Form <b>990</b>
Department of the Treasury
Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.



AI	For th	e 2011 calendar year, or tax year beginning and c	ending			
B	Check if applicab	eck if C Name of organization D Employer identification number				
	Addre	P DEPRESSION AND BIPOLAR SUPPORT ALLIANCE				
	Name Chang	pe Doing Business As		36-3	379124	
	Initial returr	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	ſ	
	Termi ated	730 NORTH FRANKLIN AVENUE	501	(312	) 642-0049	
	Amen			G Gross receipts \$	1,392,554.	
	Appli tion	CHICAGO, IL 60610-7204	H(a) Is this a group re	eturn		
	pendi	<sup>ng</sup> F Name and address of principal officer: ALLEN DOEDERLEIN	for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No	
Ι.	Tax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)	
J	Websi	te: WWW.DBSALLIANCE.ORG		H(c) Group exemption		
ĸ	Form o	f organization: X Corporation I Trust Association Other ►	L Year		State of legal domicile: IL	
Pá	art I	Summary		·	-	
•	1	Briefly describe the organization's mission or most significant activities: $\underline{THE}$	MAJOR	ACTIVITIES	FOR DBSA	
Activities & Governance		ARE: EDUCATION AND INFORMATION AND GRASS	S ROOT	S AND PEER	SERVICES	
rna	2	Check this box      if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			12	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12	
ŝ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			15	
viti	6	Total number of volunteers (estimate if necessary)			25	
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
٩		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)		1,326,750.	1,116,408.	
'nu	9	Program service revenue (Part VIII, line 2g)		487,451.	173,549.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,467.	0.	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,773.	102,597.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,843,441.	1,392,554.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23,906.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		911,917.	749,477.	
us.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)  156, 58	86.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		543,281.	495,470.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,479,104.	1,244,947.	
	19	Revenue less expenses. Subtract line 18 from line 12		364,337.	147,607.	
or				ginning of Current Year	End of Year	
Fund Balanc	20	Total assets (Part X, line 16)		698,757.	659,887.	
t As: d B;	21	Total liabilities (Part X, line 26)		455,872.	436,799.	
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		242,885.	223,088.	
Pa	art II	Signature Block	•			
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	y knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ALLEN DOEDERLEIN, PRES Type or print name and title	SIDENT	Date						
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	MARCY STEINDLER		self-employed P00573131						
Preparer	Firm's name ▶ MANN. WEITZ & AS	SSOCIATES L.L.C.	Firm's EIN 36-3963131						
Use Only	IV 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)									
132001 01-2	132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2011)								
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION								

Т

	990 (2011) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Pa t III Statement of Program Service Accomplishments
Fai	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE THE LIVES OF PEOPLE LIVING WITH MOOD DISORDERS.
	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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? <b>Yes X</b> If "Yes," describe these changes on Schedule O.
	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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 493,738 • including grants of \$ ) (Revenue \$ 41,90
	EDUCATION AND INFORMATION - THE DEPRESSION AND BIPOLAR SUPPORT
	ALLIANCE(DBSA) IS THE LEADING PEER-DIRECTED NATIONAL ORGANIZATION
	FOCUSING ON DEPRESSION AND BIPOLAR DISORDER. MILLIONS TURN EACH YEAR
	TO DBSA FOR TRUSTED, UNBIASED INFORMATION, RESOURCES, AND SUPPORT. W
	PROVIDE THAT SUPPORT IN A VARIETY OF MEDIUMS - ONLINE, IN PRINT, IN
	AUDIO/VIDEO FORMATS, IN THE FRIENDLY VOICE OF SOMEONE WHO CARES ON TH
	OTHER END OF THE PHONE, AND IN SUPPORT GROUPS THROUGHOUT THE COUNTRY. DBSA PROVIDES HUNDREDS OF INFORMATIONAL PACKETS EACH MONTH TO ANYONE
	REQUESTING INFORMATION ABOUT MOOD DISORDERS AND THOUSANDS OF BROCHURE
	EACH YEAR TO OUR CHAPTERS FOR DISTRIBUTION IN THEIR LOCAL COMMUNITIE
	DBSA ALSO ANSWERS THOUSANDS OF CALLS ON A TOLL-FREE INFORMATION AND
	REFERRAL LINE AND RECEIVES OVER 20 MILLION HITS PER YEAR FROM 1.7
	(Code: ) (Expenses \$ 386,009. including grants of \$ ) (Revenue \$ 139,66
	GRASS ROOTS AND PEER SERVICES - DBSA BELIEVES THAT IN-PERSON,
	PEER-BASED INTERACTION IS CRUCIAL FOR EDUCATION AND RECOVERY. THE
	CRITICAL ROLE THAT DBSA SUPPORT GROUPS PLAY IN RECOVERY WAS CONFIRMED
	IN A SURVEY, WITH 86% OF MEMBERS REPORTING THAT THEIR GROUP HELPED WI
	TREATMENT ADHERENCE, LEADING TO FEWER HOSPITAL STAYS, LOWER INSURANCE
	COSTS, GREATER PRODUCTIVITY, AND SIGNIFICANTLY INCREASED QUALITY OF
	LIFE. DBSA'S IN-PERSON REACH OF 70,000 PEOPLE ANNUALLY IS ACHIEVED
	THROUGH 900 FREE, PEER-LED SUPPORT GROUPS, OVER 350 CHAPTERS, AND 18 STATE ORGANIZATIONS THROUGHOUT NORTH AMERICA.
	STATE ORGANIZATIONS THROUGHOUT NORTH AMERICA.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ► 879,747.

### 13250515 787606 04305

DEI	PRESSTON	AND	BTPOLAR	SUPPORT	ALLIANCE
	TUDDDIU	1111		DOLTOILL	

36-3379124	Page 3
------------	--------

Form 990 (		DEPRESSION	-	BIPOLAR	SUPPORT	ALLIANCE	36-33793
Part IV	Checklist of R	equired Schedule	es				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
2	If "Yes," complete Schedule A	1	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		
3	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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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,	44-	х	
<b>I</b> 4	Part VI	11a	Λ	
D	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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	446		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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, XII, and XIII	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, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			v
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		v
40	or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 23
17	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			<b>_</b> _
	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? <i>If</i> "Yes,"			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

**20b** Form **990** (2011)

13250515 787606 04305

34

36

37

38

Was the organization related to any tax-exempt or taxable entity?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011)

Pa	rt IV Checklist of Required Schedules (continued)		
			Yes
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		
	Schedule J	23	
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 25	24a	
b		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) and 501(c)(4) 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	
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	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		
	instructions for applicable filing thresholds, conditions, and exceptions):		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	
b		28b	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	L
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	
31	Did the organization liquidate, terminate, or dissolve and cease operations?		
	If "Yes," complete Schedule N, Part I	31	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
	Schedule N, Part II	32	
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	

If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124 Page 4

No

х

Х

Х

Х

Х

Х

Х

х

х х

х

х

х

Х

Х

Х

Х

х

х

Х

34

35a

35b

36

37

38

Х

Form 990 (2011)

