUTH WITH MOO
łb	(Code:)(Expenses \$ 826,452. including grants of \$) (Revenue \$ 263,26 GRASS ROOTS AND PEER SERVICES - DBSA OFFERS ONGOING ASSISTANCE TO OUR
	242 CHAPTERS HELPING THEM EXPAND THEIR CAPACITY TO PROVIDE EDUCATION
	AND OUTREACH TO THEIR LOCAL COMMUNITIES AND OVERSEE 615 SUPPORT GROUP
	NATIONWIDE. A COMPREHENSIVE CHAPTER MANAGEMENT SECTION ON
	DBSALLIANCE.ORG PROVIDES CHAPTERS A HOST OF TOOLS AND RESOURCES, WITH
	INFORMATION ON HOW TO GROW AND ENHANCE THEIR SERVICES, OFFER
	EDUCATIONAL EVENTS IN THEIR COMMUNITIES, AND FUNDRAISE TO SUPPORT THE
	LOCAL PROGRAMMING. CHAPTER LEADERS MAY ENHANCE THEIR SKILLS AT THE
	ANNUAL DBSA CHAPTER LEADERSHIP FORUM. IN 2015 DBSA TRAINED 55 CHAPTE
	MEMBERS AS FACILITATORS, HELPING THEM PROVIDE GUIDANCE AND INSPIRATIO
	TO THEIR SUPPORT GROUPS. THESE LIVE TRAININGS WERE DELIVERED AT
	LOCATIONS AROUND THE COUNTRY AND THROUGH ONLINE COURSE MATERIALS FOR
1c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,966,729.
4e	Total program service expenses ► 1,966,729.
3200	Form 990 (SEE SCHEDULE O FOR CONTINUATION(S)
1.16	
200 - 16-	

Form 990 (2015)

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Pa	rt 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		Х
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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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	Х	
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	4.0		x
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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
19	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	1/		<u> </u>
18	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? <i>If</i> "Yes,"	10		<u> </u>
.5	complete Schedule G, Part III	19		x

Form **990** (2015)

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Form 990 (2015)	DEPRESSION	-	-	SUPPORT	ALLIANCE		
Part IV Checklist of Required Schedules (continued)							

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		- 23
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
				L

Form **990** (2015)

532004 12-16-15

	<u>990 (2015)</u> DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379	124	Р	age 5
Pa	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 44			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	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?	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
•	If the organization received a contribution of qualined intellectual property, did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
٩	Sponsoring organizations maintaining donor advised funds.			
э а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
		90		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	•		
	Section 501(c)(12) organizations. Enter:	-		
11				
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1	-		
b				
40-	amounts due or received from them.)	40-		-
	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.	40		
а	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			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(2015

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Form **990** (2015)

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Form 990	(2015))
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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124

Page **6**

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.

ec	tion A. Governing Body and Management			_
			Yes	•
1a	Enter the number of voting members of the governing body at the end of the tax year 1a19			
	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 0.			
	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
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		
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		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
	Did the organization have members or stockholders?	6		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 14		
		7b		
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		0-	x	
a	The governing body?	8a	X	_
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	;
0a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent			
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-		150	x	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b		_
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
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		
				_
ec	tion C. Disclosure			5
7	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA			
7				
7 8	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA			
7 8	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			
7 8	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	availat	ole	
7 8	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CA, CO, CT, DC, FL, GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	availat	ole	
7 8 9	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CA, CO, CT, DC, FL, GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	availat	ole	
7 8 9	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CA, CO, CT, DC, FL, GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:	availat	ole	
7 8 9	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CA, CO, CT, DC, FL, GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	availat	ole	
7 8 9 0	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CA, CO, CT, DC, FL, GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:	availat d finar	ole	<u> </u>

