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GOVERNMENT COPY

		e <del></del>	E-training and a second se							
	n	00	Return of Organization Exempt Fr	om li	ncome Tax	OMB No. 1545-0047				
Form	3	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			<sup>15)</sup> 2016				
Depar	tment c	of the Treasury	Do not enter social security numbers on this form as			Open to Public				
		nue Service	Information about Form 990 and its instructions is a		.gov/form990.	Inspection				
			ar year, or tax year beginning and en	ding						
B Cl ap	B Check if applicable: Address DEPRESSION AND BIPOLAR SUPPORT ALLIANCE:									
	Addre:	S DEPR	ESSION AND BIPOLAR SUPPORT ALLIANCE	£						
	]Name Jchang	e Doing bi	usiness as		36-3	379124				
	Initial  return	Number		om/suite	E Telephone number					
	]Final return/		AST JACKSON BLVD 49	90	(312					
	termin ated	City of t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,396,619.				
	Ameno return	CHIC	AGO, IL 60604		H(a) is this a group re					
L	Applic tion pendir		nd address of principal officer: ALLEN DOEDERLEIN			? Yes 🗶 No				
		SAME	AS C ABOVE	607	H(b) Are all subordinates in					
		empt status:		527		list. (see instructions)				
			DBSALLIANCE • ORG	1 Voor o	H(c) Group exemption	State of legal domicile: IL				
	rt I	Summary		IL TEAL		otate of legal dominine. 111				
Fa			be the organization's mission or most significant activities: ${ m TO}$ IME	PROVE	THE LIVES					
e S	L	T.TVTNC	WITH MOOD DISORDERS THROUGH ACTIVIT	PTES	TN EDUCATIO	N AND				
nar			x F if the organization discontinued its operations or disposed							
Ver					3	15				
ğ			lependent voting members of the governing body (Part VI, line 1b)			15				
8 8			of individuals employed in calendar year 2016 (Part V, line 2a)			23				
Activities & Governance		Total number	82							
(cti)			d business revenue from Part VIII, column (C), line 12			0.				
4	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>	7b	0.				
					Prior Year	Current Year				
ē	8	Contributions	and grants (Part VIII, line 1h)		2,791,631.	2,115,367.				
Revenue		—	ice revenue (Part VIII, line 2g)		<u>291,350.</u>	254,265.				
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		<u>28,059</u> . 7,075.	<u>16,990.</u> 5,566.				
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,118,115.	2,392,188.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	<u> </u>	<u>2,352,100.</u> 0.				
			milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	i	0.	0.				
	14	Selence othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,218,713.	1,464,750.				
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	48,873.				
ber			ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 425, 434							
ы			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,351,255.	1,185,822.				
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,569,968.	2,699,445.				
		-	expenses. Subtract line 18 from line 12		548,147.	<u>&lt;307,257.</u> >				
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year				
ssets	20	Total assets (l	Part X, line 16)		2,661,452.	2,433,793.				
at As			s (Part X, line 26)		164,154.	221,052.				
		Net assets or	fund balances. Subtract line 21 from line 20		2,497,298.	2,212,741.				
	rt II	Signatur				discoulation and haliaf it is				
			I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is				
irue,	COLLEC	i, and complete	. Declaration of prepares (other than officer) is based on all information of which	n preparer	11as any knowledge.	12017				
<b>e</b> 1		Sionatur	e of officer		Date	1 6014				
Sign		· ·	N DOEDERLEIN, PRESIDENT							
Here	-		print name and title							
		Print/Type pre		7 /10	Date Check	PTIN				
Paid			TEINDLER Will Augh	$\frac{2}{2}$	5////7 self-employ					
Prep			MANN. WEITZ & ASSOCIATES L.L.C.		Firm's EIN	36-3963131				

Use Only Firm's address 111 DEER LAKE ROAD, SUITE 125 DEERFIELD, IL 60015 Phone no. (847)267-3400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No e32001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page	
Par		
1		
•		
	atement of Program Service Accomplishments         sch if Schedule O contains a response or note to any line in this Part III         sch if Schedule O contains a response or note to any line in this Part III         ENVISIONS WELLINESS FOR PEOPLE LIVING WITH DEPRESSION AND BIPOLAF         DER. DBSA PURSUES THIS VISION WITH THE MISSION "TO PROVIDE HOPE,         SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PEOPLE WHO HAVE         DISODDERS."         'ganization undertake any significant program services during the year which were not listed on the         'ganization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.         Of(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and tary, tor each program service reported.         ()(Expenses 1,127,113. including gamet or s         ()(Expense 2,200. D)	
	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.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		
	· · · · · · · · · · · · · · · · · · ·	
	· · · · ·	
46		
4b		
	INFORMATION ON HOW TO GROW AND ENHANCE THEIR SERVICES, OFFER	
	EDUCATIONAL EVENTS IN THEIR COMMUNITIES, AND FUNDRAISE TO SUPPORT THEIR	
	LOCAL PROGRAMMING. CHAPTER LEADERS MAY ENHANCE THEIR SKILLS AT THE	
	ANNUAL DBSA CHAPTER LEADERSHIP FORUM. IN 2016 DBSA TRAINED 55 CHAPTER	
	MEMBERS AS FACILITATORS, HELPING THEM PROVIDE GUIDANCE AND INSPIRATION	
	TO THEIR SUPPORT GROUPS. THESE LIVE TRAININGS WERE DELIVERED AT	
	LOCATIONS AROUND THE COUNTRY AND THROUGH ONLINE COURSE MATERIALS FOR	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ►     2,011,629.	
4e	Total program service expenses ► 2,011,629.	
0000	CEE COMEDINE O FOR COMMINIANTON/C)	
52002	2 11-11-16 SEE SCHEDOLE O FOR CONTINUATION(S) 2	
40	518 787606 04305 2016.03040 DEPRESSION AND BIPOLAR SUPP 04305	
- 0	2010.0004 DELEBBION AND DITCHAR DOFF 04005_	

Form 990 (2016)

### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Pa	rt IV Checklist of Required Schedules			<u> </u>
			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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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,		v	
	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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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			x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-23	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
120	-	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	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)(iii)? If "Yes," complete Schedule E	13	L	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2016)

632003 11-11-16

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Form 990 (2016)		DEPRESSION			SUPPORT	ALLIANCE
Part IV Che	cklist of Re	quired Schedul	es (cont	inued)		

			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	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	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		Х
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	1		<u>-</u> -
	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			37
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
20	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 and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2016)

632004 11-11-16

_	<u>1990 (2016)</u> DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379	124	: P	Page 5
Pa	rt 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 37			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
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 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for 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
		5b		X
с	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			
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	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			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	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?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		-	000	10040

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Form 9	<b>90</b> (2	2016)
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Form 990	(2016)	)
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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.

1a E   b E 2 [	ion A. Governing Body and Management         Enter the number of voting members of the governing body at the end of the tax year         If there are material differences in voting rights among members of the governing body, or if the governing		Yes	
 t b [ 2 [ 0	If there are material differences in voting rights among members of the governing body, or if the governing		103	+
 t b [ 2 [ 0	If there are material differences in voting rights among members of the governing body, or if the governing			T
b E 2 [				
b E 2 [	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
2 [ 				
c				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ł
3 L	officer, director, trustee, or key employee?	2		╇
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
C	of officers, directors, or trustees, or key employees to a management company or other person?	3		$\bot$
<b>1</b> [	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5 [	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
<b>6</b> [	Did the organization have members or stockholders?	6		Τ
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			T
	more members of the governing body?	7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		t
		76		
	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	Ļ
<b>)</b> I	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		
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	T
)a I	Did the organization have local chapters, branches, or affiliates?	10a	Х	t
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	lou		t
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
			X	╀
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	╋
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	∔
ь١	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с [	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
i	in Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	Х	T
	Did the organization have a written document retention and destruction policy?	14	Х	t
	Did the process for determining compensation of the following persons include a review and approval by independent			t
				L
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	v	ł
	The organization's CEO, Executive Director, or top management official	15a	X	+
	Other officers or key employees of the organization	15b	X	∔
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
<b>3a</b> [	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
1	taxable entity during the year?	16a		ſ
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			I
	exempt status with respect to such arrangements?	16b		ſ
	ion C. Disclosure	100		1
		דט	ve	<u> </u>
	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			<u>'</u>
	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	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
<b>9</b> [	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
	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			_
		Г-		_
1000	11-11-16 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	9 <b>90</b>	(7

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)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless pers officer and a dire		rson	is bot	h an	compensation	compensation	amount of	
	week		cer ar	10 a 0 1	recto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	st con yee				organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	orme			organizationo
(1) MICHAEL KUHL	4.00	_	_							
SECRETARY		Х		X				0.	0.	0.
(2) LUCINDA JEWELL	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) WILLIAM GILMER, MD	6.00									
CHAIR		Х		Х				0.	0.	0.
(4) GREGORY E. OSTFELD	4.00								_	_
TREASURER		Х		х				0.	0.	0.
(5) GREGORY SIMON, M.D., M.P.H.	3.00									•
SAB CHAIR		Х		Х				0.	0.	0.
(6) LAGENIA BAILEY	3.00								0	0
MEMBER-AT-LARGE	0.00	X						0.	0.	0.
(7) CATHERINE FIELDS, J.D.	2.00	37						0	0	0
DIRECTOR	3.00	X						0.	0.	0.
(8) CHRISTY B. BECKMANN	3.00	x						0.	0.	0.
MEMBER-AT-LARGE (9) SUZANNE BERGOFFEN	3.00	^						0.	0.	0.
(9) SOZANNE BERGOFFEN MEMBER-AT-LARGE	5.00	x						0.	0.	0.
(10) THOMAS LANE	2.00							0.	0.	0.
DIRECTOR	2000	x						0.	0.	0.
(11) JERRY PAVLON-BLUM, ED.M., M.A.	3.00									
DIRECTOR		х						0.	0.	0.
(12) HAKEEM RAHIM, ED.M., M.A.	2.00									
DIRECTOR		х						0.	0.	Ο.
(13) GARY SACHS, M.D.	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ROBERT C. SCHWARTZ, JR.	2.00									
DIRECTOR		Х						0.	0.	0.
(15) JOHN S. TAMERIN, M.D.	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(16) ALLEN DOEDERLEIN	40.00									
PRESIDENT				X				147,940.	0.	8,001.
(17) CINDY SPECHT	40.00							110 205		10 454
EXECUTIVE VICE PRESIDENT				X				110,385.	0.	10,474.
632007 11-11-16						_				Form <b>990</b> (2016)