1a         Enter the number of Form V306 Included in line 1. Enter 0-1 in not applicable         1a         11           0         Define the number of Form V30. Included in line 1. Enter 0-1 in not applicable         1c         X           2         Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.         1c         X           1         Int all estimation of employees reported on Form W3. Transmittal of Wage and Tax Statements.         2a         1.5           2         Dift the organization have unleaded business gross income of 31 (000 mm ced ump the year)         3a         X           3         Dift the organization have unleaded business gross income of 31 (000 mm ced ump the year)         3a         X           1         Tws, 'has tifted a Toregin contry!         Yes, 'has tifted a Toregin contry!         Yes, 'neat fifted a Toregin contry!         Yes           5         Was the organization have unleaded business gross income of 31 (000 mm ced ump the year)         3a         X           1         Tws, 'has tifted a Toregin contry!         See instructions for ling requirements for an agniture in the scalar account in a organization have an interves in or a signation account is a toregin contry!         See instructions for ling requirements for a signation and report allowed for the grossitiation an expense statement that such contributors or gifts were not tax deductible?         See instructions and any time during the tax year?         See instruction signatis acco				Yes	No
b Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming in the call of the organization that are vendors and reportable gaming in the call of the organization that are vendors and reportable gaming in the call of the organization that are vendors and reportable gaming in the call of the organization that are vendors and reportable gaming in the call of the organization that are vendors and reportable gaming in the call of the organization that are vendors and reportable gaming in the call of the organization that are uncertained built by service and explanation in Schedule O       2a       X         b If the call of the organization that are vendors and reportable gaming in the call of the organization that are interest in, or a signature or other authority over, a financial account; a foreign country is that are or in party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited the organization that are normally greater that \$100,000, and did the organization that are normally greater that \$100,000, and did the organization that are normally greater that \$100,000, and did the organization that are normally greater that \$100,000, and did the organization that are normally greater that \$100,000, and did the organization that are uncertained account; the set instructions or gifts were not tax deductible?       Ta       X         b If **sc, ' did the organization that are or in a party that set in transaction are express tatement that such contributions or gifts were not tax deductible?       Ta       X         b If **sc, ' did the organization numaly greas conthubutin and party for goods and services p	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11			
gamblingl winnings to pizze winners?       ic       X         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.       ja       js         bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?       js       js       js         bit the exaindar year ending with or within the year covered by this natur.       js       js <t< th=""><td>b</td><td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0</td><td></td><td></td><td></td></t<>	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a       Ener the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return.       2a       15         b If at least on is reported on Inter 2, and the organization file al required tedral employment tax returns?       2b       X         Note. If the sum of lines 1 and 2a is greater than 250, you may be required to <i>F-IR</i> (see instructions)       3a       X         b If the organization have unmotable business greas incerce of 10,000 or more during the year?       3a       X         b If 'Yes,' instit filed a form 990-T for this year? If 'No,' provide an explanation in Schedule O       3b       X         b If 'Yes,' instit filed a foreign country       -       4a       X         b If 'Yes,' instit filed a foreign country is that an or in party to a prohibited tax shelter transaction?       5a       X         b If 'Yes,' instit me same of the organization that was or is a party to a prohibited tax shelter transaction?       5a       X         c If 'Yes,' in line Sa or Sb, did the organization that was or is a party to a prohibited tax shelter transaction?       5a       X         b If 'Yes,' ind the organization have annual grees receiptint 70(0.       0       0       2a       X         b If 'Yes,' ind the organization near dispose of table personal property for which it was required to the payor?       7a       X         c Organization neclea which weavs old file ma	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
till for the calendar year ending with or within the year covered by this return     2a     15       b     fit at least one is reported on line 2a, did the organization file all required federal emplyment tax returns?     2b     X       Note, if the sum of lines 1a and 2a is greater than 250, you may be required to 6 <sup>-//</sup> fe (see instructions)     3a     X       3b     Did the organization have unrelated business gross income of \$1,000 or more during the year?     3a     X       3b     Did the organization have unrelated business gross income of \$1,000 or more during the year?     3a     X       3b     Did the organization countly such as a bank account, social an explanation in Schedule O     3a     X       5c     See instructions for film grequirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.     5a     X       5c     See     See     See     See     See       6d     Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?     5e     See       6d     Did any taxable party notity the organization file Form 88667?     See     See     See       7d     TYes, 'to it the organization include with every solicitation an express statement that auch contributions or gifts were not ax deductible?     See     See       7d     Tyes, 'to it the organization include with every solicitation an express statement that such contract?     See     See		(gambling) winnings to prize winners?	1c	Х	
b If at least one is reported on line 2a, did the organization file all required to d-#file (see instructions)       2b       X         Note: If the sum of lines 1a and 2a is greater than 250, you may be required to d-#file (see instructions)       3a       X         b Ub the organization have undired to burstee gross income of 15, 1000 or more during the year?       3a       X         b If Yes, "hast if tied a form 900 TI or this year? If 'No," provide an explanation in Schedule 0       3a       X         b If Yes, "hast if tied a form 900 TI or this year? If 'No," provide an explanation in scienture or other authority over, a       4a       X         b If Yes, "hast if the drog requirements for Form TD F 90-22.1, Report of Foreign Bark and Financial Accounts.       5a       X         5a Was the organization have unable organization have party to a prohibited tax shelter transaction?       5b       X         6a Does the organization have annual gross receives that are normally greater than \$100,000, and did the organization have annual gross receives that are normally greater than \$100,000, and did the programization near the doubtible?       6a       X         b If Yes, " did the organization include with every solicitation an express statement that such combinitions off the greanization near the doubtible?       7a       X         c If Yes, " did the organization have any fund, directly or indirectly to pay premiums on a personal benefit contract?       7a       X         c If Yes," did the organization near exer any fund, directly or indirectly	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       3a         3b       If the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a         4a       At any time during the calendar year, ald the organization have an interest in, or a signature or other financial account?       3a       3a         4a       At any time during the calendar year, ald the organization have an interest in, or a signature or other financial account?       4a       4a         5a       Diff *s;* refer the name of the foreign country.       5a       5a       X         5a       Was the organization organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5a       If *s;* refer the name of the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5a       If *s;* refer the name of the organization include with every solicitation an express statement that scale contributions or gifts were not tax deductible?       5a       X         6a       If *s;* refer the name of the organization nectly the door or the value of the organization nectly a party in a porthibuted tax shelter transaction?       5a       X         7       Organization nectly as party to a prohibuted tax shelter transaction?       5a       X         7       Ys;*       Torganization nectax be ap					
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If Yes, 'has it field a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0       3b       3c         d       At any time during the calendar year, did the organization have an interest in, or a signature or other authorty over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.       4a       X         b       If Yes, 'that if the foreign country (such as a bank account, securities account, or other financial Accounts.       5a       X         b       Did any taxable party notify the organization have an interest in, or a signature or other authorthy over, a financial Accounts.       5b       X         b       Did any taxable party notify the organization have an indigrees receipts that are notely and the organization set.       5c       5c         d       Does the organization set.       5c       5c       5c       5c         f       Organization set.       The diductibile contributions under section 170(c).       5a       X         d       Did the organization neck exalt, where we subscript is a contribution and partly for goods and services provided to the participation receive any funds, directly or indirectly, on a personal benefit contract?       7a       X         f       Tyes, 'iddite organization neclive any funds, directly or indirectly, on a personal	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b     If "Yes," has it filed a Form 9907 for this yea? If "No," provide an explanation in Schedule O     3b       4     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 Schedule O     4a       5     Max the organization country (such as a bank account, or other financial accounts).     5a       5     Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?     5a       5     Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any countify ubm organization that it was or is a party to a prohibited tax shelter transaction?     5a       6     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that are normal to greater than \$100,000, and did the organization solid any contributions that are normal to greater than \$100,000, and did the organization solid the any contributions that are party receive deductible contributions under section 170(c).     10       10     If "Yes," did the organization notify the door or the value of the goods or sevelses provided to the pavo?     7a       7     X     Ya     X       10     If "Yes," did the organization outly the door or any cost any partice and party for which it was required?     7b       10     If "Yes," did the organization that the year     7d     7a       10     If "Yes," indicate the number of Forms 8282 filed during the year <t< th=""><td></td><td></td><td></td><td></td><td></td></t<>					
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 (such as a bank account, securities account, or other financial Accounts.       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction?       5b       X         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       5c         6a       Dx       C       I*Yes," to ine 6a or 5b, did the organization the BBF?       5a       5c         6a       X       bit *Yes," to ine 6a or 5b, did the organization are manual gross receipts that are normally greater than \$100,000, and did the organization solid ary contributions include with every solicitation an express statement that such contributions or gits were not tax deductible?       5a       X         b       If *Yes," did the organization nocieva payment in excess of 57. fande party as a contribution and party for goods and services provided to the part?       7a       X         c       Did the organization nocieva payment in excess of 57. fande party is pay permutines on a personal benefit contract?       7a       X         c       Did the organization nocieva pay thy on differently is pay peremutines on a personal benefit contract?       <			3a		X
the interval 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?     5a     X       5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5a     Was the organization aparty to a prohibited tax shelter transaction?     5c     X       5a     Was the organization aparty to a prohibited tax shelter transaction?     5c     X       6a     Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?     5c     X       6a     Did any taxable party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       7     Organization shell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?     7a     X       0     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7a     X       10     If the organization receive any function, directly, on a personal benefit contract?     7f     X       10     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       10     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       10     If the organization receive any tan			3b		
b       If "Yes," enter the name of the foreign country.	4a				
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         6b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible?       5c       X         7b If Yes, 't di the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         7b If Yes, 'd di the organization neceive a payment in excess of S/5 made party as a contribution and party for goods and services provided to the party?       7a       X         7b If Yes, 'd di the organization neceive a payment in excess of S/5 made party as a contribution and party for which it was required to the form 8282?       7b       X         7c If U the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7f Di the organization receive a contribution of cars. boats, anglanes, or other vehicles, did the organization file a Form 1899 as required?       7t       X         7f Di the organization receive a contribution of cars. boats, anglanes, or other vehicles, did the organizations. Bift and the organization make a distribution such action section 99			4a		X
5a       Was the organization a party to a prohibited tax sheller transaction?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?       5a       X         6b       Did any taxable party notify the organization file Form 8808-17?       5c       X         6a       X       Sc       Sc       Sc         7b       If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         7       Organizations that may receive deductible contributions under section 170(c).       8b       B       Z         7       Organization such may receive deductible contributions under section 170(c).       7a       X       Z         7       Organization self, exchange, or therwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         7       Fa       X       T       Z       X         7       Fa       X       T       Z       Z       Z       Z         7a       X       T       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z	b				