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		ו than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week		er ar		lirecto	Jr/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			Isated		organization (W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	In stitutional trustee	5	Key employee	est co o yee	ler			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) WILLIAM GILMER, MD	4.00									
SECRETARY		Х		X				0.	0.	0.
(2) DAVID MIZENKO	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) CHERYL MAGRINI	9.00									
CHAIR		Х		Х				0.	0.	0.
(4) GREGORY E. OSTFELD	8.00		-							
TREASURER		Х		Х				0.	0.	0.
(5) GREGORY SIMON, M.D., M.P.H.	2.00									
SAB CHAIR		Х		X				0.	0.	0.
(6) LAGENIA BAILEY	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JACKIE DELUCA	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRISTY B. BECKMANN	6.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(9) SUZANNE BERGOFFEN	2.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(10) JAMES J. BLAHA	2.00									
DIRECTOR		Х						0.	0.	0.
(11) LUCINDA JEWELL	2.00									_
DIRECTOR		Х						0.	0.	0.
(12) JOHN WADE II	2.00									_
DIRECTOR		Х						0.	0.	0.
(13) MIKE KUHL	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JERRY PAVLON-BLUM, ED.M., M.A.	1.00									
DIRECTOR		Х						0.	0.	0.
(15) THOMAS LANE	1.00									_
DIRECTOR		Х						0.	0.	0.
(16) HAKEEM RAHIM, ED.M., M.A.	2.00									_
DIRECTOR		Х				\square		0.	0.	0.
(17) GARY SACHS, M.D.	1.00									
DIRECTOR		Х						0.	0.	0.
532007 12-16-15						~				Form 990 (2015)

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Form 990 (2015) DEPRESSIC											379:	124	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Comper	sated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box	not c , unle	Posi heck ss per id a d	c) ition more rson	than	one h an	F	(D) Reportable mpensation from	(E) Reportable compensatio from related		an	(F) timated nount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	0 (W-2	the rganization 2/1099-MISC)	organizations (W-2/1099-MIS	s	com fr orga and	pensation om the anization d related unizations
(18) ROBERT C. SCHWARTZ, JR. DIRECTOR	1.00	x							0.		Ο.		0.
(19) JOHN S. TAMERIN, M.D. DIRECTOR	1.00	x							0.		0.		0.
(20) ALLEN DOEDERLEIN PRESIDENT	40.00			x					137,099.		0.	I	7,518.
(21) CINDY SPECHT	40.00												
EXECUTIVE VICE PRESIDENT				X					108,100.		0.		9,584.
		-											
							F						
									245,199.		0.	1	7,102.
1b Sub-total c Total from continuation sheets to Part VI									0.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n		· · · · · ·					► ho r		245,199. more than \$100),000 of reportabl	0. e	1	7,102.
compensation from the organization													2 Yes No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s												3	x
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	her con	pensation from				
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										idual for services		4	X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .						5	X
1 Complete this table for your five highest co	-										ipensi	ation f	rom
the organization. Report compensation for (A)	ine calendar y	ear	enui	ng w	VILII			n the or	(B)			(C	
Name and business	address						_		Description of s	services	С	omper	nsation
1720 I STREET NW, WASHING	GTON , I	C	20	000)6			GOVE	RNMENT R	ELATIONS		13	2,963.
2 Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strengt		iot li	mite	d to		se li: 1	stec	d above) who received n	nore than			
532008 12-16-15												Form	990 (2015)