15040518 787606 04305

7 2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

		ON AND E	BII	201	LAF	R 8	SUI	PP	ORT ALLIANCE	36-3	379	124	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week			C Posi heck i ss per id a di	ition <sup>more</sup> rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	(list any hours for related ganizations below						organization (W-2/1099-MI	IS	com fr orga and	pensa om the anizati d relate nizatio	e on ed	
									250 225			1	0 4	75
	Sub-total Total from continuation sheets to Part VI								258,325.		0.	L.	8,4	15.
	Total (add lines 1b and 1c)								258,325.		0.	1	8,4	75.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed at	bove	e) wl	no r	received more than \$100	),000 of reportab	le			2
	compensation from the organization			_									Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x	
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	y uni	relat	ted organization or indiv	idual for services	5			
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch j	pers	son					5		Х
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business	address							(B) Description of s	services	С	(C omper		า
	ORN RUN PARTNERS					-						1 2	0 0	0.0
<u> </u>	20 I STREET NW, WASHING	510N, D(	- 4	201	500	<u> </u>			GOVERNMENT R	ELATIONS		12	0,0	00.
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strength	•	ot li	mite	d to		se li 1	stec	d above) who received n	nore than				
												Form	990 (2	2016)

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8 2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

				D BIPOLA	R SUPPORT	ALLIANCE	36-3379	124 Page 9
Pa	rt V							
_		Check if Schedule O conta	ains a response	or note to any lin	ie in this Part VIII … (A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1 a	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	I	<b>b</b> Membership dues	1b					
ts, Απ		c Fundraising events						
ilar		d Related organizations						
Sim,		e Government grants (contributio						
utio	1	f All other contributions, gifts, grants		0 115 265				
Q E E E		similar amounts not included abov		2,115,367. 8,025.				
		<b>g</b> Noncash contributions included in lines			2,115,367.			
<u> </u>		h Total. Add lines 1a-1f		Business Code				
Ð	2 8	a CONTRACT REVENUE		900099	192,611.	192,611.		
° zi	_	b PROGRAM SERVICE		900099	60,694.	60,694.		
Sel		c HONORARIUMS		900099	960.	960.		
am	(	d						
Program Service Revenue		e						
۲ ۲	1	f All other program service rever	nue					
		g Total. Add lines 2a-2f			254,265.			
	3	· •						
		other similar amounts)			14,352.	-		14,352.
	4	Income from investment of tax						
	5	Royalties						
	6	• Cross rents	(i) Real	(ii) Personal				
		a Gross rents b Less: rental expenses						
		c Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
		<b>a</b> Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	1,007,069.					
	I	<b>b</b> Less: cost or other basis						
		and sales expenses	1,004,431.					
	(	<b>c</b> Gain or (loss)	2,638.					
	(	d Net gain or (loss)		►	2,638.			2,638.
e	8 8	a Gross income from fundraising						
/en		including \$						
Other Revenue		contributions reported on line	,					
her		Part IV, line 18						
đ		<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from fundational from fundational for the second se</li></ul>						
		a Gross income from gaming act	-	····· <b>&gt;</b>				
		Part IV, line 19						
	I	<b>b</b> Less: direct expenses						
		c Net income or (loss) from gami		►				
	10 a	a Gross sales of inventory, less r	returns					
		and allowances						
		<b>b</b> Less: cost of goods sold						
ļ	(	c Net income or (loss) from sales			5,566.	5,566.		
ļ		Miscellaneous Revenue	9	Business Code				
	11 a							
		b						
		cd All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			2,392,188.	259,831.	0.	16,990.
63200		-11-16		····· P	· · ·	· · · ·		Form <b>990</b> (2016)

632009 11-11-16

Form 990 (2016)
Part IX Stat

DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page <b>10</b>
tement of Functional 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 respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations		1		•
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> 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				
<b>5</b> Compensation of current officers, directors,	076 000	100 400	F4 000	
trustees, and key employees	276,800.	166,469.	54,232.	56,099
6 Compensation not included above, to disqualified				
persons (as defined under section $4958(f)(1)$ ) and				
persons described in section 4958(c)(3)(B)	896,870.	665,652.	112,385.	118,833
7 Other salaries and wages	090,070.	005,052.	112,305.	110,033
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	201,425.	144,056.	27,940.	29,429
9 Other employee benefits	89,655.	63,646.	12,686.	13,323
10   Payroll taxes     11   Fees for services (non-employees):	05,055.	05,010:	12,000.	13,525
a Management	26,136.	20,610.	2,287.	3,239
b Legal c Accounting	19,268.	13,678.	2,726.	2,864
d Lobbying	120,000.	120,000.		_,
e Professional fundraising services. See Part IV, line 17	48,873.			48,873
f Investment management fees	6,220.		6,220.	- ,
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	262,827.	234,301.	2,059.	26,467
12 Advertising and promotion	5,243.	4,763.	90.	26,467 390
13 Office expenses	201,749.	113,760.	9,000.	78,989
14 Information technology	84,540.	90,060.		<5,520
15 Royalties				
16 Occupancy	136,003.	96,548.	19,243.	20,212
<b>17</b> Travel	181,522.	172,468.	195.	8,859
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	60,344.	55,199.	2,968.	2,177
20 Interest				
21 Payments to affiliates	26 402			<b>F</b> 44 A
22 Depreciation, depletion, and amortization	36,403.	25,842.	5,151.	5,410
23 Insurance	16,816.	11,938.	2,379.	2,499
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 0.)				
a MEMBERSHIPS	15,848.	1,539.	1,170.	13,139
b AWARDS & SCHOLARSHIPS	10,421.	10,421.	· ·	
c MISCELLANEOUS	2,482.	679.	1,651.	152
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,699,445.	2,011,629.	262,382.	425,434
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

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10 2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

Form **990** (2016)

15040518 787606 04305

2,497,298.

2,661,452.

Notes and loans receivable, net 7 8 Inventories for sale or use 27,497. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 183,369. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 77,864. 130,821. b Less: accumulated depreciation 10b 10c 754,014. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 60,000. Other assets. See Part IV, line 11 15 2,433,793. 2,661,452. Total assets. Add lines 1 through 15 (must equal line 34) 16 103,494. 17 Accounts payable and accrued expenses 18 Grants payable 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 disgualified 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 60,660. 25 Schedule D 164,154. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 1,713,740. 1,428,818. 27 Unrestricted net assets 783,558. Temporarily restricted net assets 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

### 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

Part II of Schedule L

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

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

employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L

4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

(A)

Beginning of year

1,148,626.

247,776.

280,570. 12,148.

1

2

3

4

5

6

31

32

33

34

36-3379124 Page 11

(B)

End of year

872,748.

147,891.

320,382.

9,490.

40,961.

105,505.

896,816.

40,000.

110,872.

110,180.

221,052.

783,923.

2,212,741.

2,433,793.

Form **990** (2016)

Form 990 (2016) Part X | Balance Sheet

1

2

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17 18

19 20

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\_iabilities

Vet Assets or Fund Balances

Assets

Form	1 990 (2016) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-3	379124	Page	e <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			L	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,392	2, 18	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,69	9,44	<u>.</u> 5.
3	Revenue less expenses. Subtract line 2 from line 1	3	<30'		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,49		
5	Net unrealized gains (losses) on investments	5	22	2,70	10.
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	2,21	2,74	1.
Pa	rt 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?		2b	Х	
	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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
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 Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2016)

632012 11-11-16

SC	HED	ULE	Α

Department of the Treasury

(Form 990 of	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. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2016
Open to Public

Internal Revenue Service

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.						Inspection				
Nan	ne of t	he organizati	ion						Employer	identification numbe
Da	rt I	Reason			D BIPOLAR SUP (All organizations must co					6-3379124
						-			15.	
1ne 1	organ		•		(For lines 1 through 12, o ion of churches describe		,			
2	H	-		-			• • •	I)(A)(I).		
-	$\square$				(Attach Schedule E (Forr			::)		
3 4	H				ganization described in <b>s</b> o onjunction with a hospita				Viii) Entor	the beenital's name
4		city, and stat	•	ation operated in co	onjunction with a nospita	i describer	a in sectio			the nospital s hame,
5		•		or the benefit of a c	ollege or university owne	d or opera	ted by a d	overnmental	unit descrit	ned in
5				Complete Part II.)	onege of aniversity owne		icu by a g	overnmentar		
6					mental unit described in	section 1	70(h)(1)(A)	(v)		
7	X				antial part of its support				the general	public described in
•				complete Part II.)	and part of no support	ionia gov	ommonita		uno gonorai	
8					)(1)(A)(vi). (Complete Par	+ 11 )				
9	$\square$				d in section 170(b)(1)(A)		ed in conii	inction with a	land-grant	college
Ŭ		-	-	-	culture (see instructions)		-		-	-
		university:		grant conogo or agri			namo, or	y, and state c	in the coneg	
10			ion that norma	ally receives: (1) mor	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	ind aross receipts from
		-		•	ect to certain exceptions				-	
					e (less section 511 tax) fr					-
				mplete Part III.)	- (				gamzation	
11				• •	sively to test for public sa	afety. See	section 50	09(a)(4).		
12		-	-	-	sively for the benefit of, t				arry out the	e purposes of one or
					ed in section 509(a)(1) of					
					of supporting organizatio					
а		7			supervised, or controlled					giving
		the suppor	ted organizatio	on(s) the power to r	egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must c	complete Part IV, S	ections A and B.					
b		Type II. As	supporting org	anization supervise	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	iving
		control or r	nanagement o	of the supporting or	ganization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
		organizatio	n(s). <b>You mus</b>	st complete Part IV	, Sections A and C.					
с		Type III fui	nctionally inte	egrated. A supportir	ng organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
		its support	ed organizatio	on(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		J Type III no	n-functionally	y integrated. A sup	porting organization ope	ated in co	nnection \	with its suppo	orted organi	ization(s)
		that is not	functionally int	tegrated. The organ	ization generally must sa	tisfy a dist	ribution re	quirement an	id an attent	iveness
		requiremer	nt (see instruct	tions). <b>You must co</b>	mplete Part IV, Section	s A and D,	, and Part	۷.		
е			•		written determination from			а Туре I, Туре	e II, Type III	
		functionally	/ integrated, or	r Type III non-functi	onally integrated support	ing organi	zation.			
f			of supported of	0						_
g				n about the support		(iv) Is the oras	anization listed			
	(1	<ul> <li>i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No	Support (See I		

Total

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### Schedule A (Form 990 or 990-EZ) 2016 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) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1455354.	1563563.	2229650.	2791631.	2115367.	10155565.
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	1455354.	1563563.	2229650.	2791631.	2115367.	10155565.
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)						3350468.
6	Public support. Subtract line 5 from line 4.						6805097.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	1455354.	1563563.	2229650.	2791631.	2115367.	10155565.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	3,308.	5,779.	14,677.	21,346.	14,352.	59,462.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	893.	668.	710.	1,325.		3,596.
11	Total support. Add lines 7 through 10						10218623.
12			,				,506,439.
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)	
0	organization, check this box and stor	here					▶∟_
	ction C. Computation of Publ						
	Public support percentage for 2016 (					14	66.60 %
	Public support percentage from 2015					15	66.54 %
<b>1</b> 6a	33 1/3% support test - 2016. If the o						
_	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
40	organization meets the "facts-and-circ		•	• •	,		
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	UT 990-EZ) 2016