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sb       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8886 T?       Sc       Sc         6a       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?       Sc       Sc         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Sc       Sc         7       Organization shat may receive deductible contributions under section 170(c).       Bid the organization notify the donor of the value of the goods or services provided?       Ta       X         b       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td       Tc       X         f       If the organization oreceive a payment in divest or pay premiums, on a personal benefit contract?       Te       X         f       Did the organization received a contribution of qualified mellectual property, did the organization file Form 8899 as required?       Td       X         f       Did the organization diver dives divers d	_	- · · · · ·	_		v
c       11 'Yes,' to line 5a or 5b, did the organization file Form 888e-T?       5c         6a       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?       6a       X         b       If 'Yes,'' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6a       X         c       Organizations that may receive deductible contributions under section 170(c).       a Did the organization netwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X       Y       X         c       Did the organization receive any tunds, ticretly or indirectly, on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property. did the organization field a contribution of cars, boats angripanes, or other vehicles, did the organization field a contribution of cars, boats angripanes, or other vehicles, did the organization field a contribution of cars, boats angripanes, or other vehicles, did the organization field a contribution of cars, boats angripanes, or other vehicles, did the organization field a contractive or accrued funds.       7d       7d       7f       X       7f <td< th=""><td>5a</td><td></td><td></td><td></td><td></td></td<>	5a				
Ga       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?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb       Gb         7       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         7       Did the organization neclive anyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       Did the organization neclive anyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       Did the organization neclive any function is excess of \$75 made partly as a contribution or goods or services provided?       7c       X         7       Did the organization receive any function, the goods or services provided?       7c       X         7       Did the organization receive any function, directly, to pay premiums on a personal benefit contract?       7r       X         7       If the organization received a contribution of cars, boads any section 506(a) supporting organizations. The section 506(a) supporting organizations. Cellot and maintained by a sponsoring organization, have excess business holdings at any time during the yea?       9a       9a <td>b</td> <td></td> <td></td> <td></td> <td><u> </u></td>	b				<u> </u>
any contributions that were not tax deductible?     6a     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b     6b       a Did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7c     X       c     Did the organization notify the donor of the value of the goods or services provided?     7c     X       c     Did the organization notify the donor of the value of the goods or services provided?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       f     Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     X       f     Did the organization neceived a contribution of qualified the lifet.upi appropring organizations. Did the supporting organization neceived a contribution of qualified the fuelt.exual property, did the organizations. Did the supporting organization neceives a distributions under section 4966?     9a     9       9     Sponsoring organizations. Enter:     10a     10a     10b       10     Bord the organization neceive any larwalte distributions under section			50		
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).       6b         8       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 7       7a       X         7       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         7       Did the organization incluing the year, pay premiums, directly or pay premiums on a personal benefit contract?       7t       X         9       Did the organization receive any funds, directly or indirectly or pay premiums, directly or	6a		•		v
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     6b       0 Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7b     X       b If "Yes," did the organization notify the donor of the value of the goods or services provided?     7c     X       c 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     7c     X       e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     X       g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7h     7g       A     If the organization methy and advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.     8       a Did the organization make a distribution to a donor, donor advisor, or related person?     9a       9 Sponsoring organizations. Enter:     10a       10 He organization make a distribution to a donor, donor advisor, or related person?     9b       10 Section 501(c)(7) organizations. Enter:     11a       a Gross income from members or shareholders     11a       11 Section 501(c)(2) organizations. Enter:			6a		
7       Organizations that may receive deductible contributions under section 170(c).       a	D		Ch		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c 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       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098.C?       7ft       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.C?       7h       X         8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make a distributions under section 4966?       9a       9         9 Did the organization make a distribution sincluded on Part VIII, line 12       10a       10a       9b       10a         1 Section 501(c)(17) organizations. Enter:       11a       10a       10a <td>7</td> <td></td> <td>dð</td> <td></td> <td></td>	7		dð		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       76       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       76       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       71       X         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       76       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       71       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       71       X         8       Sponsoring organizations maintaining door advised funds.       8       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       <			70	x	
c       Did the organization sell, exchange, or otherwise dispose of targible 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       7d       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization receive at contribution of qualified intellectual property, did the organization file Form 899 as required?       7n       X         g       If the organization maintaining donor advised funds and settion 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.       7n       7a       7a         8       Sponsoring organizations maintaining donor advised funds.       9a       9a       9b       9b       9a       9b       9b<	a h				
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h       X         g Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9a         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(7) organizations. Enter:       11a       10b       12a       11a       12a         12 Section 501(c)(7) and particular ontributions: Included on Part VIII, line 12, for public use of club facilities       11b       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a       12a       12a       12a       <	0		70		
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e 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?.       7f       X         g If the organization received a contribution of cars, boats, anylanes, or other vehicles, did the organization file Form 1098-0?       7h       X         8 Sponsoring organizations maintaining donr advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organizations maintaining donr advised funds.       10a       10a       9a         bid the organization make a distribution s under section 4966?       9a       9a       9b         9 Section 501(c)(7) organizations. Enter:       10a       10b       10a       10a<	Ŭ		7c		x
e       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       Image: Control of Control of Cars, boats, airplanes, or other vehicles, did the organization. File a Form 1098-C7       7h       Image: Control of Cars, boats, airplanes, or other vehicles, did the organization. Did the supporting organizations maintaining donor advised funds.       Sponsoring organizations maintaining donor advised funds.       The organization make a distributions under section 4966?       9a       Image: Control of Control of Cars, poats, airplanes, or related person?       9b       Image: Control of Control or Cars, poats, airplanes, or related person?       9b       Image: Control of Control or Cars, poats, airplanes, or related person?       9a       Image: Control of Control or Cars, poats, airplanes, or related person?       9b       Image: Control of Control or Cars, poats, airplanes, or related person?       9b       Image: Control of Control or Cars, poats, airplanes, or related person?       9b       Image: Control of Control or Cars, poats, airplanes, or related person?       9b       Image: Control of Control or Cars, poats, airplanes, or related person?       9b       Image: Control of Control or Cars, poats, airplanes, or related person?       9b       Image: Control or Contr	d				
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       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.       7h       8         9       Sponsoring organizations maintaining donor advised funds.       9a       9b       9b<	e		7e		х
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       7h         8       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization at a distribution or advised funds.       8       8         9       Sponsoring organizations maintaining donor advised funds.       9a       9b       9b <td>f</td> <td></td> <td></td> <td></td> <td>Х</td>	f				Х
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       8         a       Did the organization make any taxable distributions under section 4966?       9a         b       Did the organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross income from members or shareholders       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b         b       Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11b         12a       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nonprofit	g		7g		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the organization make any taxable distributions under section 4966?       9a         b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a         a       Gross income from members or shareholders       11a       11b       12a         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       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified health plans in more than one state?       13a       13a       13a         Note. See the instructions for additional info	h				
9       Sponsoring organizations maintaining donor advised funds.       9a       9a         a       Did the organization make any taxable distributions under section 4966?       9a       9b         b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       9b       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a       13a       1	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
a Did the organization make any taxable distributions under section 4966?       9a         b Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a 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:       10a         a Gross income from members or shareholders       11a         b Gross income from ther 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         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a 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.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a		organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a Gross income from members or shareholders       11a       11b       12a         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         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13a       Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         14a       X	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       11b         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         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a         13a       Is       Is       Is         14a       X       X	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       11a         a Gross income from members or shareholders       11a       11b       11b         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         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         a Let the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c Enter the amount of reserves on hand       13c       14a       X	b		9b		
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:       11a         a       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       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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X	10				
11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         14a       X         13a       13a         13a       13a         13a       13a         13b       13a         13a       13a         13a       13a         13a       13a         14a       X					
a Gross income from members or shareholders       11a       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       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       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a 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.       13b       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         14a       X					
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13a       13b         14a       X	11				
amounts due or received from them.)       11b       12a         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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       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.       13b       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X					
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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13b       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X	b				
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.       13a         a       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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       X	40-		10-		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X			128		
a 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.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         14a       X					
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         c       Enter the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?			120		_
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	d	•	100		
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	h				
c Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X					
14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	с				
			14a		Х