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<u>Form</u>	<u>1 990 (</u>	(2015) DEPRESSION A	ND BIPOLA	R SUPPORT	ALLIANCE	36-3379	124 Page 9
Pa	rt VII						
_		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII	(B)	(C)	
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
Grai		Membership dues 1b					
Am (с	Fundraising events 1c					
ilar İlar	d	Related organizations 1d					
Sin',		Government grants (contributions)					
er (f	All other contributions, gifts, grants, and	701 601				
Q			<u>,791,631.</u> 91,029.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f: \$		2,791,631.			
0.0	n	Total. Add lines 1a-1f	Business Code	2,791,091.			
e	2 a	CONTRACT REVENUE	900099	133,912.	133,912.		
, zi	b		900099	133,900.	133,900.		
Sei	c	CONFERENCE FEES	611430	23,538.	23,538.		
Program Service Revenue	d			-	-		
- B B B B B B B B B B B B B B B B B B B	е						
<u>م</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		291,350.			
	3	Investment income (including dividends, inte		21 246			21 246
		other similar amounts)		21,346.	-		21,346
	4	Income from investment of tax-exempt bond	-				
	5	Royalties					
	6 2		(ii) Personal				
		Gross rents					
		Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 188,704	•				
	b	Less: cost or other basis					
		and sales expenses 181,991					
		Gain or (loss) 6 , 713		C 710			C 710
		Net gain or (loss)	····· ►	6,713.			6,713
ne	8 a	Gross income from fundraising events (not					
ven		including \$ of					
Be		contributions reported on line 1c). See Part IV, line 18					
Other Revenue	b		a				
Ò		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19	a				
		Less: direct expenses	b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
	_	and allowances	^				
		0	b 0.	5,750.	5,750.		
ŀ	с	Net income or (loss) from sales of inventory			5,750.		
ł	11 ~	Miscellaneous Revenue OTHER	Business Code 900099	1,325.			1,325
	11 a b			±,323•			1,525
	c D						
		All other revenue					
		Total. Add lines 11a-11d		1,325.			
	12	Total revenue. See instructions.		3,118,115.	297,100.	0.	29,384
53200	9 12-16						Form 990 (2015

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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 10 Form 990 (2015) Part IX

<u>1 6111 666 (2016)</u>	GI KESSION	-	DIIODAK	DOLLOKI	лпптч	MCE 30	221217774	Page IU	
Part IX Statement of Fun	ctional Expen	ses							
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported of	on lines 6b,	Та	(A)	(B)	onviaa	(C) Managamant and	(D))	

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	experiese
	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	262,301.	187,560.	48,786.	25,955
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	750,373.	534,306.	103,793.	112,274
8	Pension plan accruals and contributions (include				•
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	131,141.	93,284.	19,864.	17,993
0	Payroll taxes	74,898.	53,282.	11,340.	10,276
1	Fees for services (non-employees):	/			/
	Management				
b	Legal	20,516.	13,747.	1,769.	5,000
		19,177.	13,642.	2,904.	2,631
	Accounting	137177	15,0120	2,5010	27001
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	344,453.	328,428.	9,088.	6,937
0		645.	645.	5,000	0,557
12	Advertising and promotion	244,562.	159,149.	18,189.	67,224
3	Office expenses	111,366.	102,613.	1,389.	7,364
14	Information technology	111,300.	102,013.	<u> </u>	7,504
15	Royalties	129,137.	92,295.	19,330.	17,512
16		195,033.	167,634.	3,162.	24,237
7	Travel	193,033.	107,034.	5,102.	24,237
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	210 250	170 201	21 296	10 700
9	Conferences, conventions, and meetings	219,358.	178,284.	21,286.	19,788
20	Interest				
21	Payments to affiliates	22 720	16 072	2 5 0 2	2 255
2	Depreciation, depletion, and amortization	23,720.	16,873.	3,592.	3,255
3	Insurance	17,028.	12,113.	2,579.	2,336
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule (A)				
2	amount, list line 24e expenses on Schedule 0.)	12,469.	200.	842.	11,427
a b	AWARDS & SCHOLARSHIPS	11,087.	10,659.	428.	
u u	MISCELLANEOUS	2,704.	2,015.	1,191.	<502
ن ہم		2,101.	2,013.	<u> </u>	<juz< td=""></juz<>
d	All other expenses				
	All other expenses	2,569,968.	1,966,729.	269,532.	333,707
5	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	4,303,300.	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	203,332.	555,101
6					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2015

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1,975,700.

2,048,374.