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### Schedule A (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			2			
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 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						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)					1	
	First five years. If the Form 990 is for	the organization'	l s first second thir	l d fourth or fifth tr	I ax year as a sectio	$\frac{1}{10000000000000000000000000000000000$	I
		-			-		
Sec	tion C. Computation of Public			<u></u>			
	Public support percentage for 2016 (li			column (f))		15	%
	Public support percentage from 2015					16	<u>%</u>
	tion D. Computation of Inves						70
	· · · · · · · · · · · · · · · · · · ·			10 a a luman (f))		17	0/
	Investment income percentage for 20						%
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2016. If the o						1 / is not
	more than 33 1/3%, check this box an						▶∟
b	<b>33 1/3% support tests - 2015.</b> If the o						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	1 did not check a	box on line 14, 19	a, or 19b, check th			
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### Schedule A (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 4

### Part IV Supporting Organizations

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

### 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 12a or 12b 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) 2016

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

Yes

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No

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## Schedule A (Form 990 or 990-EZ) 2016 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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		
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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 <b>Part VI</b> the role the organization's			
800	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
1	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
a L				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
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.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in 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 <b>Part VI</b> the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
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### Schedule A (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7		-	ated Type III suppo	rting org

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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### Schedule A (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>	
Secti	on D - Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt 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 purpose	es of supported organizatior	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	he organization is responsiv	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C	en E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
c	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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	(Form 990 or 990-E									
Part VI	Supplemental Part IV, Section A line 1; Part IV, Sec Section D, lines 5, (See instructions.)	, lines 1, ction D, li , 6, and 8	2, 3b, 3c, 4 ines 2 and 3	b, 4c, 5a, 8; Part IV, 8	6, 9a, 9t Section I	o, 9c, 11a, 11b, E, lines 1c, 2a, 2	and 11c; Part IV b, 3a, and 3b; P	, Section B, lines Part V, line 1; Part	1 and 2; Part IV V, Section B, lir	', Section C, ne 1e; Part V,
							•			
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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

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

Employer identification number

OMB No. 1545-0047

Organization type (check of	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 TAKEDA PHARMACEUTICALS X Person Payroll 223,000. ONE TAKEDA PARKWAY Noncash \$ (Complete Part II for DEERFIELD, IL 60015 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X OTSUKA AMERICA PHARMACEUTICAL, INC. Person Payroll 151,500. 2400 RESEARCH BLVD. Noncash \$ (Complete Part II for ROCKVILLE, MD 20850 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 ANONYMOUS X Person Payroll 230,100. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 ALKERMES Х Person Payroll 852 WINTER STREET 75,000. Noncash (Complete Part II for WALTHAM, MA 02451 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 HUMANA FOUNDATION X Person Payroll 321 WEST MAIN STREET 150,000. Noncash (Complete Part II for LOUISVILLE, KY 40202 noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 ALLERGAN X Person Pavroll 2525 DUPOND DRIVE 145,750. Noncash \$ (Complete Part II for IRVINE, CA 92612 noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623452 10-18-16 22

15040518 787606 04305

2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

Employer identification number

36-3379124

### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

	<b>Contributors</b> (See instructions). Use duplicate copies of Part I if additionation		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
7	DAUTEN FAMILY FOUNDATION 155 N. WACKER DRIVE, SUITE 4150 CHICAGO, IL 60606	\$270,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
8	MARK FISHBACH GLENDALE, CA	\$66,391.	Person X Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ANONYMOUS	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll On Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution

Name of organization

### 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
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	 
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
453 10-18-			l

Page 3

Employer identification number

36-3379124

15040518 787606 04305

2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

ame of org	janization		Employer identification number								
EPRES	SSION AND BIPOLAR SUP	ORT ALLIANCE	36-3379124								
Part III	Exclusively religious, charitable, etc., o	ontributions to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 f								
	completing Part III, enter the total of exclusively reli	ete columns (a) through (e) and the following gious, charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.) <b>\$</b>								
	Use duplicate copies of Part III if addit										
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
Part I											
-		(e) Transfer of gift									
		(e) transfer of girt									
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
Part I											
-		(e) Transfer of gift									
-	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
		_	_								
F	(e) Transfer of gift										
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee								
		(c) Use of gift	(d) Description of how gift is held								
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(u) Description of now girt is neid								
a) No. from Part I	(b) Purpose of gift	(c) Use of gift									
a) No. from Part I	(b) Purpose of gift	(c) Use of gift									
a) No. from Part I	(b) Purpose of gift	(c) Use of gift									
a) No. from Part I	(b) Purpose of gift										
a) No. from Part I	(b) Purpose of gift	(c) Use of gift									
a) No. from Part I	(b) Purpose of gift	(e) Transfer of gift	Relationship of transferor to transferee								
a) No. from Part I		(e) Transfer of gift									
a) No. from Part I		(e) Transfer of gift									

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

Page 4

SCHEDULE C		Political Campaign and Lobbying Activities													
(Form 990 or 990-EZ)	_	-			_			_							

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ZU

Employer identification number

OMB No. 1545-0047

16

### If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Department of the Treasury

Internal Revenue Service

### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4),</li> </ul>	(5), or (6) organizations: Complete Part III.
Name of organization	

Marile of orga				<b>-</b> ''	ipioyer identification number
		ION AND BIPOLAR S			36-3379124
Part I-A	Complete if the org	ganization is exempt unde	r section 501(c) (	or is a section 527	organization.
2 Political	campaign activity expendi er hours for political campa	zation's direct and indirect political tures ign activities			* \$
Part I-B	Complete if the org	ganization is exempt unde	r section 501(c)(		
		incurred by the organization unde			• \$
		incurred by organization manager			
3 If the or	ganization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes
<b>4a</b> Was a c	correction made?				Yes 🛄 No
/	describe in Part IV.				
Part I-C		ganization is exempt unde		-	1(c)(3).
1 Enter th	e amount directly expende	d by the filing organization for sect	ion 527 exempt functi	on activities 🕨	• \$
2 Enter th	00	nization's funds contributed to othe	0		
exempt	function activities			▶	\$
	•	s. Add lines 1 and 2. Enter here and			
				▶	• \$
	filing organization file <b>Form</b>	• • • • • • • • • • • • • • • • • • • •			
	,	mployer identification number (EIN)		U	0 0
	, ,	ation listed, enter the amount paid	0 0		
		omptly and directly delivered to a s	· · · •		arate segregated fund or a
political		additional space is needed, provid		1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	
				filing organization's	

(a) Name	(b) Address	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 DI Part II-A Complete if the organ	EPRES: nization	SION is exe	AND BIPOLAR	SUPPORT AL n 501(c)(3) and fil	LIANCE 36-3 ed Form 5768 (el	379124 Page 2 ection under
section 501(h)).			<u></u>			
	-		filiated group (and list ir	h Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share o			• •			
Limits	on Lobby	ng Expe	and "limited control" pro enditures unts paid or incurred.		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influer	nce public	opinion	(grass roots lobbying)		8,625.	
<b>b</b> Total lobbying expenditures to influer					125,622.	
c Total lobbying expenditures (add line					134,247.	
d Other exempt purpose expenditures					2,565,202.	
e Total exempt purpose expenditures (					2,699,449.	
f Lobbying nontaxable amount. Enter t					284,972.	
If the amount on line 1e, column (a) or (			bying nontaxable am			
Not over \$500,000			f the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00			00 plus 5% of the exce			
Over \$17,000,000	,000	\$1,000	•			
0,000,000		ψ1,000	,000.			
g Grassroots nontaxable amount (enter	r 25% of li	ne 1f)			71,243.	
h Subtract line 1g from line 1a. If zero c					0.	
i Subtract line 1f from line 1c. If zero o	,				0.	
j If there is an amount other than zero					• •	
reporting section 4911 tax for this ye					Γ	Yes No
			veraging Period Under			
(Some organizations that	t made a s	ection		have to complete all	of the five columns b	elow.
	Lobbyi	ng Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	13	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> Total
2a Lobbying nontaxable amount					284,972.	284,972.
b Lobbying ceiling amount (150% of line 2a, column(e))						427,458.
c Total lobbying expenditures					134,247.	134,247.
d Grassroots nontaxable amount					71,243.	71,243.
e Grassroots ceiling amount					-	
(150% of line 2d, column (e))						106,865.
f Grassroots lobbving expenditures					8,625.	8,625.

Schedule C (Form 990 or 990-EZ) 2016

632042 11-10-16

### Schedule C (Form 990 or 990 EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	<b>)</b>
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5)	, or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
_	Taxable amount of lobbying and political expenditures (see instructions)				
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2016