#### Form **990** (2011)

132005 01-23-12

13250515 787606 04305

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Page 5

Form 990	
Part V	Sta

13250515 787606 04305

#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124 Page 6

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

### Check if Schedule O contains a response to any question in this Part VI

X
---

a Ener the number of volting members of the governing body at the end of the tax year         11         12           b Ener the number of volting members of the governing body of the normaling body. of the normaling body of the normalization no exact body significant changes to its governing body or under the direct supervision of of the organization networks or significant changes to its governing body or under the direct supervision of of the organization networks or significant changes to its governing body of the organization have members, stockholders?         2         2         2           2         01 dt worganization networks of the organization reserved to (or subject to approval by) members, stockholders, or persons of the and particular to near members, stockholders, or persons of the and particular to near members, stockholders, or persons of the normal pody?         2         2         2           3         01 dt worganization near energy body?         2         2         2         2           4         12         12         2         2         2         2           4         12         12         12         12         12           5         12         12         12         12         12           6         12	Sec	tion A. Governing Body and Management					
If there are material differences in voting rights among members of the governing body, or if the governing body and the more atterned or management due to extra the standard 0. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employees the are nationy relationship or a business relationship with any other officer, director, trustee, or key employees to a management due customenty performed by or under the direct supervision of officers, directors, or trustee, or key employees to a management due customenty performed by or under the direct supervision of officers, directors, or trustee, or key employees 2 Did the organization have members or stochholders? 3 Did the organization have members, otochholders? 4 Did the organization have members, otochholders? 5 Did the organization have members, otochholders? 4 Did the organization have members, otochholders? 5 Did the organization have hold the governing body? 5 Dis the arg writer, director, trustee, or key employee? 5 Did the organization have members, or otholder by organization the average and addresses in definition due to the transference Ocdel 5 Did the organization have write policie for the soverning body? 5 Did the organization have write holder by organization to rever write the transference organization have write the policie diverse of the average and addresses of a begeleade 0. 5 Did the organization have write policies				1		Yes	No
by delegate brack authority to an exerctive committee or similar commitse, explain in Schedule 0.       10       12         2       Did any officer, director, trustee, or key employee have a family relationship or a buainess relationship with any other officer, director, trustee, or key employees to a management duties customarky performed by or under the direct supervision of officer, director, trustee, or key employees to a management company or other person?       2       2         3       Did the organization neares were stating the year of a significant diversion of the organization seesers?       5       2         5       Did the organization have members or stockholders?       6       2         6       Did the organization have members or stockholders?       7       7         7       Did the organization have members or stockholders?       7       7       2         8       Did the organization have members or stockholders?       7       7       2         9       Did the organization consemporaneously document the medings held or written actions unterbaced uning the year by the following:       8       X         9       Did the organization have members.       9       2       2       2         9       Did the organization consemporaneously document the medings held or written actions unterbaced uning the year by the following:       8a       X         9       Did the organization neares to stockholders?	1a		<b>1</b> a	12			
b Ener the number of volting members included in line 1a, above, who are independent       10       12         2 Dear ory office, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other the direct supervision of officer, directors, or trustees, or key employees to a management company or other person?       2       2         3 Did the organization obligate control over management durines under soft the organization have members or totcholders?       6       2         4 Did the organization have members or stocholders?       6       2         5 Did the organization have members, stocholders?       6       2         6 Did the organization have members, stocholders?       7       7       2         7 Did the organization have members, stocholders?       7       7       2         8 Did the organization have members, stocholders?       7       7       2         8 Did the organization contemporation by dominent the meetings held or witten actions underlaten during the year by the following:       6       2         8 Did the organization have members or stocholders?       6       2       2         9 Is there are young doctor, trustee, or key employee listed in PaVU, Section A, who cannot be reached at the organization have local chapters, thromation abour policities on tracture and actives and advesses for governing body?       6       2         9 Is the							
2       Delary officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management during outperformed by or under the direct supervision of officers, directors, or trustee, or key employees to a management during outperformed by or under the direct supervision of officers, directors, or trustee, or key employees to a management during outperformed by or under the direct supervision of officers, directors, or trustee, or key employees to a management during outperformed by or under the direct supervision of the organization have members, stockholders, or supervision of the organization have members or stockholders, or other beness or stockholders, or opersons other than the governing body?       To       To         3       Did the organization chave members, stockholders, or other persons who had the power to elect or appoint one or more members of the colonneady documents the direct subcload at the governing body?       To       To       To         4       Did the organization chave members of stockholders, or opersons other than the governing body?       Ba k       Ba k       Ba k         5       Did the organization chave members of stockholder the names and addresses in Stochold to a suppression the analy?       Ba k       Ba k         9       Is there any officer, director, rustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have instant with the diresse and branchold to a suppression and the diresse and branchold to a suppression and the diresse and branchold to a suppression and the diresse and branchold to a super the names and addressese and branchold to a suppression and the analysee and		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
a) Did the organization degrads 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?       a) Did the organization bace may significant changes to its governing documents since the prior form 990 was filed?       b) Did the organization have members are stockholders?       c) Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       D) Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       D) Did the organization contemporatecels/ block with the methys hold or written actions undersen during the year by the following:       Ba       X         b) The organization contemporatecels/ block       D) If the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       Bis the arg organization provides and prove proves block on the persons of the organization reserved to (or subject to subject to approval by interests)       Bis X         B) If the organization reserved to act on behalf of the governing body?       Bis bite arg organization provides intermation about policies on tregured by the Internal Revenue Code.       Ves. N         Did the organization nave written policies and procedures governing the activities of such chapters, affliates, and branches to ensure their operations are consistent with the organization's se	b	•					
3       Dd 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 </th <td>2</td> <td>Did any officer, director, trustee, or key employee have a family relationship or a business relationsh</td> <td>ip with</td> <td>any other</td> <td></td> <td></td> <td></td>	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
of offices, directors, or trustees, or key employees to a management company or other person?       3       2         4       Did the organization baceme aware during the year of a significant diversion of the organization's assets?       5       2         6       Did the organization baceme aware during the year of a significant diversion of the organization's assets?       6       2         7       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, or the powerning body?       7       7       X         5       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?       76       2         8       Did the organization contemporaneously document the meetings held or witten actions underblen during the year by the following:       8a       X         9       Did the organization ontemporaneously document the meetings held or witten actions underblen during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed In PUII. Section A, who cannot be reached at the organization onterwing address? If "res," provide the names and addresses in Schedule O       9a       2         9       Did the organization have written policies and procedures powerning the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the digranization's secting the seconthold and the secont the secont the organiza		officer, director, trustee, or key employee?			2		X
4       Odd the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4       2         5       Did the organization baccme aware during the year of a significant diversion of the organization's assets?       6       2         7       Did the organization have members or stockholders?       6       2         7       Did the organization have members or the operating body?       7       7       X         8       Did the organization comproponenously document the metings held or written actions undertaken during the year by the following:       8       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization near organization have induce the neares and addresses in Schedule O       9       2         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or afflittes?       10a       X         10       Did the organization have local chapters, branches, or afflittes?       10a       X         11       Has the organization have written policies and procedures governing body?       10a       X         12       Did the organization near orbites orbit the organization tare written policies and procedures governing body?       10a       X         14       Has the organization near orbites orbi	3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
5       Did the organization bacome aware during the year of a significant diversion of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         6       Dott no organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the metings held or writen actions under taken during the year by the following:       8a       X         9       Did the organization have form pubyles listed in Part VII, Section A, who cannot be reached at the organization main gaddreas? If "Yes," provide the names and addresses in Schedue O       9       Z         9       Did the organization have local chapters, branches, or affiliates?       10a       X       10a       X         10a       Did the organization have a writen conflict or interest policy? If 'No,' or to be 13       12a       X         12a       Verse iffect, diffects, and two projeces required to a diffect and write or sinilar arrangement with a take organization have a written organization to redue with the policy? If 'No,' or to be 13       12a       X         12a       Did the organizati		of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X
6       Did the organization have members or stockholders?       6       1         7a       Did the organization have members of the operation by other persons who had the power to elect or appoint one or more members of the operaning body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8a       X         6       Date committee with authority to act on behalf of the governing body?       8a       X         9       Each committee with authority to act on behalf of the governing body?       8a       X         9       Each committee with authority to act on behalf of the governing body?       8a       X         9       Each committee with authority to act on behalf of the governing body?       8a       X         9       Each committee with authority to act on behalf of the governing body?       8a       X         9       Each committee with authority to act on behalf of the governing body?       8a       X         9       Did the organization have wither optices and procedures governing the activities of such chapters, atfiliates, and branches to ansult the operations are onsistent with the eignalization is even the proces?       10a       X         11a       Has the organization have a written onclices and procedures governing body?       12a       X         12a	4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X
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       X         8       D are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8a       X         9       Did the organization contemporaeously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       9       2         9       I 'Yes, 'I di the organization have local chapters, branches, or affiliates?       10a       X       10a       X         10       Did the organization have local chapters, branches, or affiliates?       10a       X       10a       X         11       Has the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches or any other disclosa annual process of stepersoning body before filing the form?       11a       X         12       X       11a       X       12a       X       X	5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
more members of the governing body?     7a     X       b     Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?     7a     X       c     D     D     The governing body?     8a     X       b     Each committee with authority to act on behalf of the governing body?     8a     X       b     Each committee with authority to act on behalf of the governing body?     8b     X       b     Each committee with authority to act on behalf of the governing body?     8b     X       b     Each committee with authority to act on behalf of the governing body?     8b     X       b     Each committee with authority to act on behalf of the governing body?     8b     X       b     Decision maining address?     10a     X     8b     X       corganization have local chapters, branches, or affiliates?     10a     X     10a     X       10a     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 rave waitencomit of interest policy?     11a     X       11a     Has the organization nave a written organization rave awritten comiton and enforce compliance with the policy? If 'Yes, '' describe in schedule 0 how this was done     12a     X       12a     Did the organiz	6	Did the organization have members or stockholders?			6		X
b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       70       72       72       72         a       Dud the organization contemporaneously document the metings held or written actions undertaken during the year by the following:       8a       X         b       Each committee with authority to act on behaf of the governing body?       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? // Yes,' provide the names and addresses in Schedule 0       9       2         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10a       Ves       N         10a       Dd the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization routed a complete copy of this Form 900 to all members of its governing body before fling the form?       10a       X         11a       X       Ita State organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches, and key employees required to disclose annually interests that could give rise to conflicts?       10a       X         12a       Dd the organization incouve winis Form 990.       10a	7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	t one or			
persons other than the governing body?       70       2         8       Did the organization contemporaneously document the meetings held or witten actions undertaken during the year by the following:       8       8       X         9       Each committee with authority to act on behalf of the governing body?       80       X       80       X         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,' govide the names and addresses in Schedule O       9       2         8       Bott the organization have local chapters, branches, or affiliates?       10a       X       10a       X         10a       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 everpt purposes?       10a       X         11a       Has the organization novided a complete copy of this Form 900 to all members of its governing body before filing the form?       12a       X         12b       Did the organization regulary and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O the process, in and enforce compliance with the policy? If 'Yes,' describe in Schedule O the trives and they employees required to disclose annually interests that could give rise to conflicts?       12a       X         12b       Did the organization nequired and processimitation of the delibe		more members of the governing body?			7a	Х	
B       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Ba       X         B       Each committee with authority to act on behalf of the governing body?       Ba       X         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 0       9       2         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes N         10a       Did the organization have local chapters, branches, or affiliates?       Yes N         10a       Did the organization have written policies and procedures governing body before filing the form?       10a         11a       Has the organization ordida a complete copy of this Form 990.0       11a       X         12a       Did the organization have a written conflict of interest policy? If 'No,' go to line 13       12a       X         12b       Did the organization have a written whistleblower policy?       13       X       X         13       Did the organization have a written whistleblower policy?       14       X       X         12a       Did the organization have a written whistleblower policy?       14       X       X         14       Did the organization have a written	b						
a The governing body?       Ba X         b Each committee with authority to act on behalf of the governing body?       Ba X         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,' and be arguests information about policies in treduced by the Internal Revenue Code.)       Yes         10a Did the organization have local chapters, branches, or affiliates?       IVes       Yes         10a Did the organization have local chapters, branches, or affiliates?       IVes       Yes         10a Did the organization have local chapters, branches, or affiliates?       IVes       Yes         10a Did the organization have local chapters, branches, or affiliates?       IVes       Yes         11a Has the organization have awitten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is Form 990.       I2a         2a Did the organization have a written conflict of interest policy? If 'No,' go to fine 13       I2a       X         2 Did the organization have a written document retention and destruction policy?       I3a X         2 Did the organization have a written document retention and destruction policy?       I3a X         13 Did the organization have a written document retention and destruction policy?       I3a X         14 Did the organization have a written document retention and destruction policy?       I3a X <td></td> <td></td> <td></td> <td></td> <td>7b</td> <td></td> <td>X</td>					7b		X