Inventories for sale or use		8	
Prepaid expenses and deferred charges	28,239.	9	
Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D10a172,283.Less: accumulated depreciation10b41,462.			
Less: accumulated depreciation 10b 41,462.	64,347.	10c	
Investments - publicly traded securities	587,301.	11	
Investments - other securities. See Part IV, line 11		12	
Investments - program-related. See Part IV, line 11		13	
Intangible assets		14	
Other assets. See Part IV, line 11	66,015.	15	
Total assets. Add lines 1 through 15 (must equal line 34)	2,048,374.	16	
Accounts payable and accrued expenses	42,447.	17	
Grants payable		18	
Deferred revenue		19	
Tax-exempt bond liabilities		20	
Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Loans and other payables to current and former officers, directors, trustees,			
key employees, highest compensated employees, and disqualified persons.			
Complete Part II of Schedule L		22	
Secured mortgages and notes payable to unrelated third parties		23	
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			
Schedule D	30,227.	25	
Total liabilities. Add lines 17 through 25	72,674.	26	
Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
complete lines 27 through 29, and lines 33 and 34.			
Unrestricted net assets	838,615.	27	
Temporarily restricted net assets	1,137,085.	28	
Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here			
and complete lines 30 through 34.			
Capital stock or trust principal, or current funds		30	
Paid-in or capital surplus, or land, building, or equipment fund		31	
			1

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

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

Notes and loans receivable, net

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 36-3379124 Page 11

(B)

End of year 1,148,626.

247,776.

280,570. 12,148.

27,497.

130,821.

754,014.

60,000.

60,660. 164,154.

1,713,740.

2,497,298.

2,661,452.

Form 990 (2015)

32

33

34

783,558.

2,661,452.

103,494

1

2

3

4

5

6

7 -

(A)

Beginning of year

845,661.

238,597.

179,621.

38,593.

Form 990 (2015) Part X Balance Sheet

1

2

3

4

6

7

8

9 10a

b

15

16

23 24 25

26

27

28 29

30 31 32

33

34

Liabilities

Vet Assets or Fund Balances

Assets

Form	990 (2015) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-	3379124	Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,115.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,569	968.
3	Revenue less expenses. Subtract line 2 from line 1	3	548	3,147.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,700.
5	Net unrealized gains (losses) on investments	5	<26	5,549.>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
_	column (B))	10	2,497	,298.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?			X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	,	
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37
	review, or compilation of its financial statements and selection of an independent accountant?			X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit	
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			

Form **990** (2015)

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(Form 990 or 990-EZ)	
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Public Charity Status and Public Support

OMB No. 1545-0047

2015

Internal Revenue Service
Name of the organiza

		Co	mplete if the o	-	Zation is a section			-	or a section		ZU IU
Department of the Treasury 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.									Open to Public		
	enue Service	Information	on about Schedu		orm 990 or 990-E				/ww.irs.gov/f	orm990.	Inspection
Name of	the organizati					,					identification number
		DEPR	ESSION A	ND	BIPOLAR	SUP	PORT	ALLIA	NCE	3	6-3379124
Part I	Reason	for Public (Charity State	US (Al	I organizations m	nust co	omplete th	nis part.) S	ee instructio	ıs.	
The orga					or lines 1 through						
1 🗂					n of churches des						
2			-		ttach Schedule E				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
3	1				nization describe				ii).		
4		-	-	-					-	A)(iii). Enter	the hospital's name,
	city, and stat	-								<i>Λ</i>	, ,
5			or the benefit of	a colle	ege or university	owned	d or opera	ted by a d	overnmental	unit descrik	bed in
			omplete Part II.		5 ,		I	, ,			
6	1		-	-	ental unit describ	ed in s	section 1	70(b)(1)(A)	(v).		
7 X			-							the general	public described in
	5		omplete Part II.)				. en a ge			ane general	
8	-				I)(A)(vi). (Comple	te Par	t II.)				
9	,							contributi	ons membe	rshin fees a	nd gross receipts from
											t from gross investment
											after June 30, 1975.
			mplete Part III.)			tary in				gamzation	
10				clusiv	ely to test for pu	blic sa	fetv. See	section 5	09(a)(4).		
11	-	-	-							carry out the	e purposes of one or
	-	-	-		in section 509(a					-	
					supporting organ						
a 🗌					pervised, or cont						, aivina
~ _			-		ularly appoint or			-			
		-	complete Part IV	-		010011	amajoney				apporting
ь	~		•	-	or controlled in c	onnec	tion with i	ts support	ed organizat	ion(s) by ha	vina
~ _			-		nization vested in				-		-
		-			ections A and C			ono maro.	ontroi or mai	lage the sap	portod
с [-		organization ope		in conner	tion with	and function	ally integrat	ed with
• _		-		-	You must com					any mograt	
d 🗌					orting organization					orted organi	zation(s)
u _		-	-	• •	ation generally m				• •	•	
		-	-	-	plete Part IV, Se		-		-	ia an attorn	
e 🗌					ritten determinat					e II. Type III	
•					ally integrated su				a iype i, iyp	e ii, Type iii	
f Ent											
					l organization(s).						
9110	(i) Name of supp		(ii) EIN		(iii) Type of organiz	ation		organization	(v) Amount	of monetary	(vi) Amount of
	organizatior	1			(described on lines			in your document?	suppo	t (see	other support (see
				1	above (see instruct	ions))	Yes	No	instruc	tions)	instructions)
							_				