632043 11-10-16

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

Employer identification number

	DEPRESSION AND BIPOLAR SU		36-3379124
Pa		Other Similar Funds (	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	a a u a chuis a chuis a la	
_		nor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the		
-	are the organization's property, subject to the organization's exclusive lega		
6	Did the organization inform all grantees, donors, and donor advisors in writ		
	for charitable purposes and not for the benefit of the donor or donor advise		
Pa	impermissible private benefit?		
	· · · · ·		irt IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all t		
	Preservation of land for public use (e.g., recreation or education)		ically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservat	ion contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b			
с	Number of conservation easements on a certified historic structure include		
d	() 1		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, released, exting	uished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is loca		
5	Does the organization have a written policy regarding the periodic monitori		
~			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vi	plations, and enforcing conse	rvation easements during the year
7	Amount of averages incurred in manifering increasing bandling of violatio	no and onforcing concernatio	an accompania during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violatic \$	ins, and enforcing conservation	on easements during the year
0	▶ ↓ Does each conservation easement reported on line 2(d) above satisfy the r	aquiromente of eastion 170/h	
8	· · · · ·		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements		
9	include, if applicable, the text of the footnote to the organization's financial		
		Statements that describes th	le organization's accounting for
Pa	conservation easements. t III Organizations Maintaining Collections of Art, Histo	rical Treasures, or Oth	ner Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV,	•	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to		ant and balance sheet works of art
iu	historical treasures, or other similar assets held for public exhibition, educa		
	the text of the footnote to its financial statements that describes these iten		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to rep		and balance sheet works of art historical
D.	treasures, or other similar assets held for public exhibition, education, or re		
	relating to these items:		is service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
			<b>N A</b>
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or oth		
~	the following amounts required to be reported under SFAS 116 (ASC 958)		
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form 99		Schedule D (Form 990) 2016
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_		ION AND BI						36-33			age <b>2</b>
Pa	t III Organizations Maintaining C										
3	Using the organization's acquisition, access	ion, and other record	ls, checl	k any of the	following the	at are a si	gnificant ι	use of its	collectior	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							ose in Par	XIII.		
5	During the year, did the organization solicit o				-				1		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		
10	Is the organization an agent, trustee, custod		dian (for	contribution	o or other or	acto not	included				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ L	lites		JINO
b		and complete the lo	nowing	lable.					Amount		
<u>د</u>	Beginning balance						1c		Amount		
	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						• • • • • • • • • • • • • • • • • • • •				]
Pa											
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	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	rent year end balanc	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										
За	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)		
h	(ii) related organizations	ationa listad as requi							3a(ii) 3b		
U A	Describe in Part XIII the intended uses of the								30		
Pa	t VI Land, Buildings, and Equipn		witherit	iunus.							
	Complete if the organization answere		). Part IV	/. line 11a. S	See Form 990	). Part X.	line 10.				
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value	
	· · · · · · · · · · · ·	basis (investr		. ,	(other)	• •	preciation		, 2001		
<b>1</b> a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				9,425.		7,75			L,6!	
	Other				3,944.		70,09	91.	93	3,8!	53.
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0c.)				105	5,50	05.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016	DEPRESSION	AND BIPOLA	R SUPPORT	ALLIANCE	36-3379124 Page <b>3</b>
Part VII Investments	- Other Securities.				e e e e e e e e e e e e e e e e e e e
	organization answered "Yes"	on Form 990, Part IV	/, line 11b. See Fo	rm 990, Part X, line 1	2.
(a) Description of security or ca	tegory (including name of security)	(b) Book value	(c) Met	nod of valuation: Cos	st or end-of-year market value
(1) Financial derivatives					
(2) Closely-held equity interest	sts				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form S					
Part VIII Investments	<ul> <li>Program Related.</li> </ul>				
	organization answered "Yes"				
(a) Description	of investment	(b) Book value	(c) Meth	nod of valuation: Cos	st or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 9 Part IX Other Assets					
					-
Complete if the c	organization answered "Yes"	Description	7, line 11d. See Fo	rm 990, Part X, line T	
(4)	(a)	Description			(b) Book value
<u>(1)</u>					
(2)					
(3)					
<u>(4)</u>					
(5)					
(6)					
(7)					
(8)					
(9) Total. (Column (b) must equal	Earm 000 Part V and (P) lin	0.15)			
Part X Other Liabili		e 15.)			
	organization answered "Yes"	on Form 000 Part IV	/ line 11e or 11f S	Con Form 000 Part V	line 25
. (-)	Description of liability	on on 990, Fait N	(b) Book valu		., iiiie 23.
(1) Federal income taxes	Becomption of hability				
(2) ACCRUED REN	լա		110,	180.	
(3)	11		110,	<u>+ 0 0 0 0</u>	
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Total (Calumn (b) must aqual		<u>~ 05 \</u>	110,	180	
Total. (Column (b) must equal					
2. Liability for uncertain tax p			-		
organization's liability for u	uncertain tax positions unde	r FIN 48 (ASC 740). C	neck nere if the te	ext of the foothote ha	as been provided in Part XIII

Schedule D (Form 990) 2016

632053 08-29-16

Sche	edule D (Form 990) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-	3379124 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,414,888.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 22,70	0.	
b	Donated services and use of facilities 2b		
с			
d			
е	Add lines <b>2a</b> through <b>2d</b>	2e	22,700.
3	Subtract line <b>2e</b> from line <b>1</b>		2,392,188.
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			0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,392,188.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1		-	2,699,445.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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         2b	-	
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	-	
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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.)	<u>1</u>	2,699,445.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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.)	<u>1</u>	
2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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:	<u>1</u>	2,699,445.
2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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:	<u>1</u>	2,699,445.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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:	<u>1</u>	2,699,445.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	1 	2,699,445. 0. 2,699,445. 0.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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         4a         Other (Describe in Part XIII.)	1 	2,699,445.

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 FINANC	CIAL 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, 2016, DBSA HAD NO
UNCERTAIN	TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE
FINANCIAL	STATEMENTS.

632054 08-29-16

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	ental Information Regardin he organization answered "Yes" o organization entered more than \$ Attach to Form 99 about Schedule G (Form 990 or 990-E	- n Form :15,000 :0 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19, or if the gov/form990.	OMB No. 1545-0047
Name of the organization DEPRES	SION AND BIPOLAR S	UPPO	RТ	ALLIANCE	Employer 36-33	identification number 79124
	S. Complete if the organization ansv					
<ol> <li>Indicate whether the organization ratio</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written</li> </ol>	ised funds through any of the follow e X Solicit f X Solicit g Specia or oral agreement with any individu Part VII) or entity in connection with lividuals or entities (fundraisers) pure	ation of ation of al fundra al (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services	stees, or ? X	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount pair to (or retained b fundraiser listed in col. (i)	y) to (or retained by)
CAMPBELL & COMPANY - 1 E WACKER DRIVE, STE 2100,	FUNDRAISING SYSTEM ASSESSMENT	Yes	No X	0.	48,87	/3. <48,873.>
	C					
Total           3 List all states in which the organizat or licensing.	ion is registered or licensed to solici	t contrib	<b>b</b> ution:	s or has been notifie	48,87 d it is exempt fror	
AL, AK, AR, CA, CO, CT, DC OR, PA, RI, SC, TN, UT, VA		,MD,	MA,	MI,MN,MS,I	L, NH, NJ, 1	NY, NC, ND, OH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

632081 09-12-16

	i (Form 990 or 990-EZ) 2016							
Part II	Fundraising Events.	Complete if the organ	nization	answered "Yes"	on Form 990, Pa	art IV, line 18, or re	ported more than \$15	,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fundraising event contributions and gro			events with gross receip	513 greater than \$5,000.
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	coi. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	2					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	<b>a</b> 1 ( 1)		▶	
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		►	
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(1) Dull take (instant		1 ( n =
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
-						
		ter the state(s) in which the organization condu		atataa?		Yes No
		he organization licensed to conduct gaming ac No," explain:		states?		
		re any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	erminated during the tax	year?	Yes No
63000	22.00	)-12-16			Schedule G (Ea	rm 990 or 990-EZ) 2016
55200	.2 08					

34 2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_\_1

Sch	edule G (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3	3379124	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation <b>&gt;</b> \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
6	retain the state gaming license?	Yes	
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year 🕨 \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ines 9, 9b, 1	0b, 15b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	35:	
<u> </u>			
(1	) NAME OF FUNDRAISER: CAMPBELL & COMPANY		
(I	) ADDRESS OF FUNDRAISER: 1 E WACKER DRIVE, STE 2100, CHICAGO,	IL 60	0601
6320	83 09-12-16 Schedule G (Forr 35	n 990 or 990	D-EZ) 2016

15040518 787606 04305 2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

chedule G	(Form 990 or 990-EZ) Supplemental Info	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page
						Sob	edule G (Form 990 o	. 000

15040518 787606 04305

2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

sc	HEDULE J	Compensation Information		OMB No. 1	545-00	)47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<u> </u>	
-	-	Compensated Employees		2016		
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe		
Nan	ne of the organizatio		Employer i			mber
		DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-3	337912	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
_						
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant				
	X Form 990 of o	ther organizations Approval by the board or compensation of	ommittee			
	During the user di	Lanvances listed on Four 000 Port VII. Castion A line to with respect to the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re			4a		x
a b		ce payment or change-of-control payment?		·····		X
		ceive payment from, an equity-based compensation arrangement?				X
C		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
-	contingent on the r					
а	•			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r	net earnings of:				
а	The organization?	-		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	s			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	the			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		ז 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990	) 2016

632111 09-09-16

#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title (1) ALLEN DOEDERLEIN (i)		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ALLEN DOEDERLEIN	(i)	147,940.	0.	0.	0.	8,001.	155,941.	0.
PRESIDENT		0.	0.	0.	0.	0.	0.	0.
	(i)							
	(i)							
	(ii)							
	(i)				·			
	(ii)							
	(i)							
	(ii)				~			
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(ii)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

PART I, LINE 3:

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 AND

THE OTHER MEMBERS OF THE EXECUTIVE COMMITTEE LOOK AT SALARIES FROM LIKE

ORGANIZATIONS AND DETERMINE THE SALARY FOR THE EXECUTIVE VICE PRESIDENT.

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.

OMB No. 1545-0047

Name of the organization
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36 - 3379124

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

INFORMATION AND GRASS ROOTS AND PEER SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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

DISORDERS. IN 2016, 91,906 BROCHURES WERE CIRCULATED TO INDIVIDUALS,

SUPPORT GROUPS, DOCTOR'S OFFICES, AND MENTAL HEALTH EVENTS. 1.3

MILLION PEOPLE SEEKING INFORMATION AND HELP ENGAGED WITH OUR ACTIVE,

CONTENT-RICH SOCIAL MEDIA CHANNELS.

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 89 VETERANS IN 2016 TO ASSUME PEER SPECIALIST ROLES IN VA MEDICAL CENTERS AND OTHER VETERAN-SERVING ORGANIZATIONS. 66 NON-VETERANS WERE ALSO TRAINED.

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

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) (2016)

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 2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization Employer identification number DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 ONCE A CANDIDATE IS APPROVED BY THE BOARD, THE CANDIDATE MUST COMPLETE A COMMITMENT TO SERVE DOCUMENT THAT INCLUDES A SECTION ON CONFLICT OF INTEREST. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY IS CLEARLY STATED IN THE BYLAWS AND IS PROVIDED TO ALL NEW BOARD MEMBERS BEFORE THEIR FACE-TO-FACE ORIENTATION, AND THEN AGAIN TO ALL BOARD MEMBERS ANNUALLY. THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A MEETING OF THE FULL BOARD, AND MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS AND UPDATE THEIR FORMS ANNUALLY. IT IS STATED THAT AT ANYTIME DURING THE COURSE OF THEIR TERMS, IF A CONFLICT OF INTEREST SHOULD ARISE, MEMBERS MUST BRING FORTH THIS INFORMATION TO AT LEAST THE CHAIR OF THE BOARD.

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

SALARY FOR THE PRESIDENT IS DETERMINED BY THE BOARD. THE BOARD LOOKS AT SALARIES FROM LIKE ORGANIZATIONS. THERE IS AN EMPLOYMENT CONTRACT DOCUMENTING THE SALARY AND BENEFITS FOR THE PRESIDENT. THE PRESIDENT AND THE OTHER MEMBERS OF THE EXECUTIVE COMMITTEE LOOK AT SALARIES FROM LIKE ORGANIZATIONS AND DETERMINE 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,VA,WA,WV,WI,OK,NM

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.