b       Each committee with authority to act on behalf of the governing body?       B       B       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? If 'Yes,'' provide the names and address as in Schedule O       9       2         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       N         10a       Did the organization have local chapters, branches, or affiliates?       No       X       10a       X         11a       Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form?       10a       X         12a       Did the organization have a written condict of interest policy? If 'No,'' go to line 13       12a       X       12a       X         12a       Did the organization required to disclose annually intersts that could give rise to conflicts?       12a       X         12b       Did the organization have a written ochmerst policy?       13a       X       14       X         13       Did the organization required to allowing persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       12a       X         14       Did the organization inves tin, contribute assets to, or paraticipate in a joint venture	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:			
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       2         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b       If 'Yes,' did the organization not have muttine policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       X         11a       Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form?       12a       X         12a       Did the organization required in required to discide annually interests that could give rise to conflicts?       12a       X         13       Did the organization sequenter whistleblower policy?       13       X       14       X         14       Did the organization sequenter in whistleblower policy?       13a       X       14       X         15       Did the organization Nave a written occurrent retention and destruction policy?       14       X       15a       X         16       Did the organization Nave a written occurrent retention and destruction policy?       14 <td>а</td> <td></td> <td></td> <td></td> <td>8a</td> <td></td> <td></td>	а				8a		
organization's mailing address? If "Yes," provide the names and addresses in Schedule 0       9       2         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes N         10a Did the organization have local chapters, branches, or affiliates?       10a X         b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b X         11a Has the organization norbide a complete copy of this Form 990 to all members of its governing body before filing the form?       10a X         12a Did the organization have a written conflict of interest policy? If "No," go to line 13       12a X         12b Old the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       12c X         13 Did the organization have a written document retention and destruction policy?       14 X         14 Did the organization inve a written document retention and destruction policy?       15a X         14 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a 2         16 Did the organization flow a written policy or procedure requiring the organization's exempt status with respect to such arrangements?       16b         Section C Disclosure       16a 1       16a 2	b				8b	X	<u> </u>
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Ves         10a Did the organization have local chapters, branches, or affiliates?       10a X         b If 'Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b X         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a X         12a 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 its to conflicts?       12b X         13 Did the organization have a written whistleblower policy?       14 X         14 Did the organization have a written document reletinon and destruction policy?       14 X         15 Did the organization have a written whistleblower policy?       14 X         16 Did the organization is c.Co. Executive Director, or top management official       15b X         16 Did the organization invest in, contribute assets to, or participate in a joint verture or similar arrangement with a taxable entity during the year?       16a Z         16 If 'Yes,'' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement with a taxable entity during the year?       16b </th <td>9</td> <td></td> <td>ached</td> <td>at the</td> <td></td> <td></td> <td></td>	9		ached	at the			
10a       Did the organization have local chapters, branches, or affiliates?       Yes         b       If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         22a       Did the organization have a written conflict of interest policy? If 'No,' go to line 13       12a       X         2b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         2 Did the organization nave a written conflict of interest policy? If 'No,' go to line 13       12c       X         3 Did the organization have a written document retention and destruction policy?       13       X         14       Did the organization have a written document retention and destruction policy?       13       X         15       Did the organization is CEO, Executive Director, or top management official       15a       X         16       Otter officers or key employees of the organization       15b       X         16       Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arangements?       1					9		X
10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10b       X         12a       Did the organization ave a written collict of interest policy? If "No," go to line 13       12a       X         b       Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflict?       12a       X         12       Did the organization have a written whistleblower policy?       13       X       14       X         13       Did the organization have a written document retention and destruction policy?       14       X       14       X         14       Did the organization have a written policy or procedure required to disclose?       15a       X       15b       X       14       X         15       Did the organization ave a written document retention and destruction policy?       14       X       14       X       14       X       15b       X       15b       X       15b       X       15b </th <th>Sec</th> <th>tion B. Policies (This Section B requests information about policies not required by the Internal F</th> <th>levenu</th> <th>ie Code.)</th> <th></th> <th></th> <th><u> </u></th>	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	ie Code.)			<u> </u>
b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         12 bid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       12a       X         12 bid the organization have a written witstleblower policy?       13       X       14       X         14 Did the organization have a written doument retention and destruction policy?       14       X       12e       X         15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       2         16a       Did the organization follow a written policy or procedure requiring the organization is evaluate its participation in joint venture arrangements?       16a       2         16a<							No
and branches to ensure their operations are consistent with the organization's exempt purposes?       10b X         11a 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.       12a       X         12a Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       12a       X         13 Did the organization have a written whistleblower policy?       14 X       12a       X         14 Did the organization have a written document retention and destruction policy?       14 X       14       X         15 Did the organization have a written document retention and destruction policy?       14 X       X       14 X         15 Did the organization ince 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?       15a       X         16 Dther officers or key employees of the organization       15b       X       15b       X         17 Ves", did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements with a taxable entity during the year?       16a       2         16 Did the organization follow a written policy or procedure requi					10a		
11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       Image: the organization to review this Form 990.         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       Image: the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       Image: the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       Image: the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       Image: the organization have a written whistleblower policy?         13       Did the organization have a written document retention and destruction policy?       Image: the organization have a written document retention and destruction policy?       Image: the organization invest and contemporaneous substantiation of the deliberation and decision?         14       X       Image: the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the organization nolicy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       Image: the organization in control to make its Form 990 is required to be filed LiL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, M         16       Section C. Disclosure       Image: the organization to walate thes avalable. Check	b		-		101	v	
b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         c       Did the organization have a written conflict of interest policy? If "No," go to line 13       12b       Yers," describe         13       Did the organization have a written document reduction and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       11a       X         14       Did the organization have a written document reduction and destruction policy?       13       X         15       Did the organization have a written document reduction and destruction policy?       15a       X         15       Did the organization have a written bistleblower policy?       15a       X         16       the organization have a written document reduction and destruction policy?       15a       X         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       2         16       Did the organization follow a written policy or procedure requiring the organization's exempt status with respect to such arrangements?       16b       2         17       List the states with which a copy of this Form 990 is required to be filed ▶IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N       18							<u> </u>
12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       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         13       Did the organization have a written whistleblower policy?       1a       X         14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization S CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       2         b       If "Yes," did the organization follow a written policy or procedure requiring the organization's exempt status with respect to such arrangements?       16b       16a       2         c       Did the states with which a copy of this Form 990 is required to be filed ▶ IL , AK , AZ , AR , CA , CT , DC , GA , HI , KS , KY , N       18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990			ly ber	ore ming the form?		Λ	
b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       128       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       120       X       122       X         13       Did the organization have a written whistleblower policy?       13       X       14       X         14       Did the organization have a written document retention and destruction policy?       14       X       14       X         15       Did the organization have a written document retention and destruction policy?       15a       X       15a       X         14       X       The organization's CEO, Executive Director, or top management official       15a       X       15b       X         15       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       2         16       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       2         16       If 'Yes," did the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Secti					120	x	
<ul> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.</li> <li>13 Did the organization have a written whistleblower policy?</li> <li>14 Did the organization have a written document retention and destruction policy?</li> <li>15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization in f" Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶ IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, M</li> <li>Section 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>I Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶</li></ul>							
in Schedule O how this was done       12c       X         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         16       Did the organization's CEO, Executive Director, or top management official       15a       X         17       Inte organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       2         16       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16a       2         17       List the states with which a copy of this Form 990 is required to be filed ▶ IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N       18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       X       10a         17       List the states with which a					12.0		<u> </u>
<ul> <li>13 Did the organization have a written whistleblower policy?</li> <li>14 Did the organization have a written document retention and destruction policy?</li> <li>14 X</li> <li>15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶ IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate howy ou made these available. Check all that apply.</li> <li>X Own website Another's website X Upon request</li> <li>19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶</li></ul>	Ŭ				120	х	
14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15       X       15a       X       15a       X       15a       X       15b	13						
15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         iff "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       16a       2         b       If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       2         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         Section C. Disclosure       17       List the states with which a copy of this Form 990 is required to be filed ►ILL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N       18         Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       X       100         X       Own website       Another's website       X       Upon r						Х	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       2         16a       16a       2         b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       2         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       2         Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed ▶ IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, M         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       IX         IX       Own website       Another's website       IX       Upon request         19       Describe in Schedule O whether (and if so, how), the organization m	15						
a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       16a       16a       2         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       2         Section C. Disclosure       16b       16b       16b         17 List the states with which a copy of this Form 990 is required to be filed ▶IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N       18         8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) s only) available for public inspection. Indicate how you made these available. Check all that apply.       Image: Comparison 102 (Image: Comparison 1024 if applicable), 990, and 990-T (Section 501(c)(3) s only) available for public inspection. Indicate how you made these available. Check all that apply.         19 Describe in Schedule 0 whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       100         20       State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ALLEN DOEDERLEIN - 312-642-0049			-	·			
<ul> <li>b Other officers or key employees of the organization         <ul> <li>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> </ul> </li> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>IX Own website Another's website X Upon request</li> <li>19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶         <ul> <li>ALLEN DOEDERLEIN - 312-642-0049</li> <li>730 N. FRANKLIN STREET, CHICAGO, IL 60610</li> <li>102000</li> <li>102000 C00</li> </ul> </li> </ul>	а				15a	Х	
<ul> <li>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>16b</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, M</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>X Own website Another's website X Upon request</li> <li>19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ALLEN DOEDERLEIN - 312-642-0049</li> <li>730 N. FRANKLIN STREET, CHICAGO, IL 60610</li> <li>10 Describe State O FOR FULL LIST OF STATES</li> </ul>	b	Other officers or key employees of the organization			15b	Х	
taxable entity during the year?       16a       2         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       2         Section C. Disclosure       16b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N       18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       X       Upon request         19       Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       12       State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶							
<ul> <li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶ IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>IX Own website Another's website X Upon request</li> <li>19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶</li></ul>	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
<ul> <li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶ IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>IX Own website Another's website X Upon request</li> <li>19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶</li></ul>		taxable entity during the year?			16a		X
exempt status with respect to such arrangements?       16b         Section C. Disclosure       17         17       List the states with which a copy of this Form 990 is required to be filed ▶ IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         IX       Own website       Another's website       IX         19       Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         20       State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶         ALLEN DOEDERLEIN - 312-642-0049       730 N. FRANKLIN STREET, CHICAGO, IL 60610         01-23-12       SEE SCHEDULE O FOR FULL LIST OF STATES	b						
<ul> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶ IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>IX Own website Another's website IX Upon request</li> <li>19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶</li></ul>		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inizatio	on's			
<ul> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶ IL, AK, AZ, AR, CA, CT, DC, GA, HI, KS, KY, N</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>IX Own website Another's website IX Upon request</li> <li>19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶</li></ul>		exempt status with respect to such arrangements?			16b		
<ul> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Image: Image: Ima</li></ul>	Sec						
for public inspection. Indicate how you made these available. Check all that apply.         Image:	17						, ME
<ul> <li>X Own website Another's website X Upon request</li> <li>Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►</li> <li>ALLEN DOEDERLEIN - 312-642-0049</li> <li>730 N. FRANKLIN STREET, CHICAGO, IL 60610</li> <li>SEE SCHEDULE O FOR FULL LIST OF STATES</li> </ul>	18		T (Sec	tion 501(c)(3)s only)	availab	le	
<ul> <li>19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►</li> <li>ALLEN DOEDERLEIN - 312-642-0049</li> <li>730 N. FRANKLIN STREET, CHICAGO, IL 60610</li> <li>1-23-12 SEE SCHEDULE O FOR FULL LIST OF STATES</li> </ul>							
statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <u>ALLEN DOEDERLEIN - 312-642-0049</u> 730 N. FRANKLIN STREET, CHICAGO, IL 60610 1-23-12 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (20)							
20       State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►         ALLEN DOEDERLEIN - 312-642-0049         730 N. FRANKLIN STREET, CHICAGO, IL 60610         1-23-12       SEE SCHEDULE O FOR FULL LIST OF STATES    Form 990 (20	19		onflict	of interest policy, ar	id finar	ncial	
ALLEN DOEDERLEIN - 312-642-0049 730 N. FRANKLIN STREET, CHICAGO, IL 60610 T32000 01-23-12 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (20	•						
730 N. FRANKLIN STREET, CHICAGO, IL 606101-23-12SEE SCHEDULE O FOR FULL LIST OF STATESForm 990 (20)	20		and red	cords of the organiza	ition: 🕨	•	
132006 01-23-12SEE SCHEDULE O FOR FULL LIST OF STATESForm 990 (20)							
	13200				Form	900	(2011)
	01-23-	<sup>12</sup> SEE SCHEDOLE O FOR FOLD LIST OF STRIES				550	(2011)