Form 990 or 990-EZ. 532021 09-23-15

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1116408.	1455354.	1563563.	2229650.	2791631.	9156606.
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	1116408.	1455354.	1563563.	2229650.	2791631.	9156606.
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)						2970113.
6	Public support. Subtract line 5 from line 4.						6186493.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1116408.	1455354.	1563563.	2229650.	2791631.	9156606.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,589.	3,308.	5,779.	14,677.	21,346.	46,699.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	90,164.	893.	668.	710.	1,325.	
11	Total support. Add lines 7 through 10						9297065.
	Gross receipts from related activities,	, etc. (see instruction	ons)			12 2	,431,001.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here					
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2015 (line 6, column (f) d	ivided by line 11, o	olumn (f))		14	66.54 %
15	Public support percentage from 2014	1 Schedule A, Part	II, line 14			15	62.64 %
16a	33 1/3% support test - 2015. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	I			X
b	33 1/3% support test - 2014. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s ►
						dule A (Form 990	

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- 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						
č	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 d							
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
5	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organi	zation,
							>
	ction C. Computation of Publi						
	Public support percentage for 2015 (li					15	%
	Public support percentage from 2014					16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	15 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	2014 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qua	ifies as a publicly s	supported organiz	zation	
b	33 1/3% support tests - 2014. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization						
	23 09-23-15			· · · · · ·			0 or 990-EZ) 2015
-				17		,	,
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Schedule A (Form 990 or 990-EZ) 2015 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2015 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 5

га	Supporting Organizations (continued)			
			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)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		
	A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" <i>to a, b, or c, provide detail in Part VI.</i>	11b 11c		
	tion B. Type I Supporting Organizations			i
			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. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
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		L
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	-		
<u> </u>	supported organizations played in this regard. Ition E. Type III Functionally-Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization satisfied the Activities rest. Complete line 2 below.			
c	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.	a o trorito	Yes	No
a	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				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ	2015
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Schedule A (Form 990 or 990-EZ) 2015 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adju	usted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-t	erm capital gain	1		
2 Recoveries	s of prior-year distributions	2		
3 Other gros	s income (see instructions)	3		
4 Add lines	1 through 3	4		
5 Depreciatio	on and depletion	5		
6 Portion of	operating expenses paid or incurred for production or			
collection	of gross income or for management, conservation, or			
maintenan	ce of property held for production of income (see instructions)	6		
7 Other expe	enses (see instructions)	7		
8 Adjusted	Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Min	imum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	fair market value of all non-exempt-use assets (see			
instruction	s for short tax year or assets held for part of year):			
a Average m	onthly value of securities	1a		
b Average m	onthly cash balances	1b		
c Fair marke	t value of other non-exempt-use assets	1c		
d Total (add	lines 1a, 1b, and 1c)	1d		
e Discount	claimed for blockage or other			
factors (ex	plain in detail in Part VI):			
2 Acquisition	n indebtedness applicable to non-exempt-use assets	2		
3 Subtract li	ne 2 from line 1d	3		
4 Cash deen	ned held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instruc	ctions).	4		
5 Net value	of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply lin	e 5 by .035	6		
7 Recoveries	s of prior-year distributions	7		
8 Minimum	Asset Amount (add line 7 to line 6)	8		
Section C - Dist	tributable Amount			Current Year
1 Adjusted n	net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%	of line 1	2		
3 Minimum a	asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter great	ter of line 2 or line 3	4		
5 Income tax	k imposed in prior year	5		
6 Distributa	ble Amount. Subtract line 5 from line 4, unless subject to			
emergency	y temporary reduction (see instructions)	6		
7 Che	ck here if the current year is the organization's first as a non-functionally	/-intear	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 7