632212 08-25-16

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STATE COPY  $\mathbf{S}$ 

For Off	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	lph	co	# 01-01	
				Check all iten	
AMT	•		X	Copy of IRS R	
		Make Checks Payable to	X		cial Statements
		the Illinois	X	Copy of Form	IFC Il Report Filing Fee
INIT		Charity Bureau Fund			Report Filing Fee
Feder	al ID # 36-3379124 MO DAY YR	Duicau Fullu		φ100.00 Late I	DAY YR
		anization was c	reated		15/1985
	LEGAL	Year-end			
	NAME DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	amounts			
	MAIL	A) ASSETS			433,793.
	DDRESS 55 EAST JACKSON BLVD, NO. 490	B) LIABILITIES	3	B) \$	221,052.
	, STATE CHICAGO, IL	C) NET ASSET	S	C)\$2,	212,741.
	P CODE 60604	DEDOENTA			
1.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAG			NOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.29		D)\$2, E)\$	375,198.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	0.71	% 0v	E) \$ F) \$	16,990.
	F) OTHER REVENUES	0.71	0 %	τ) φ	10,990.
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	10(	0 %	G)\$2,	392,188.
<b>III.</b>	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100	5 /0	<u> </u>	
	H) OPERATING CHARITABLE PROGRAM EXPENSE	74.52	0%	н)\$2,	011,629.
	I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$	
			_		
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	74.52	0%	J)\$2,	011,629.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$				
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		%	К) \$	
			,,,	π) φ	
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	74.52	0%	L)\$2,	011,629.
	M) MANAGEMENT AND GENERAL EXPENSE	9.72	0%	M) \$	262,382.
			•		405 404
	N) FUNDRAISING EXPENSE	15.76	0%	N) \$	425,434.
		10	D 0/	0)\$2,	699,445.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100	) %	0) \$ 4,	099,449.
111.	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	0 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:	T. T. 1			40 072
<b>N</b>	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS SEE STATEMEN COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE			S) \$	48,873.
<b>1v</b> .	T) NAME, TITLE: CINDY SPECHT, EXECUTIVE VICE PRESIDENT			T) \$	110,385.
	U) NAME, TITLE: INGRID DEETZ-MCMURRAY, CHAPTER & PROGRAM	IS VP		U) \$	79,654.
	V) NAME, TITLE: ALLEN DOEDERLEIN, PRESIDENT	••		V) \$	147,940.
v.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	D)		, .	side of instructions
	CODE CATEGORIES			C	CODE
698091 04-01-16	W) DESCRIPTION: EDUCATION OF PATIENTS, FAMILIES, PROFES	SIONAL	S &	,	300
091 (	X) DESCRIPTION:			X) #	
698	Y) DESCRIPTION:			Y) #	

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.		Х
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			
	RBC WEALTH MANAGEMENT, 2 MID AMERICA PLAZA, OAKBROOK TERRACE,	IL	6018	1
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		
<ol> <li>REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.</li> <li>FOR FEES DUE SEE INSTRUCTIONS.</li> <li>FOR FEES THAT ARE LATE OF</li> </ol>	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
000101	MARCY STEINDLER		
698101 04-01-16	PREPARER (PRINT NAME)	SIGNATURE	DATE

FORM AG990-IL	PAYMENTS TO	FUNDRAISING CONSULTANTS	STATEMENT 1
FUNDRAISING CONSUL	TANT'S NAME	ADDRESS	AMOUNT PAID
CAMPBELL & COMPANY		1 EAST WACKER DR, STE 2100, CHICAGO, IL 60601	48,873.
TOTAL AMOUNT TO FO	48,873.		

# 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

ΑF	or th	e 2016 calendar year, or tax year beginning and	dending	_	
B c	Check if applicab	le: C Name of organization		D Employer identifi	cation number
	Addre	DEPRESSION AND BIPOLAR SUPPORT ALLIAN	ICE		
	Name			36-3	379124
	 		Room/suite	E Telephone numbe	
	Final	55 EACH TACKGON BIVD		) 642-0049	
	termi ated		490	<b>G</b> Gross receipts \$	3,396,619.
	Amer returr	ded CHICACO II 60604		H(a) Is this a group re	
	Appli tion			for subordinates	
	pend	<sup>ng</sup> SAME AS C ABOVE	H(b) Are all subordinates in		
11	Fax-ex	empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)	) or 527		list. (see instructions)
		te: WWW.DBSALLIANCE.ORG		H(c) Group exemptio	· · · ·
κF	orm o	f organization: 🔀 Corporation 🔄 Trust 🦲 Association 🔄 Other 🕨	L Year		A State of legal domicile: IL
	art I	Summary			
۵	1	Briefly describe the organization's mission or most significant activities:	MPROVE	E THE LIVES	OF PEOPLE
Governance		LIVING WITH MOOD DISORDERS THROUGH ACTIV	TITIES	IN EDUCATIO	N AND
rne	2	Check this box      if the organization discontinued its operations or disp	osed of mor	e than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			15
ۍ ح	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		23	
Ϋ́	6	Total number of volunteers (estimate if necessary)		82	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.	
_		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		2,791,631.	2,115,367.
Revenue	9	Program service revenue (Part VIII, line 2g)		291,350.	254,265.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,059.	16,990.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,075.	5,566.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,118,115.	2,392,188.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	)	1,218,713.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	48,873.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	34.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,351,255.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,569,968.	
	19	Revenue less expenses. Subtract line 18 from line 12		548,147.	<307,257.>
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		2,661,452.	2,433,793.
at As	21	Total liabilities (Part X, line 26)		164,154.	221,052.
N <sup>n</sup>	22	Net assets or fund balances. Subtract line 21 from line 20		2,497,298.	2,212,741.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	r has any knowledge.	
		1.6			

Sign Here	Signature of officer           ALLEN DOEDERLEIN, PRES           Type or print name and title	SIDENT	Date	3				
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	SSOCIATES L.L.C.	Firm	n's EIN 36-3963131				
Use Only	Firm's address 111 DEER LAKE RC DEERFIELD, IL 60	-	Pho	ne no. (847)267-3400				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
632001 11-	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2016)							
S	SEE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CON	TINUATION				
.504051	8 787606 04305 20	16.03040 DEPRESSION A	ND BIPC	LAR SUPP 04305_1				

	990 (2016) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Pag
Pai	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	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.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,127,113. including grants of \$ ) (Revenue \$ 64,165
	EDUCATION AND INFORMATION - DBSA IS THE LEADING PEER-DIRECTED NATIONAL
	ORGANIZATION FOCUSED ON DEPRESSION AND BIPOLAR DISORDER. IN 2016, WE
	DIRECTLY ASSISTED 4.1 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 1.9 MILLION PEOPLE VISITED
	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 WELLNESS
	THE DBSA BALANCED MIND PARENT NETWORK LINKS PARENTS OF YOUTH WITH MOOI
4b	(Code: ) (Expenses \$ 884,516 · including grants of \$ ) (Revenue \$ 193,057
	GRASS ROOTS AND PEER SERVICES - DBSA OFFERS ONGOING ASSISTANCE TO OUR
	239 CHAPTERS HELPING THEM EXPAND THEIR CAPACITY TO PROVIDE EDUCATION
	AND OUTREACH TO THEIR LOCAL COMMUNITIES AND OVERSEE 626 SUPPORT GROUPS
	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 THEIL LOCAL PROGRAMMING. CHAPTER LEADERS MAY ENHANCE THEIR SKILLS AT THE
	ANNUAL DESA CHAPTER LEADERSHIP FORUM. IN 2016 DESA TRAINED 55 CHAPTER
	MEMBERS AS FACILITATORS, HELPING THEM PROVIDE GUIDANCE AND INSPIRATION
	TO THEIR SUPPORT GROUPS. THESE LIVE TRAININGS WERE DELIVERED AT
	LOCATIONS AROUND THE COUNTRY AND THROUGH ONLINE COURSE MATERIALS FOR
4 -	
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 2,011,629.
<u> </u>	Form 990 (2
32002	2 11-11-16 SEE SCHEDULE O FOR CONTINUATION(S)
	5
40	518 787606 04305 2016.03040 DEPRESSION AND BIPOLAR SUPP 04305_

Form 990 (2016)

# DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Pa	t IV Checklist of Required Schedules			0
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Form **990** (2016)

632003 11-11-16

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Form 990 (2016)	DEPRESSION			SUPPORT	ALLIANCE
Part IV Check	list of Required Schedule	S (continu	ed)		

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
24	contributions? If "Yes," complete Schedule M	30		
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? <i>If</i> "Yes," <i>complete</i>	51		
52	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

632004 11-11-16

_	<u>1990 (2016)</u> DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379	124	: P	Page 5
Pa	rt 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 37			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
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 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for 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
		5b		X
с	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			
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	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			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	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?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		-	000	10040

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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Form 990	(2016)	)
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#### 36-3379124 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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.

	tion A. Governing Body and Management		<b>V</b> .	T
	Enter the number of voting members of the governing body at the end of the tax year 11 12	5	Yes	+
та		4		
	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 1!	-		
		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ł
_	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		_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_
6	Did the organization have members or stockholders?	6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion 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	
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	Х	
с	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	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	1
	Other officers or key employees of the organization	15a	X	-
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
Ja	taxable entity during the year?	16a		1
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
	exempt status with respect to such arrangements?			-
	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CA, CO, CT, DC, FL, GZ	л пт	кс	7
7				-
0	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public increasing ladicate between model there are included and the section of the se	availat	ne	
8	for public inspection. Indicate how you made these available. Check all that apply.			
8				
	X Own website Another's website X Upon request Other (explain in Schedule O)			
8 9	X       Own website       Another's website       X       Upon 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 the organization made its governing documents, conflict of interest policy, and the organization made its governing documents.	nd finan	cial	
9	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, ar statements available to the public during the tax year.	id finan	cial	
9	X       Own website       Another's website       X       Upon 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, ar 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: ►	id finan	cial	_
9	X       Own website       Another's website       X       Upon 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, ar 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       ■	nd finan	cial	
9	X       Own website       Another's website       X       Upon 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, ar 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: ►		rcial	_

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)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week			from	from related	other				
	(list any hours for	irecto		the organization	organizations (W-2/1099-MISC)	compensation from the				
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	Key employee Highest compensated Eprmer		(112) 1000 111100)		and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	est co loyee	her			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) MICHAEL KUHL	4.00									
SECRETARY		Х		X				0.	0.	0.
(2) LUCINDA JEWELL	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) WILLIAM GILMER, MD	6.00									
CHAIR		Х		Х				0.	0.	0.
(4) GREGORY E. OSTFELD	4.00									
TREASURER		Х		Х				0.	0.	0.
(5) GREGORY SIMON, M.D., M.P.H.	3.00									
SAB CHAIR		Х		Х				0.	0.	0.
(6) LAGENIA BAILEY	3.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(7) CATHERINE FIELDS, J.D.	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRISTY B. BECKMANN	3.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(9) SUZANNE BERGOFFEN	3.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(10) THOMAS LANE	2.00									
DIRECTOR		Х						0.	0.	0.
(11) JERRY PAVLON-BLUM, ED.M., M.A.	3.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) HAKEEM RAHIM, ED.M., M.A.	2.00									_
DIRECTOR		Х						0.	0.	0.
(13) GARY SACHS, M.D.	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ROBERT C. SCHWARTZ, JR.	2.00									_
DIRECTOR		Х						0.	0.	0.
(15) JOHN S. TAMERIN, M.D.	2.00									_
DIRECTOR		Х						0.	0.	0.
(16) ALLEN DOEDERLEIN	40.00									
PRESIDENT				х				147,940.	0.	8,001.
(17) CINDY SPECHT	40.00	l							_	
EXECUTIVE VICE PRESIDENT				Х				110,385.	0.	10,474.
632007 11-11-16										Form <b>990</b> (2016)