2011.03060 DEPRESSION AND BIPOLAR SUPP 04305\_1

F

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

Part VII	Co	mpensation of Officers,	<b>Directors, Trustees</b>	, Key Employees,	Highest Compensated	
	์ Em	ployees, and Independe	ent Contractors			

Check if Schedule O contains a response to any question 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		<b>1</b> than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	rson	is bot	h an	compensation	compensation	amount of
	week			10 a 0	lirecto	or/trus	tee)	from	from related	other
	(describe	rector						the	organizations	compensation
	hours for	ordi	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		æ	suadu		(W-2/1099-MISC)		organization and related
	in Schedule	ual tr	tional		vold	it com	-			organizations
	(describe hours for related organizations in Schedule O)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	ormei			organizations
(1) ISAAC S. BROWN	,		-			10	Ľ.			
SECRETARY	2.50	X		Х				0.	0.	Ο.
(2) CHRISTY B. BECKMANN										
CHAIR	4.50	X		X				0.	0.	Ο.
(3) KAREN FUQUA										
VICE CHAIR	2.50	X		Х				0.	0.	0.
(4) DANIELLE BYRON										
TREASURER	2.50	X		Х				0.	0.	0.
(5) GREGORY SIMON, M.D., M.P.H.										
SAB CHAIR	4.50	X		X				0.	0.	0.
(6) LUCINDA JEWELL, ED.D.										
DIRECTOR	1.50	X						0.	0.	0.
(7) NORM CUTLER										
MEMBER-AT-LARGE	2.50	Х						0.	0.	0.
(8) ELLEN FRANK										
DIRECTOR	1.00	Х						0.	0.	0.
(9) WILLIAM GILMER, MD										
DIRECTOR	0.50	X						0.	0.	0.
(10) MIKE KUHL										
DIRECTOR	1.50	X						0.	0.	0.
(11) JOHN S. TAMERIN, MD										_
DIRECTOR	1.30	X						0.	0.	0.
(12) JOHN WADE II										_
DIRECTOR	0.50	X						0.	0.	0.
(13) ALLEN DOEDERLEIN										
PRESIDENT	40.00			Х				93,809.	0.	21,637.
(14) CINDY SPECHT										
EXECUTIVE VICE PRESIDENT	40.00			Х				85,987.	0.	10,251.
			<u> </u>							
			-							
132007 01-23-12	1	1	1	L	L	I	I	1		Form <b>990</b> (2011)

7

132007 01-23-12

Form **990** (2011)

Page 7

Form 990 (2011) DEPRESSIC	ON AND I	BII	201	LAF	2.5	SUI	<u>P</u> P	ORT	ALLIANCE	36-33	379:	124	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Tru		mplo	byee			High	est	t Comp	ensated Employ	ees (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	(C Pos check ess pe nd a d	more rson	than is bot	h an		<b>(D)</b> Reportable ompensation from	<b>(E)</b> Reportable compensation from related		am	(F) timate iount o other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former		the organization 2/1099-MISC)	organizations (W-2/1099-MIS		fro orga anc	oensat om the anizati I relate nizatio	e ion ed
									170 706		0.		1 0 0	
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A								179,796. 0. 179,796.		0.		1,88	0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	nose	liste	ed al	bove	e) wł	no r	receive	d more than \$100	),000 of reportabl	e		Yes	0 No
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for s</i>	uch individual										[	3		x
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$150</li> <li>5 Did any person listed on line 1a receive or a</li> </ul>	0,000? <i>If</i> "Yes, accrue compe	," <i>co</i> nsat	<i>mple</i> ion f	ete S from	Sche any	edule / unr	e <i>J i</i> elat	<i>for suc</i> ted org	h individual anization or indiv	idual for services		4		X
rendered to the organization? If "Yes," com Section B. Independent Contractors												5		X
1 Complete this table for your five highest co the organization. Report compensation for											ipensa	ation ti	rom	
(A) Name and business	address							מתח	(B) Description of s		C	(C omper	;) nsatior	า
ADP 10200 SUNSET DRIVE, MIAM	[, FL 3]	317	73						SONNEL MA /ICES	NAGEMENT		749	9,4'	77.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	not lii	mite	d to		se li: 1	stec	d abov	e) who received n	nore than				
132008 01-23-12												Form <b>9</b>	<b>990</b> (2	2011)

Form	990	(2011)

### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 9

Pa	rt VII	Statement of Revenue					
		-		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns 1a					
<u>S</u> rai	b	Membership dues 1b					
Am (	с	Fundraising events 1c					
lar İar	d	Related organizations 1d					
Sins,		Government grants (contributions)	137,280.				
erio	f	All other contributions, gifts, grants, and	000 100				
ēŧ		similar amounts not included above	979,128.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f: \$	<b>`</b>	1,116,408.			
0.0	n	Total. Add lines 1a-1f					
e	2 a	PROGRAM SERVICE	Business Code 900099	83,525.	83,525.		
, vic	z a h	CONTRACT REVENUE	900099	57,479.	57,479.		
Program Service Revenue	c c	CONFERENCE FEES	611430	32,045.	32,045.		
am eve	b b	HONORARIUMS	900099	500.	500.		
ŝ	e						
Å		All other program service revenue					
		Total. Add lines 2a-2f		173,549.			
	3	Investment income (including dividends, inter					
		other similar amounts)					
	4	Income from investment of tax-exempt bond	proceeds				1 5 0 0
	5	Royalties		1,589.			1,589.
	_	(i) Real	(ii) Personal				
		Gross rents					
		Rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> u	assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	с	Gain or (loss)					
		Net gain or (loss)					
Other Revenue	8 a	Gross income from fundraising events (not including \$ of					
Š		contributions reported on line 1c). See					
erf		Part IV, line 18 a	۱ <u> </u>				
oth		Less: direct expenses k					
		Net income or (loss) from fundraising events	····· ►				
	9 a	Gross income from gaming activities. See					
	F	Part IV, line 19 at Less: direct expenses b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	io u		10,844.				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory .		10,844.	10,844.		
Ι		Miscellaneous Revenue	Business Code				
ĺ	11 a	OTHER	900099	90,164.			90,164.
	b						
	с						
	d	All other revenue					
		Total. Add lines 11a-11d		90,164. 1,392,554.	184,393.	0.	91,753.
13200 01-23	12 9	Total revenue. See instructions.	<b>P</b>	L,JJZ,JJ4.	104,393.	υ.	Form <b>990</b> (2011)
01-23	- 12						1 JIII <b>JJU</b> (2011)

9

#### Form 990 (2011)

### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 10

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	so to any question in th	ic Part IV		
	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	( <b>D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
5	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	211,684.	131,823.	51,960.	27,901.
6	Compensation not included above, to disqualified	,			_ , , , , , , , , , , , , , , , , , , ,
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	402,052.	290,301.	69,314.	42,437.
8	Pension plan accruals and contributions (include				,,
0	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	60,940.	41,439.	12,188.	7.313.
10	Payroll taxes	74,801.	50,865.	14,960.	7,313. 8,976.
11	Fees for services (non-employees):	/1/0010	5070051		0,5,0
	Management				
		13,838.	9,595.	2,679.	1.564.
		18,650.	12,801.	3,693.	1,564. 2,156.
	Accounting	1070301	12,0011		2/1500
u	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
		67,808.	67,503.	305.	
g 12	Other Advertising and promotion		0770001		
13	Office expenses	98,074.	60,172.	22,876.	15,026.
14	Information technology	47,782.	41,877.	1,413.	4,492
15		1777011			-,
16	Royalties	107,370.	73,697.	21,263.	12,410.
17	Occupancy Travel	43,619.	35,716.	264.	7,639.
18	Payments of travel or entertainment expenses		,		,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,950.	40,357.	613.	1,980.
20	Interest	1,394.	56.	1,338.	<b>,</b>
21	Payments to affiliates	,		,	
22	Depreciation, depletion, and amortization	18,133.	12,446.	3,591.	2,096.
23	Insurance	8,252.	5,774.	1,565.	913.
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	21,493.	0.	<171.>	21,664
b		3,016.	2,856.	160.	0.
c	BOOKS & SUBSCRIPTIONS	1,648.	1,648.	0.	0.
d	MISCELLANEOUS	1,023.	641.	363.	19
	All other expenses	420.	180.	240.	
25	Total functional expenses. Add lines 1 through 24e	1,244,947.	879,747.	208,614.	156,586
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)				
10001	0 01-23-12				Form <b>990</b> (2011

132010 01-23-12

Form 990 (2011)

10

13250515 787606 04305

-orm 990 (	2011	)	
Part X	Bal	lance	Sheet

	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE
--	------------	-----	---------	---------	----------