Par	TV Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	_		
		(i)	(ii)	(iii)
Conti	ion E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
Secu	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
<u>a</u>				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A	(Form 990 or 990-E										
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec Section D, lines 5,	, lines 1, 2, ction D, line , 6, and 8; a	3b, 3c, 4b, 4 s 2 and 3; Pa	c, 5a, 6, 9a, art IV, Sectic	9b, 9c, 11a n E, lines 1	a, 11b, a c, 2a, 2t	nd 11c; Part IV o, 3a and 3b; P	, Section E art V, line 1	8, lines 1 a ; Part V, S	nd 2; Part I\ Section B, lir	/, Section C, ie 1e; Part V,
	(See instructions.)										
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Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
		· · · · ·	-	
Pa	rt II Conservation Easements. Complete if the or			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or		torically impo	rtant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
	Number of conservation easements on a certified historic str			
	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re			n during the tax
	year ►		5	5
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
		· · · · · · · · · · · · · · · · · · ·		5,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easeme	nts during the year
	► \$			0)
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170)(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organiza	-		
	conservation easements.		-	-
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue state	ment and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	it and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
	(ii) Assets included in Form 990, Part X		►	\$
2	If the organization received or held works of art, historical tre			le
	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1		►	\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2015
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Par	t III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ls, checl	k any of the	following that	at are a si	gnificant ι	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ise in Par	t XIII.		
5	During the year, did the organization solicit of				-				٦.,		1
Do	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	Is the organization an agent, trustee, custoo		diam (for	contribution	o or other or	acto pot	included				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ L			
b		and complete the lo	nowing	lable.					Amoun	+	
~	Reginning balance						1c		Amoun		
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII						• • • • • • • • • • • • • • • • • • • •]
Par											
		(a) Current year		rior year	(c) Two year		(d) Three ye	ears back	(e) Four	years	back
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	rrent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	ation	г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	t VI Land, Buildings, and Equipn	<u>v</u>	owment	tunds.							
Fai	Complete if the organization answere			/ line 11e C			line 10				
								-			
	Description of property	(a) Cost or o basis (investr		. ,	or other (other)	• •	ccumulate preciation	u	(d) Boo	n value	3
10	Land	· · · · ·	nong	04315		uep					
	Land										
	Buildings Leasehold improvements										
	Equipment			1	9,425.		3,88	35.	1	5,5	40.
	Other				2,858.		37,57			5,2	
	Add lines 1a through 1e. (Column (d) must e		X, colur		-		- ,			<u>, 8</u>	
		,			,			<i>i</i> 1		-	

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 DEPRESSION	AND BIPOLAR	SUPPORT ALLIANCE	36-3379124 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	e 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: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		· ·	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes	on Form 990 Part IV line	a 11d See Form 990 Part X line	15
· · · ·	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15)		
Part X Other Liabilities.			······ •
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 11e or 11f. See Form 990. Part	X. line 25.
1. (a) Description of liability	,,,.,	(b) Book value	.,
(1) Federal income taxes			
(2) ACCRUED RENT		60,660.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 25)	60,660.	
2. Liability for uncertain tax positions. In Part XIII, provid			tements that reports the
organization's liability for uncertain tax positions under			
organization o hability for three tail tax positions that			Schedule D (Form 990) 2014