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		ON AND H	BII	201	LAF	R 8	SUI	PP	ORT ALLIANCE	36-3	379	124	Pa	age <b>8</b>
Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) (B) Name and title Average hours per week			not c , unle	Posi heck ss per nd a di	ition <sup>more</sup> rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	(list any hours for related organizatio below line)			Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	ıs	com fr orga and	pensa om the anizati d relate nizatio	e on ed
					4									
	Sub-total								258,325.		0.	1	8,4'	75.
с	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.	. 0.		
	Total number of individuals (including but r compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wl	no r	received more than \$100	),000 of reportat	ole			2
	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	x	
	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i> ion <b>B. Independent Contractors</b>					-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business	address							(B) Description of s	services	С	(C omper		ı
THORN RUN PARTNERS 1720 I STREET NW, WASHINGTON, DC 20006 GOVERNMENT RELATIONS							12	0,0	00.					
	Table of table of the second	in a local line of the	- 4 11		-1.2	11.								
	Total number of independent contractors (i \$100,000 of compensation from the organi	•		nite			se II 1	stec	a above) who received h	nore than		Form	<b>990</b> (2	2016)

632008 11-11-16

Form	990	(2016) DEPRE	SSION AN	D BIPOLA	R SUPPORT	ALLIANCE	36-3379	124 Page 9
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Am (	с	Fundraising events						
Giff	d	Related organizations	1d					
ns, Simi	е	Government grants (contribut	ions) <b>1e</b>					
er S	f	All other contributions, gifts, gran						
Ę		similar amounts not included abo	ve 1f	2,115,367.				
ont		Noncash contributions included in lines		8,025.				
<u>a</u> C	h	Total. Add lines 1a-1f			2,115,367.			
				Business Code	100 (11	100 (11		
/ice	2 a			900099	192,611.	,		
Ser	b	·		900099 900099	60,694. 960.	60,694. 960.		
Ken S	C	HONORARIUMS		900099	960.	960.		
Program Service Revenue	d							
Pro	e f							
		Total. Add lines 2a-2f			254,265.			
_	3	Investment income (including						
	-	other similar amounts)			14,352.			14,352.
	4	Income from investment of ta						,
	5	Royalties						
		-	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,007,069.					
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)			0.620			0.620
		Net gain or (loss)		▶	2,638.			2,638.
Other Revenue	8 a	Gross income from fundraisin						
ver		including \$ contributions reported on line						
å		Part IV, line 18	,					
the	h	Less: direct expenses		1 1				
ō		Net income or (loss) from fund		►►				
		Gross income from gaming ac	-					
	-	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		►				
		Gross sales of inventory, less						
		and allowances	а	5,566.				
	b	Less: cost of goods sold	b	0.				
ļ	с	Net income or (loss) from sale	s of inventory	►	5,566.	5,566.		
		Miscellaneous Revenu	le	Business Code				
	11 a			ļļ				
	b							
	C							
	d							
		Total. Add lines 11a-11d			2,392,188.	259,831.	0.	16,990.
	<b>12</b> 9 11-1	Total revenue. See instructions.		₽	2,372,100.	2JJ,0JI.	0.	Form <b>990</b> (2016)

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Form 990 (2016)
Part IX State 10

DEPRESS	ION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page
ement of Functional E	xpen	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									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21 $\dots$									
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,	276 000	166 160	E4 222						
-	trustees, and key employees	276,800.	166,469.	54,232.	56,099.					
6	Compensation not included above, to disqualified									
	persons (as defined under section $4958(f)(1)$ ) and									
7	persons described in section 4958(c)(3)(B) Other salaries and wages	896,870.	665,652.	112,385.	118,833.					
7 8	Pension plan accruals and contributions (include	050,070.	005,052.	112,303.	110,055.					
0	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	201,425.	144,056.	27,940.	29,429.					
10	Payroll taxes	89,655.	63,646.	12,686.	13,323.					
11	Fees for services (non-employees):									
	Management									
b	· · ·	26,136.	20,610.	2,287.	3,239.					
с	Accounting	19,268.	13,678.	2,726.	2,864.					
	Lobbying	120,000.	120,000.							
е	Professional fundraising services. See Part IV, line 17	48,873.			48,873.					
f	Investment management fees	6,220.		6,220.						
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch 0.)	262,827.	234,301.	2,059.	26,467.					
12	Advertising and promotion	5,243.	4,763.	90.	390.					
13	Office expenses	201,749.	113,760.	9,000.	78,989.					
14	Information technology	84,540.	90,060.		<5,520.>					
15	Royalties	120 002		10 242	20 212					
16	Occupancy	136,003. 181,522.	96,548.	19,243. 195.	20,212.					
17	Travel	101,522.	172,468.	195.	8,859.					
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials Conferences, conventions, and meetings	60,344.	55,199.	2,968.	2,177.					
19 20	· · · · · · · · · · · · · · · · · · ·	00,5440	55,155.	2,500.	2,1,1,1					
20	Interest Payments to affiliates									
21	Depreciation, depletion, and amortization	36,403.	25,842.	5,151.	5,410.					
23	Insurance	16,816.	11,938.	2,379.	2,499.					
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 0.)									
а	MEMBERSHIPS	15,848.	1,539.	1,170.	13,139.					
b	AWARDS & SCHOLARSHIPS	10,421.	10,421.							
с	MISCELLANEOUS	2,482.	679.	1,651.	152.					
d										
е	·									
25	Total functional expenses. Add lines 1 through 24e	2,699,445.	2,011,629.	262,382.	425,434.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2016)					

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2,497,298.

2,661,452.

	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	27,497.	9	
I	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 183, 369.			
)	Less: accumulated depreciation 10b 77,864.		10c	
	Investments - publicly traded securities	754,014.	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	60,000.	15	
	Total assets. Add lines 1 through 15 (must equal line 34)	2,661,452.	16	2
	Accounts payable and accrued expenses	103,494.	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	60,660.	25	
	Total liabilities. Add lines 17 through 25	164,154.	26	
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
	Unrestricted net assets	1,713,740.	27	1
	Temporarily restricted net assets	783,558.	28	
	Permanently restricted net assets		29	

Form 990 (2016) DE3
Part X Balance Sheet

1

2

3

4

6

7 8

9 10a

b

15

16

23 24 25

26

27

28 29

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31

32

33

34

Liabilities

Net Assets or Fund Balances

Assets

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 disgualified persons (as defined under

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

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 30 through 34.

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

(A)

Beginning of year

1,148,626.

247,776.

280,570. 12,148. 1

2

3

4

5

872,748.

147,891.

320,382.

9,490.

40,961.

105,505.

896,816.

40,000.

,433,793.

110,872.

<u>110,180.</u> 221,052.

428,818.

783,923.

2,212,741.

2,433,793.

Form 990 (2016)

30 31

32

33

34

(B)

End of year

Form	1 990 (2016) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-3	379124	Page	e <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			L	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,392	2, 18	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,69	9,44	<u>.</u> 5.
3	Revenue less expenses. Subtract line 2 from line 1	3	<30'		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,49		
5	Net unrealized gains (losses) on investments	5	22	2,70	10.
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	2,21	2,74	1.
Pa	rt 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?		2b	Х	
	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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
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 Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2016)

632012 11-11-16

SC	HED	ULE	Α

(Form 990 o	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.

2016	
Open to Public	

OMB No. 1545-0047

P Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <i>www.irs.gov/form990</i> .				
internal Reve	silue Service		Inspection	
Name of	the organizati	on		identification number
		DEPRESSION AND BIPOLAR SUPPORT ALLIANCE		6-3379124
Part I	Reason	for Public Charity Status (All organizations must complete this part.) See instruction	S.	
The orgar	nization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)		
1	A church, co	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2	A school des	cribed in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)		
3	A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4	A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and stat	e:		
5	An organizati	on operated for the benefit of a college or university owned or operated by a governmental	unit describ	ed in
	section 170	(b)(1)(A)(iv). (Complete Part II.)		
6	A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7 X	An organizati	on that normally receives a substantial part of its support from a governmental unit or from t	he general:	public described in
	section 170(	b)(1)(A)(vi). (Complete Part II.)		
8	A community	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9	An agricultur	al research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a	land-grant	college
	or university	or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state o	f the colleg	e or
	university:			
10	An organizati	on that normally receives: (1) more than 33 1/3% of its support from contributions, members	ship fees, a	nd gross receipts from
	activities rela	ted to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of	its support	from gross investment
	income and ι	inrelated business taxable income (less section 511 tax) from businesses acquired by the o	rganization	after June 30, 1975.
	See section	509(a)(2). (Complete Part III.)		
11 🛄	An organizati	on organized and operated exclusively to test for public safety. See section 509(a)(4).		
12	An organizati	on organized and operated exclusively for the benefit of, to perform the functions of, or to c	arry out the	purposes of one or
	more publicly	supported organizations described in section 509(a)(1) or section 509(a)(2). See section	5 <b>09(a)(3).</b> C	heck the box in
	_lines 12a thro	ough 12d that describes the type of supporting organization and complete lines 12e, 12f, an	d 12g.	
a	⊥ Type I.As	upporting organization operated, supervised, or controlled by its supported organization(s),	typically by	giving
	the suppor	ted organization(s) the power to regularly appoint or elect a majority of the directors or truste	es of the s	upporting
	organizatio	n. You must complete Part IV, Sections A and B.		
b	J Type II. A s	supporting organization supervised or controlled in connection with its supported organization	on(s), by ha	ving
	control or r	nanagement of the supporting organization vested in the same persons that control or mana	age the sup	ported
	organizatio	n(s). You must complete Part IV, Sections A and C.		
с	Type III fur	nctionally integrated. A supporting organization operated in connection with, and functiona	Ily integrate	ed with,
_		ed organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.		
d	_ Type III no	n-functionally integrated. A supporting organization operated in connection with its suppo	rted organi:	zation(s)
	that is not t	unctionally integrated. The organization generally must satisfy a distribution requirement an	d an attent	Veness

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).								
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other		
organization		(described on lines 1.10	Yes	No	support (see instructions)	support (see instructions)		
		above (see instructions))						
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 16