36-3379124 Page 11

Pa		Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			562,389.	1	530,314.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		59,176.	4	40,213.	
	5	Receivables from current and former officers,				-	
	-	employees, and highest compensated employ					
		of Schedule L		5			
	6	Receivables from other disqualified persons (					
		4958(f)(1)), persons described in section 4958					
		employers and sponsoring organizations of se					
		employees' beneficiary organizations (see inst		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges			12,850.	9	16,543.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		382,354.			
	b	Less: accumulated depreciation		349,110.	50,181.	10c	33,244.
	11	Investments - publicly traded securities	· · · · · · · · · · · · · · · · · · ·		5,000.	11	33,244. 31,276.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			9,161.	15	8,297.
	16	Total assets. Add lines 1 through 15 (must ed			698,757.	16	659,887.
	17	Accounts payable and accrued expenses			252,213.	17	92,938.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
SS	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Payables to current and former officers, direct	tors, trustee	s, key employees,			
iab		highest compensated employees, and disqua	lified perso	ns. Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unr	elated third	parties		23	
	24	Unsecured notes and loans payable to unrela	ted third pa	rties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	es 17-24). (	Complete Part X of			
		Schedule D			203,659.	25	343,861.
	26	Total liabilities. Add lines 17 through 25			455,872.	26	436,799.
		Organizations that follow SFAS 117, check	here 🕨	X and complete			
ses		lines 27 through 29, and lines 33 and 34.			<b>610 0 0 0</b>		<i></i>
anc	27	Unrestricted net assets			<670,229.		<620,494.
Bal	28	Temporarily restricted net assets			913,114.	28	843,582.
pu	29	Permanently restricted net assets		·····		29	
Ŀ		Organizations that do not follow SFAS 117,	check her	e ▶ └── and			
sor		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current fund			30		
As	31	Paid-in or capital surplus, or land, building, or			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated				32	
-	33	Total net assets or fund balances			242,885.	33	223,088.
	34	Total liabilities and net assets/fund balances			698,757.	34	659,887. Form <b>990</b> (2011)

Form	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-3	379124	Pag	ge <b>12</b>
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,24		
3	Revenue less expenses. Subtract line 2 from line 1	3			07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			85.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>04.</u> >
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22	<u>3,0</u>	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question 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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a		X
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.		3b		
			Form	<b>990</b> ()	2011)

0

SCHEDULE A (Form 900 or 900 EZ) Public Charity Status and Public Support					OMB No. 1545-0047								
(Form 99	90 or 990-EZ)	Fub	nic Gharity St	latus		ublic	Supp	on		20	11		
		Complet	te if the organization is				tion or a s	ection	ion				
Department of Internal Rever	of the Treasury	<b>N</b>	4947(a)(1) no	-						Open to		ic	
Attach to Form 350 or Form 350-EZ. See separate instructions.					malayar	Inspe		mah ar					
Name of 1	the organizati		TON AND DIDO	ם מגד	חסממזז	<b>m λT T</b>				identificati			
Part I	Boscon		ION AND BIPO ity Status (All organiz						5	6-3379	124		
	•							ructions.					
			because it is: (For lines 1										
			s, or association of church			ection 170	(b)(1)(A)(i)	•					
2			'0(b)(1)(A)(ii). (Attach Sc			470/6//4/	A \/:::\						
3			tal service organization of operated in conjunction					(L)/4)/A)/;	ii) Entort	ho hoonital	'o nom		
4 📖	city, and stat		operated in conjunction	with a nos	pital desc	110eu 111 <b>3e</b>		(D)( I)(A)(I		ine nospital	Shan	с,	
5			benefit of a college or ur	niversity of	wheel or or	perated by		mentalun	it describ	ed in			
5	-	(b)(1)(A)(iv). (Comple	-	inversity of		berated by	a governi	nentarun					
6			ent or governmental unit	t describer	d in sectio	n 170(b)(1	I)(A)(v)						
7 X			eives a substantial part of					r from the	aeneral	nublic desc	rihed i	n	
		b)(1)(A)(vi). (Comple		or its supp	ont nonn a	governine			general		nbcui		
8			ection 170(b)(1)(A)(vi).	(Complete	Part II )								
9			eives: (1) more than 33 1			rom contri	butions m	embershi	in fees a	nd aross rea	ceints	from	
•			nctions - subject to certa										
			axable income (less sect										
		509(a)(2). (Complete						,			-,		
10			perated exclusively to te	st for publi	ic safety.	See <b>sectio</b>	n 509(a)(4	H).					
11 🗌	-		perated exclusively for th					-	v out the	purposes o	of one	or	
			ations described in section										
			organization and comple				,						
	а 🗌 Туре I			тур			egrated		d	] Type III - C	Other		
e 🗌	By checking	this box, I certify tha	t the organization is not	controlled	I directly o	r indirectly	by one or	more dis	qualified	persons oth	ner tha	n	
	foundation m	anagers and other t	han one or more publicly	, supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509	(a)(2).		
f	If the organiz	ation received a writ	ten determination from t	the IRS that	at it is a Ty	vpe I, Type	II, or Type	e					
		rganization, check th											
g	Since August	t 17, 2006, has the o	organization accepted ar										
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (	(iii) below,	,	Yes	No	
	the gove	erning body of the su	upported organization?							11g(i)			
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)			
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	ə?					11g(iii)			
h	Provide the f	ollowing information	about the supported org	ganization	(s).								
(i) Name	of supported	(ii) EIN				( <b>v)</b> Did you	u notify the	( <b>vi)</b> Is organizați	s the	(vii) An	nount o	f	
orga	anization		(decentificad and lines 1.0	in col. (i) lis governing (			0011 111 0001.	(i) organiz U.S	red in the	sup	port		
			above or IRC section	· ·		., .							
	(see instructions)) Yes No Yes No Yes No												
									┥ ┥				
			1						1 1				

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

13250515 787606 04305

2011.03060 DEPRESSION AND BIPOLAR SUPP 04305\_1

#### Schedule A (Form 990 or 990-EZ) 2011 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1956800.	2092368.	1539359.	1326750.	1116408.	8031685.
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 $\dots$						
4	Total. Add lines 1 through 3	1956800.	2092368.	1539359.	1326750.	1116408.	8031685.
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)						3091745.
6	Public support. Subtract line 5 from line 4.						4939940.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1956800.	2092368.	1539359.	1326750.	1116408.	8031685.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	29,384.	11,283.	4,727.	626.	1,589.	47,609.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1,285.	11,788.	6,133.	9,412.	90,164.	118,782.
11	Total support. Add lines 7 through 10						8198076.
	Gross receipts from related activities,	•	,				,784,628.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor ction C. Computation of Publ	here	rooptogo				
							60.26 %
	Public support percentage for 2011 (		•	( ) / · · · · · · · · · · · · · · · · · ·		14	<u> </u>
	Public support percentage from 2010					15	,-
16a	33 1/3% support test - 2011. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the c						
47-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	-	-				
a	10% -facts-and-circumstances tes						
	more, and if the organization meets the				• •		·
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	T UIU HOL CHECK A		a, 100, 17a, 01 17b		edule A (Form 990	
					JUIE	aale A (Porth 380	01 000-LZJ 2011

13250515 787606 04305

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	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						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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				ľ		
	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) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the organization?	l e firet eccord this	l d fourth or fifth t		$1 = 501(c)(3) = cccc^{3}$	zation
1-4	•	•					·
Sec	check this box and stop here						······ 🚩 🖵 🗌
	Public support percentage for 2011 (			column (f))		15	%
	Public support percentage from 2010					16	<u>%</u> %
	tion D. Computation of Invest		/				70
	Investment income percentage for 20					17	%
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2011. If the						
130	more than 33 1/3%, check this box a						
h	<b>33 1/3% support tests - 2010.</b> If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
	3 01-24-12	ala not oncon a	207 011 110 14, 13				90 or 990-EZ) 2011
				15	001		
250	515 787606 04305	202	11.03060		N AND BIP	OLAR SUPP	043051

13250515 787606 04305

### Identification of Excess Contributions Included on Part II, Line 5

Schedule A

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
BRISTOL-MYERS SQUIBB COMPANY	250,000.	86,038.
FOREST LABORATORIES	200,000.	36,038.
ELI LILLY AND COMPANY	295,000.	131,038.
PFIZER INC.	485,000.	321,038.
WYETH PHARMACEUTICALS	599,000.	435,038.
ASTRAZENACA	2,059,000.	1,895,038.
ESTATE OF KAREN ANTOINETTE DELAHAUT	351,479.	187,517.
Total Excess Contributions to Schedule A, Part II, Line 5		3,091,745.

SCHEDULE D	)
------------	---

(Form	990)
-------	------

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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



Nam	e of the organization DEPRESSION AND BIPOLAR SU	IPPORT ALLIANCE	Employer identification number 36-3379124
Pa			
	organization answered "Yes" to Form 990, Part IV, line 6.		
		onor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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	ne assets held in donor advised fu	inds
	are the organization's property, subject to the organization's exclusive leg		
6	Did the organization inform all grantees, donors, and donor advisors in write		
	for charitable purposes and not for the benefit of the donor or donor advis		•
	impermissible private benefit?		ě – –
Pa			
1	Purpose(s) of conservation easements held by the organization (check all	that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified h	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure includ		2c
d	Number of conservation easements included in (c) acquired after 8/17/06	, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting		anization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is loc	ated ►	
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes 🔄 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcin	g conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the y	/ear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🛛 No
9	In Part XIV, describe how the organization reports conservation easement		
	include, if applicable, the text of the footnote to the organization's financia	al statements that describes the o	rganization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, History	-	<sup>•</sup> Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not t	o report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance o	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these ite	ms.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		
	treasures, or other similar assets held for public exhibition, education, or r	esearch in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
			-
2	If the organization received or held works of art, historical treasures, or oth	ner similar assets for financial gain	n, provide
	the following amounts required to be reported under SFAS 116 (ASC 958)		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 99	<del>)</del> 0.	Schedule D (Form 990) 2011

132051 01-23-12

13250515 787606 04305

Schedule D (Form 990) 2011

16

2011.03060 DEPRESSION AND BIPOLAR SUPP 04305\_1

		ION AND BI						36-33			<b>∋2</b>
Pai	t III   Organizations Maintaining C										
3	Using the organization's acquisition, access	ion, and other record	ls, check a	ny of the	following that	at are a s	significant u	use of its	collectio	n items	
	(check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e	U Otl	ner							
с	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIV.		
5											
	to be sold to raise funds rather than to be m							L	Yes		lo
Pai	t IV Escrow and Custodial Arran		ete if the or	ganizatio	on answered	"Yes" to	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		
	on Form 990, Part X?							∟	Yes		١o
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing tab	le:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								1		
	Did the organization include an amount on F		21?					L	Yes		lo
	If "Yes," explain the arrangement in Part XIV				000 D 1	N / 1º -					
Fai	<b>t V Endowment Funds.</b> Complete					1		aara baali	( ) Form		
		(a) Current year	(b) Prio	r year	(c) Two year	IS DACK	(d) Three y	ears dack	(e) Four	r years ba	JK
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g,	column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	% %									
20	The percentages in lines 2a, 2b, and 2c show Are there endowment funds not in the posse	•	otion that a	ro bold o	and administra	rad for t	ha araania	otion			
38		ession of the organiza	alion that a	ire neid a	and administe	ered for t	ne organiz	ation	I	Yes N	lo
	by: (i) unrelated organizations								3a(i)	Tes N	0
	0 0										
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedul	 - R2					3b		
4	Describe in Part XIV the intended uses of the										
Pa	t VI Land, Buildings, and Equipn										
	Description of property	(a) Cost or o			t or other	(c) A	ccumulate	а	(d) Boo	k value	
	Beschption of property	basis (investr			(other)		preciation	~	(~) 000	. value	
1a	Land		·		. ,						
	Buildings									(	Ο.
	Leasehold improvements			4	1,903.		24,46	57.	1	7,436	
	Equipment				1,323.		95,51			5,808	
	Other				9,128.		229,12			-	).
	Add lines 1a through 1e. (Column (d) must e		X, column				,		3	3,244	
			,		- \-/-/			<u> </u>		, = = .	