Schedule D (Form 990) 2015

532053 09-21-15

Sche	dule D (Form 990) 2015 DEPRESSION AND BIPOLAR S	SUPPORT A	ALLIANCE	36-	3379124 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With	n Revenue per F	Returi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,091,566.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	<26,549.	>	
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d					
е		-		2e	<26,549.>
3	Subtract line 2e from line 1			3	3,118,115.
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				4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	3,118,115.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta				
Pa		tements Wit			ırn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit 12a.	h Expenses per		
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements Wit 12a.	h Expenses per	' Retu	ırn.
1	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements Wit	h Expenses per	' Retu	ırn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements Wit 12a. 	h Expenses per	' Retu	ırn.
1 2 a	Image: State of the state	tements Wit 212a. 2a 2b	h Expenses per	' Retu	ırn.
1 2 a b	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	h Expenses per	' Retu	ırn.
1 2 b c d	Image: Second line of the line of t	2a 2b 2c 2d	h Expenses per	' Retu	ırn. 2,569,968. 0.
1 2 b c d	Image: Second state in the second s	2a 2b 2c 2d	h Expenses per	r Retu	ırn. 2,569,968.
1 2 b c d e	Image: Second line of the line line of the line of the line of the line line line of the line o	2a 2b 2c 2d	h Expenses per	r Retu	ırn. 2,569,968. 0.
1 2 b c d 3	T XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per	r Retu	ırn. 2,569,968. 0.
1 2 3 4	T XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per	r Retu	ırn. 2,569,968. 0.
1 2 a b c d e 3 4 a	It XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per	r Retu	rn. 2,569,968. 0. 2,569,968. 0.
1 2 d e 3 4 b c 5	It XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b	h Expenses per	7 Retu 1 2e 3	ırn. 2,569,968. 0. 2,569,968.

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:

532054 09-21-15

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Part XIII Supplemental	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page 5
Part XIII Supplemental	Information (continued)						
532055 09-21-15						Schedule D (Form	990) 2015
09-21-15			27				

SCHEDUI	_E	Μ
(Form 990))	

Noncash Contributions

OMB No. 1545-0047

Open To Public

15

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Torm990. Inspection Employer identification number 36-3379124

20

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Par	L I	Types	s of Property							
				(a)	(b)	(c)	(d)			
				Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	-
				applicable		Form 990, Part VIII, line 1	noncash contribu	ition ar	nount	S
1	Art -	- Works of	art			· · · · · ·				
2			treasures							
3			interests							
4			olications							
5	Clothing and household goods									
6			r vehicles							
7			nes							
8			operty							
9			blicly traded	Х	4	91,029	SELLING PRI	CE		
10			osely held stock							
11	Sec	urities - Pa	rtnership, LLC, or							
	trus	t interests								
12			scellaneous							
13	Qua	alified cons	ervation contribution -							
	Hist	toric struct	ures							
14	Qua	alified cons	ervation contribution - Other							
15	Rea	l estate - R	esidential							
16	Rea	l estate - C	ommercial							
17	Rea	l estate - C	ther							
18										
19			/							
20			dical supplies							
21	Тахі	idermy								
22	Hist	torical artifa	acts							
23	Scie	entific spec	imens							
24	Arch	heological	artifacts							
25	Oth	er 🕨	()							
26	Oth	er 🕨	()							
27	Oth	er 🕨	()							
28	Oth	er 🕨	()							
29			ms 8283 received by the organi		• •					
	for v	which the o	organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29				
									Yes	No
30a	Duri	ing the yea	r, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 thro	ugh 28, that it			
			at least three years from the date		,					
	exe	mpt purpo	ses for the entire holding period	?				30a		X
b		-	ibe the arrangement in Part II.							
31			nization have a gift acceptance					31		Х
32a	Doe	es the orga	nization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncas	h			
		tributions?						32a	Х	
b			ibe in Part II.							
33		-	tion did not report an amount in	column (c) f	or a type of prope	ty for which column (a) is a	hecked,			
	des	cribe in Pa	rt II.							

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

Schedule M (Form 990) (2015)

532141 08-21-15

	Schedule M	/I (Form 990) (2015)	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page 2
I	Part II	Supplemental	Information. Prov	/ide the	information requ	iired by Part I, Iir	nes 30b, 32b, and	33, and whether the organization	ation

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

SCHEDULE M, LINE 32B:

DBSA UTILIZES A BROKER TO SELL NON-CASH (STOCKS) CONTRIBUTIONS.