# Schedule A (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1455354.	1563563.	2229650.	2791631.	2115367.	10155565.
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						
	Total. Add lines 1 through 3	1455354.	1563563.	2229650.	2791631.	2115367.	10155565.
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,						2250460
	column (f)						3350468.
	Public support. Subtract line 5 from line 4.						6805097.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a)2012 1455354.	(b)2013 1563563.	(c) 2014 2229650.	(d) 2015 2791631.	(e) 2016	(f) Total 10155565.
	Amounts from line 4	1455554.	T202202.	2229050.	2/91031.	2115507.	10133363.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	3,308.	5,779.	14,677.	21,346.	14,352.	59,462.
_	and income from similar sources	5,500.	5,119.	14,077.	21,340.	14,352.	59,402.
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	893.	668.	710.	1,325.		3,596.
	assets (Explain in Part VI.)	095.	000.	710.	1,525.		10218623.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ata (aga inatruati	ana)			12 2	,506,439.
12	First five years. If the Form 990 is for		/	d fourth or fifth to			, 500 , 455 .
13	organization, check this box and stor				-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (			column (f))		14	66.60 %
	Public support percentage from 2015					15	66.54 %
	<b>33 1/3% support test - 2016.</b> If the c						,-
100	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2015.</b> If the c						
~	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
	Schedule A (Form 990 or 990-EZ) 2016						

# Schedule A (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
IJ	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		$\bigcirc$				
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						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	i s first second thir	d fourth or fifth t	I ax vear as a sectio	1 $501(c)(3)$ or gaping	ration
		-			-		
Sec	tion C. Computation of Public						
	Public support percentage for 2016 (li			column (f))		15	%
	Public support percentage from 2015					16	<u>%</u>
	tion D. Computation of Inves						70
	•			10 a a luman (f))		17	
	Investment income percentage for 20						%
	Investment income percentage from 2						%
19a	<b>33 1/3% support tests - 2016.</b> If the o						
-	more than 33 1/3%, check this box an						►
b	33 1/3% support tests - 2015. If the o						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	1 did not check a	box on line 14, 19	a, or 19b, check th			
63202	23 09-21-16			1.0	Sch	edule A (Form 990	) or 990-EZ) 2016
				18			04005
)40	518 787606 04305	201	16.03040 I	DEPRESSIO	N AND BIP	OLAR SUPP	04305_1

# Schedule A (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 4

# Part IV Supporting Organizations

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

### 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 12a or 12b 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) 2016

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

19

# Schedule A (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 5

Pa	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		
b	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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		
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. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in 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 <b>Part VI</b> the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
	20			

<sup>2016.03040</sup> DEPRESSION AND BIPOLAR SUPP 04305\_\_1

# Schedule A (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

et short-term capital gain       ecoveries of prior-year distributions         her gross income (see instructions)       her gross income (see instructions)         Id lines 1 through 3       epreciation and depletion         error of operating expenses paid or incurred for production or       enter gross income or for management, conservation, or         aintenance of property held for production of income (see instructions)       enter expenses (see instructions)         Her expenses (see instructions)       enter structions)         B - Minimum Asset Amount       Her expenses	1 2 3 4 5 6 7 8		
her gross income (see instructions) Id lines 1 through 3 preciation and depletion preciation of operating expenses paid or incurred for production or llection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) <b>ljusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	3 4 5 6 7		
Id lines 1 through 3 ppreciation and depletion pricin of operating expenses paid or incurred for production or llection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) <b>Ijusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	4 5 6 7		
preciation and depletion rtion of operating expenses paid or incurred for production or llection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) <b>ljusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	5 6 7		
rtion of operating expenses paid or incurred for production or llection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) <b>Ijusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	6 7		
llection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) Ijusted Net Income (subtract lines 5, 6, and 7 from line 4)	7		
aintenance of property held for production of income (see instructions) her expenses (see instructions) Ijusted Net Income (subtract lines 5, 6, and 7 from line 4)	7		
her expenses (see instructions) Ijusted Net Income (subtract lines 5, 6, and 7 from line 4)	7		
ijusted Net Income (subtract lines 5, 6, and 7 from line 4)			
	٥		
B - Minimum Asset Amount	0		
		(A) Prior Year	(B) Current Year (optional)
gregate fair market value of all non-exempt-use assets (see			
structions for short tax year or assets held for part of year):			
erage monthly value of securities	1a		
erage monthly cash balances	1b		
ir market value of other non-exempt-use assets	1c		
tal (add lines 1a, 1b, and 1c)	1d		
scount claimed for blockage or other			
ctors (explain in detail in <b>Part VI</b> ):			
quisition indebtedness applicable to non-exempt-use assets	2		
Ibtract line 2 from line 1d	3		
sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
e instructions)	4		
et value of non-exempt-use assets (subtract line 4 from line 3)	5		
ultiply line 5 by .035	6		
coveries of prior-year distributions	7		
nimum Asset Amount (add line 7 to line 6)	8		
C - Distributable Amount			Current Year
ljusted net income for prior year (from Section A, line 8, Column A)	1		
ter 85% of line 1	2		
nimum asset amount for prior year (from Section B, line 8, Column A)	3		
ter greater of line 2 or line 3	4		
come tax imposed in prior year	5		
stributable Amount. Subtract line 5 from line 4, unless subject to			
	acount claimed for blockage or other         stors (explain in detail in Part VI):         quisition indebtedness applicable to non-exempt-use assets         btract line 2 from line 1d         sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,         e instructions)         t value of non-exempt-use assets (subtract line 4 from line 3)         litiply line 5 by .035         coveries of prior-year distributions         nimum Asset Amount (add line 7 to line 6)         C - Distributable Amount         justed net income for prior year (from Section A, line 8, Column A)         ter 85% of line 1         nimum asset amount for prior year (from Section B, line 8, Column A)         ter greater of line 2 or line 3         come tax imposed in prior year	scount claimed for blockage or other         stors (explain in detail in Part VI):         quisition indebtedness applicable to non-exempt-use assets         btract line 2 from line 1d         sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,         e instructions)         t value of non-exempt-use assets (subtract line 4 from line 3)         titiply line 5 by .035         coveries of prior-year distributions         nimum Asset Amount (add line 7 to line 6)         8         C - Distributable Amount         justed net income for prior year (from Section A, line 8, Column A)         1         ter 85% of line 1         nimum asset amount for prior year (from Section B, line 8, Column A)         atter greater of line 2 or line 3	Secount claimed for blockage or other         stors (explain in detail in Part VI):         quisition indebtedness applicable to non-exempt-use assets         btract line 2 from line 1d         sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,         e instructions)         t value of non-exempt-use assets (subtract line 4 from line 3)         1t value of non-exempt-use assets (subtract line 4 from line 3)         6         coveries of prior-year distributions         nimum Asset Amount (add line 7 to line 6)         8         C - Distributable Amount         justed net income for prior year (from Section A, line 8, Column A)         1         ter 85% of line 1         1         ter greater of line 2 or line 3

instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

# Schedule A (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt 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 purpose	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	he organization is responsive	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Secu			FIE-2010	
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
с	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A	(Form 990 or 990-E								
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec Section D, lines 5, (See instructions.)	, lines 1, 2, 3b, 3 ction D, lines 2 ar , 6, and 8; and Pa	c, 4b, 4c, 5a, 6 nd 3; Part IV, Se	, 9a, 9b, 9c, ection E, line	11a, 11b, a s 1c, 2a, 2	nd 11c; Part IV o, 3a, and 3b; P	, Section B, lines art V, line 1; Part	1 and 2; Part IV V, Section B, lir	', Section C, ne 1e; Part V,
	(See Instructions.)	)							
					70				
32028 09-21-	16						Schedu	ile A (Form 990	or 990-EZ) 20
40518	787606 04	305	2016	5.03040	23 ) DEPR	ESSION A	ND BIPOL	AR SUPP	04305
									-

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990 or 990-EZ)	

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Inform

Department of the Treasury

If the organization answered	l "Yes," on Form 990	, Part IV, line 3, or Form	990-EZ, Part V, line 46	6 (Political Campaign Activities), the
------------------------------	----------------------	----------------------------	-------------------------	--

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

## If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4),</li> </ul>	(5), or (6) organizations: Complete Part III.
Name of organization	

Nar	ne of organization			Empl	oyer identification number
	DEPRES	SION AND BIPOLAR S	UPPORT ALLI	ANCE	36-3379124
Pa	art I-A Complete if the or	ganization is exempt unde	r section 501(c) c	or is a section 527 o	rganization.
1	Provide a description of the organ	ization's direct and indirect political	campaign activities in	Part IV.	
2		itures			
3		aign activities			
		5			
Pa	art I-B Complete if the or	ganization is exempt unde	r section 501(c)(3	i).	
1	Enter the amount of any excise ta	x incurred by the organization unde	r section 4955	▶\$	
2	Enter the amount of any excise ta	x incurred by organization manager	s under section 4955	▶\$	
3		ion 4955 tax, did it file Form 4720 fo			
4a					Yes No
k	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt unde	r section 501(c), o	except section 501(	c)(3).
1	Enter the amount directly expendent	ed by the filing organization for sect	ion 527 exempt function	on activities 📃 🕨 \$	
2	Enter the amount of the filing orga	inization's funds contributed to othe	er organizations for sec	tion 527	
	exempt function activities		-	▶\$	
3		es. Add lines 1 and 2. Enter here an			
				▶\$	
4		n 1120-POL for this year?			
5		employer identification number (EIN)			
		ation listed, enter the amount paid	-	-	
	contributions received that were p	promptly and directly delivered to a	separate political organ	nization, such as a separa	te segregated fund or a
	political action committee (PAC). I	f additional space is needed, provid	le information in Part IV	Ι.	
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political

<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 I	DEPRES	SION	AND BIPOLAR	. SUPPORT AL	LIANCE 36-3	379124 Page 2
Part II-A Complete if the orga	anizatio	n is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).						
•••	•		•	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share			• •			
B Check ▶ if the filing organizat	ion checke	ed box A a	nd "limited control" pro	ovisions apply.	<i>c</i> >	
	s on Lobb itures" me		nditures unts paid or incurred.	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influ	ence publ	c opinion	(grass roots lobbying)		8,625.	
<b>b</b> Total lobbying expenditures to influ					125,622.	
c Total lobbying expenditures (add lir					134,247.	
d Other exempt purpose expenditure					2,565,202.	
e Total exempt purpose expenditures					2,699,449.	
f Lobbying nontaxable amount. Enter					284,972.	
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ent	er 25% of:	line 1f)			71,243.	
h Subtract line 1g from line 1a. If zero	or less, e	nter -0-			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer	o on eithei	line 1h or	line 1i, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this y					L	Yes No
(Some organizations th	at made a See	section 5 the separ	ate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2	013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> Total
2a Lobbying nontaxable amount					284,972.	284,972.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						427,458.
c Total lobbying expenditures					134,247.	134,247.
d Grassroots nontaxable amount					71,243.	71,243.
e Grassroots ceiling amount (150% of line 2d, column (e))						106,865.
f Grassroots lobbying expenditures					8,625.	8,625.