532142 08-21-15	Schedule M (Form 990) (2015)
	29
280516 787606 04305	2015.03030 DEPRESSION AND BIPOLAR SUPP 04305 1

09

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service

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



Employer identification number DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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:

DISORDERS TO INFORMATION AND PEER SUPPORT. DBSA ALSO OFFERS MORE THAN

30 INFORMATION-RICH, SCIENTIFICALLY-VETTED, EASY-TO-READ PRINTED

BROCHURES AS WELL AS CDS AND DVDS ON SPECIFIC TOPICS RELATED TO MOOD

IN 2015, 71,000 BROCHURES WERE CIRCULATED TO INDIVIDUALS, DISORDERS.

SUPPORT GROUPS, DOCTOR'S OFFICES, AND MENTAL HEALTH EVENTS. OUR

ACTIVE, CONTENT-RICH SOCIAL MEDIA CHANNELS WERE ACCESSED BY 1.3 MILLION

PEOPLE SEEKING INFORMATION AND HELP.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THOSE UNABLE TO ATTEND LIVE SESSIONS. DBSA CONTINUES TO PLAY A PIVOTAL ROLE IN MAKING PEER SUPPORT SERVICES WIDELY AVAILABLE. A PREFERRED PROVIDER OF THE VA, DBSA TRAINED 111 VETERANS IN 2015 TO ASSUME PEER SPECIALIST ROLES IN VA MEDICAL CENTERS AND OTHER VETERAN-SERVING ORGANIZATIONS. 62 NON-VETERANS WERE ALSO TRAINED.

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: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 5322 i i 09-02-15 30

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Employer identification number $36-3379124$
ONCE A CANDIDATE IS APPROVED BY THE BOARD, THE CANDIDATE	MUST COMPLETE A
COMMITMENT TO SERVE DOCUMENT THAT INCLUDES A SECTION ON C	ONFLICT OF
INTEREST. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY	IS CLEARLY STATED
IN THE BYLAWS AND IS PROVIDED TO ALL NEW BOARD MEMBERS BE	FORE THEIR
FACE-TO-FACE ORIENTATION, AND THEN AGAIN TO ALL BOARD MEM	BERS ANNUALLY.
THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A MEETING	OF THE FULL BOARD,
AND MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS AND UP	DATE THEIR FORMS
ANNUALLY. IT IS STATED THAT AT ANYTIME DURING THE COURSE	OF THEIR TERMS,
IF A CONFLICT OF INTEREST SHOULD ARISE, MEMBERS MUST BRIN	G 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: AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,KS,KY,ME,MD,MA,MI,MN,MS,IL,NH,NJ,NY,NC,ND,OH OR,PA,RI,SC,TN,UT,NM,VA,WA,WV,WI,OK,TX

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT DBSA'S OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

532212 09-02-15

Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Employer identification numb 36-3379124
PROGRAM SERVICE EXPENSES	47,542
MANAGEMENT AND GENERAL EXPENSES	3,658
FUNDRAISING EXPENSES	6,937
TOTAL EXPENSES	58,137
GOVERNMENT RELATIONS:	
PROGRAM SERVICE EXPENSES	132,963
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	132,963
PEER SPECIALIST TRAINING:	
PROGRAM SERVICE EXPENSES	106,658
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	106,658
SOCIAL MEDIA CONSULTING:	
PROGRAM SERVICE EXPENSES	24,067
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	24,067
STRATEGIC PLANNING & BOARD GOVERNANCE:	
PROGRAM SERVICE EXPENSES	8,000
MANAGEMENT AND GENERAL EXPENSES	5,430
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	13,430
⁵³²²¹² 09-02-15 32 280516 787606 04305 2015.03030 DEPRESSION AND	Schedule O (Form 990 or 990-EZ) (20

Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Employer identification number 36-3379124
WEBSITE CONSULTING:	
PROGRAM SERVICE EXPENSES	9,198
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	9,198
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	344,453

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		\mathbf{O}					
532212 09-02-15		33		Schedule O (I	orm 990	or 990-EZ)	(2015)
280516 787606 04305	2015.03030	DEPRESSION	AND	BIPOLAR	SUPP	04305_	1