Schedule C (Form 990 or 990-EZ) 2016

632042 11-10-16

# Schedule C (Form 990 or 990 EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	<b>)</b>
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5)	, or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
_	Taxable amount of lobbying and political expenditures (see instructions)				
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2016

632043 11-10-16

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

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Ac	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 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	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferrii	•
Par		conization annuared "Vac" on Form 000		
1	Purpose(s) of conservation easements held by the organizat		Part IV, I	
	Preservation of land for public use (e.g., recreation or e	· · · · ·	torically i	montant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space		tined mot	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a con	servation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b				2b
с	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture	
	listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organiz	zation during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
~	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	iservation	reasements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation eas	ements during the year
•	S			chefts during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the orga	inization's accounting for
	conservation easements.			
Par			Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exl		ance of p	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, er	ducation, or research in furtherance of pl	JDIIC Serv	ice, provide the following amounts
	relating to these items:			► ¢
	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul>			► \$
2	If the organization received or held works of art, historical tre			
-	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			Schedule D (Form 990) 2016
	08-29-16			
		27		

2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

_		ION AND BI						36-33			age <b>2</b>
Pa	t III Organizations Maintaining C										
3	Using the organization's acquisition, access	ion, and other record	ls, checl	k any of the	following the	at are a si	gnificant ι	use of its	collectior	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							ose in Par	XIII.		
5	During the year, did the organization solicit o				-				1		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		
10	Is the organization an agent, trustee, custod		dian (for	contribution	o or other or	acto not	included				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ L	lites		JINO
b		and complete the lo	nowing	lable.					Amount		
<u>د</u>	Beginning balance						1c		Amount		
	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						• • • • • • • • • • • • • • • • • • • •				]
Pa											
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	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	rent year end balanc	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										
За	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)		
h	(ii) related organizations	ationa listad as requi							3a(ii) 3b		
U A	Describe in Part XIII the intended uses of the								30		
Pa	t VI Land, Buildings, and Equipn		witherit	iunus.							
	Complete if the organization answere		). Part IV	/. line 11a. S	See Form 990	). Part X.	line 10.				
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value	
	· · · · · · · · · · · ·	basis (investr		. ,	(other)	• •	preciation		, 2001		
<b>1</b> a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				9,425.		7,75			L,6!	
	Other				3,944.		70,09	91.	93	3,8!	53.
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0c.)				105	5,50	05.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 DEPRESSIC	ON AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124 Page 3
Part VII Investments - Other Securities	3.				<b>v</b>
Complete if the organization answered "	Yes" on For	m 990, Part IV, li	ine 11b. See For	m 990, Part X, line 1	2.
(a) Description of security or category (including name of sec		b) Book value			st 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 Relate					
			ing 11g Cas Far	m 000 Dart V line 1	2
Complete if the organization answered " (a) Description of investment		<b>b)</b> Book value			s. st or end-of-year market value
					stor end or year market value
<u>(1)</u>					
(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			ine 11d. See For	m 990, Part X, line 1	
	(a) Descrip	otion			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (	B) line 15.) .				►
Part X Other Liabilities.					
Complete if the organization answered "	Yes" on For	m 990, Part IV, li	ine 11e or 11f. S	ee Form 990, Part X	, line 25.
1. (a) Description of liability			(b) Book valu	e	
(1) Federal income taxes					
(2) ACCRUED RENT			110,1	180.	
(3)			· · · ·		
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9) <b>T</b> (2) Boot X and X and X and X	(D) //m = 05 \		110,1	180	
Total. (Column (b) must equal Form 990, Part X, col. (	· · · · · ·				
2. Liability for uncertain tax positions. In Part XIII, pr					
organization's liability for uncertain tax positions	under FIN 48	3 (ASC 740). Che	eck here if the te	xt of the footnote ha	as been provided in Part XIII L

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Sche	dule D (Form 990) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-	3379124 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,414,888.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 22,700.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	22,700.
3	Subtract line 2e from line 1	3	2,392,188.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,392,188.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,699,445.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,699,445.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,699,445.
_	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE FINAN	CIAL 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, 2016, DBSA HAD NO
UNCERTAIN	TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE
FINANCIAL	STATEMENTS.

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Schedule D (Form 990) 2016

(Form 990 or 990-EZ) Department of the Treasury	nplete if the	ental Information Regardir e organization answered "Yes" o organization entered more than 9 Attach to Form 9 bout Schedule G (Form 990 or 990-E	on Form \$15,000 90 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, rm 990-EZ, line 6a. 0-EZ.	or 19, or if the	OMB No. 1545-0047
Name of the organization D	EPRESS	ION AND BIPOLAR S	SUPPO	RT	ALLIANCE	Employer 36-33	identification number 79124
Part I Fundraising / required to comp		Complete if the organization ans	wered "\	'es" or	n Form 990, Part IV,	line 17. Form 990	)-EZ filers are not
<ul> <li>Indicate whether the orgation</li> <li>a X Mail solicitations</li> <li>b X Internet and email</li> <li>c Phone solicitations</li> <li>d X In person solicitati</li> <li>2 a Did the organization hav key employees listed in the solution of the solution of</li></ul>	solicitation rais solicitations s ons e a written o Form 990, P est paid indi	sed funds through any of the follow e X Solici f X Solici g Spec or oral agreement with any individu part VII) or entity in connection with viduals or entities (fundraisers) put	tation of tation of ial fundra ual (inclu n profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru iundraising services	istees, or ? X	
(i) Name and address of in or entity (fundraiser		(ii) Activity	or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i)	y) to (or retained by)
CAMPBELL & COMPANY - 1 WACKER DRIVE, STE 2100,		FUNDRAISING SYSTEM ASSESSMENT	Yes	No X	0.	48,87	/3. <48,873.>
 						48,85	/3. <48,873.>
or licensing.	CT,DC,	on is registered or licensed to solic FL,GA,HI,KS,KY,ME WA,WV,WI,OK,NM					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

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2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

	i (Form 990 or 990-EZ) 2016							
Part II	Fundraising Events.	Complete if the organ	nization	answered "Yes"	on Form 990, Pa	art IV, line 18, or re	ported more than \$15	5,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fullulaising event contributions and gre			erence man greee reeel	pto greater than \$0,000.
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	•					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E>	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
Da	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)			
Pa	πι		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Å	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain:		states?		Yes No
U		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			syear?	Yes No
					<b></b>	
63208	32 09	<del>)</del> -12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3	3379124	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	└── Yes	└── No
	Indicate the percentage of gaming activity conducted in:	40-	07
	The organization's facility An outside facility		<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		/0
	Name		
	Address		
45-		Yes	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
10			
	Name		
	Gaming manager compensation <b>&gt;</b> \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		□
	retain the state gaming license?		└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	ines 9. 9b. 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	, ,	, ,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEN	RS:	
(I	) NAME OF FUNDRAISER: CAMPBELL & COMPANY		
(I	) ADDRESS OF FUNDRAISER: 1 E WACKER DRIVE, STE 2100, CHICAGO,	IL 60	601
63208	83 09-12-16 Schedule G (Form 33	n 990 or 990	-⊢∠) 2016

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Dort IV	(Form 990 or 990-EZ) Supplemental Info	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page
	Supplementar info	mation (continuea)						
						Sch	edule G (Form 990 o	r <b>990-E</b>

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2016.03040 DEPRESSION AND BIPOLAR SUPP 04305\_1

sc	CHEDULE J		1	OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	_	20	16	<u> </u>
-		Compensated Employees		20	IU	)
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe		
Nan	ne of the organizatio		Employer i			mber
		DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-3	337912	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for person	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fees	S			
	Discretionary	spending account Personal services (such as, maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
_						
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant				
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
	During the year dia	A any assess listed on Farm 000. Doubly!! Coation A line to with represents the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re			4a		x
a b		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
C		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
-	contingent on the r					
а	•			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r	net earnings of:				
а		-		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	s			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	ד 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990	) 2016

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# orm 990) 2016 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<b>(A)</b> Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ALLEN DOEDERLEIN	(i)	147,940.	0.	0.	0.	8,001.	155,941.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)				·			
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

PART I, LINE 3:

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 AND

THE OTHER MEMBERS OF THE EXECUTIVE COMMITTEE LOOK AT SALARIES FROM LIKE

ORGANIZATIONS AND DETERMINE THE SALARY FOR THE EXECUTIVE VICE PRESIDENT.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service 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.

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



DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36 - 3379124

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

INFORMATION AND GRASS ROOTS AND PEER SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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

DISORDERS. IN 2016, 91,906 BROCHURES WERE CIRCULATED TO INDIVIDUALS,

SUPPORT GROUPS, DOCTOR'S OFFICES, AND MENTAL HEALTH EVENTS. 1.3

MILLION PEOPLE SEEKING INFORMATION AND HELP ENGAGED WITH OUR ACTIVE,

CONTENT-RICH SOCIAL MEDIA CHANNELS.

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 89 VETERANS IN 2016 TO ASSUME PEER SPECIALIST ROLES IN VA MEDICAL CENTERS AND OTHER VETERAN-SERVING ORGANIZATIONS. 66 NON-VETERANS WERE ALSO TRAINED.

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

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) (2016)

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 DEPRESSION AND BIPOLAR SUPP
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Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization Employer identification number DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 ONCE A CANDIDATE IS APPROVED BY THE BOARD, THE CANDIDATE MUST COMPLETE A COMMITMENT TO SERVE DOCUMENT THAT INCLUDES A SECTION ON CONFLICT OF INTEREST. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY IS CLEARLY STATED IN THE BYLAWS AND IS PROVIDED TO ALL NEW BOARD MEMBERS BEFORE THEIR FACE-TO-FACE ORIENTATION, AND THEN AGAIN TO ALL BOARD MEMBERS ANNUALLY. THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A MEETING OF THE FULL BOARD, AND MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS AND UPDATE THEIR FORMS ANNUALLY. IT IS STATED THAT AT ANYTIME DURING THE COURSE OF THEIR TERMS, IF A CONFLICT OF INTEREST SHOULD ARISE, MEMBERS MUST BRING FORTH THIS INFORMATION TO AT LEAST THE CHAIR OF THE BOARD.

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

SALARY FOR THE PRESIDENT IS DETERMINED BY THE BOARD. THE BOARD LOOKS AT SALARIES FROM LIKE ORGANIZATIONS. THERE IS AN EMPLOYMENT CONTRACT DOCUMENTING THE SALARY AND BENEFITS FOR THE PRESIDENT. THE PRESIDENT AND THE OTHER MEMBERS OF THE EXECUTIVE COMMITTEE LOOK AT SALARIES FROM LIKE ORGANIZATIONS AND DETERMINE 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,VA,WA,WV,WI,OK,NM

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.

632212 08-25-16