Schedule D (Form 990) 2011

132052 01-23-12

	) (Form 990) 2011	DEPRESSION			ALLIANCE	36-3379124	Page 3
		Other Securities. Se	e Form 990, Part X,	line 12.			
(	<b>a)</b> Description of sec (including name		(b) Book value	,		of valuation: /ear market value	
(1) Financi	ial derivatives						
		s					
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
<u>(H)</u>							
	h) must equal Form 99	0, Part X, col (B) line 12.) 🕨					
		Program Related. Se	e Form 990 Part X	line 13			
	(a) Description of ir		(b) Book value			of valuation:	
				,	Cost or end-of-y	/ear market value	
(1)							
(2)							
(4)					<u></u>		
(5)							
(6)					•		
(7)							
(8)							
(9)							
(10)							
		0, Part X, col (B) line 13.) 🕨					
Part IX	Other Assets.	See Form 990, Part X, line					
		(a)	Description			(b) Book val	lue
(1)							
(2)							
(3)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
· · · · · · · · · · · · · · · · · · ·		Form 990, Part X, col (B) line	,			►	
Part X		es. See Form 990, Part X,	line 25.				
1.		Description of liability		(b) Book val	Je		
	deral income taxes						
	CCRUED VACA				765.		
	JE TO GRANT			339,	<u>173.</u> 923.		
	CROED OIH	74			945.		
(5)							
(6) (7)							
(7)							
(9)							
(10)							
(11)							
(11) <b>Total.</b> (Colu	umn (b) must equal F	Form 990, Part X, col (B) line	25.)	343,	861.		
	umn (b) must equal F SC 740) Footnote. In Part X SC 740).	Form 990, Part X, col (B) line	e 25.)	343,	861.	for uncertain tax positions under	

Sche	dule D (Form 990) 2011 DEPRESSION AND BIPOLAR SUPP	ORT .	ALLIA	NCE	36-	-3379124	4 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audite	d Finano	cial Sta		nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			2,554.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			4,947.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		147	7,607.
4	Net unrealized gains (losses) on investments			4			<158.>
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			7 <u>,246.</u> >
9	Total adjustments (net). Add lines 4 through 8			9			7,404.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10			<del>9,797.</del> >
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	its Wit	h Rever	lue pei	r Retur		
1	Total revenue, gains, and other support per audited financial statements				1	1,393	3,518.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a		<158			
b	Donated services and use of facilities	2b		1,122	2.		
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		964.
3	Subtract line 2e from line 1				. 3	1,392	2,554.
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 XIV.)	4b					
с	Add lines 4a and 4b				4c		0.
5					5		2,554.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expe	nses p	er Ret		
1	Total expenses and losses per audited financial statements				1	1,413	3,315.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a		1,122	2.		
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIV.)	2d	16	7,240	5.		
е	Add lines 2a through 2d				2e		3,368.
3	Subtract line 2e from line 1				3	1,244	4,947.
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 XIV.)	4b					
с	Add lines <b>4a</b> and <b>4b</b>				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>			5	1,244	4,947.
Pa	t XIV Supplemental Information						
~ _							

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART XI, LINE 8 - OTHER ADJUSTMENTS:

#### RETURN OF GRANT FUNDS

#### PART XIII, LINE 2D - OTHER ADJUSTMENTS:

### RETURN OF GRANT FUNDS

13250515 787606 04305

Schedule D (Form 990) 2011

132054 01-23-12

19 2011.03060 DEPRESSION AND BIPOLAR SUPP 04305\_1

-167,246.

167,246.

#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

### **Noncash Contributions**

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

Attach to Form 990.

**CUII** Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 36-3379124

	DEPRESSION A	ND BIP	OLAR SUPP	ORT ALLIANCE	36-3	3791	124	
Par	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	-	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	26,434.	SELLING PRI	CE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ( )							
27	Other ► ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for c	ontributions	•			
	for which the organization completed Form 82							
	5	, ,					Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	oorted in Part I. lines 1-28 th	at it must hold for			
	at least three years from the date of the initial							
	the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	utions?	31		х
	Does the organization hire or use third parties							
			•			32a		х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is cl	necked.			
	describe in Part II.	(0) 1						

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

Schedule M (Form 990) (2011)

132141 01-23-12

13250515 787606 04305

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.

Open to Public Inspection

OMB No. 1545-0047

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

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

FOR PEOPLE LIVING WITH MOOD DISORDERS.

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

MILLION UNIQUE VISITORS ON OUR WEBSITES DBSALLIANCE.ORG, DBSALIANZA.ORG

AND FACINGUS.ORG. IN 2011, DBSA REACHED 5 MILLION PEOPLE WITH

INFORMATION AND PROGRAMMING, INCLUDING CHAPTER-BASED EVENTS; PODCASTS;

ONLINE AND TELECONFERENCE EVENTS AND TRAININGS; A NATIONAL CONFERENCE;

WEB-BASED TOOLS AND RESOURCES; SURVEYS AND FOCUS GROUPS; AND

PEER-SPECIALISTS TRAININGS.

FORM 990, PART VI, SECTION A, LINE 7A: POTENTIAL BOARD MEMBERS ARE NOMINATED BY PEERS OR MAY SUBMIT THEIR OWN NOMINATION. A NOMINATION COMMITTEE COMPRISED OF BOARD MEMBERS, REVIEWS ALL SUBMISSIONS AND HAS A SPECIFIC CRITERIA THAT IS FOLLOWED BEFORE THE CANDIDATE IS APPROVED BY ONCE A CANDIDATE IS APPROVED BY THE NOMINATING NOMINATION COMMITTEE. COMMITTEE, THE NOMINATING COMMITTEE PRESENTS THE CANDIDATES TO ALL THE BOARD MEMBERS AT A BOARD MEETING AND A VOTE IS TAKEN FROM THE BOARD.

SECTION B, LINE 11: THE TAX RETURNS ARE FIRST REVIEWED FORM 990, PART VI, BY THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE. ANY QUESTIONS ARE ADDRESSED. ONCE THE TAX RETURNS ARE APPROVED, IT IS THEN SENT OUT TO THE REST OF THE BOARD OF DIRECTORS. THE TAX RETURNS ARE THEN FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ONCE A CANDIDATE IS APPROVED BY THE CANDIDATE MUST COMPLETE A COMMITMENT TO SERVE DOCUMENT THAT THE BOARD, Schedule O (Form 990 or 990-EZ) (2011) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12 21

13250515 787606 04305

Schedule O (Form 990 or 990-EZ) (2011)	Page <b>2</b>
Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Employer identification number $36-3379124$
INCLUDES A SECTION ON CONFLICT OF INTEREST. ADDITIONALLY	THE CONFLICT OF
INTEREST POLICY IS CLEARLY STATED IN THE BYLAWS AS WELL A	S BEING PROVIDED
TO ALL NEW BOARD MEMBERS BEFORE THEIR FACE-TO-FACE ORIENT	ATION, AND THEN
AGAIN TO ALL BOARD MEMBERS ANNUALLY. THE CONFLICT OF INT	EREST POLICY IS
REVIEWED AT A MEETING OF THE FULL BOARD, AND MEMBERS ARE	REMINDED TO
DISCLOSE ANY CONFLICTS AND UPDATE THEIR FORM. IT IS STAT	ED THAT AT ANYTIME
DURING THE COURSE OF THEIR TERM, IF A CONFLICT OF INTERES	I SHOULD ARISE,
THE MEMBER MUST BRING FORTH THIS INFORMATION TO AT LEAST	THE CHAIR OF THE
BOARD.	

FORM 990, PART VI, SECTION B, LINE 15: SALARIES FOR THE PRESIDENT & EXECUTIVE VICE PRESIDENT ARE DETERMINED BY THE BOARD. THE BOARD REVIEWS SALARY SURVEYS AND LOOKS AT SALARIES FROM LIKE ORGANIZATIONS. THERE IS AN EMPLOYMENT CONTRACT DOCUMENTING THE SALARY AND BENEFITS FOR THE PRESIDENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: IL,AK,AZ,AR,CA,CT,DC,GA,HI,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,OR PA,RI,SC,TN,UT,VA,WA,WV,WI,CO,FL,OK

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

FORM 990, PART XI, LINE 5, CHANGES IN NET AS	SSETS:
NET UNREALIZED LOSSES ON INVESTMENTS:	-158.
RETURN OF GRANT FUNDS	-167,246.
TOTAL TO FORM 990, PART XI, LINE 5	-167,404.
<sup>132212</sup> 01-23-12 <b>2.2</b>	Schedule O (Form 990 or 990-EZ) (2011)

13250515 787606 04305

2011.03060 DEPRESSION AND BIPOLAR SUPP 04305\_1

#### FORM 990 PAGE 10

#### 990

Asset No.	Description	D Acq	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTER HARDWARE	010	195	SL	5.00	16	33,114.			33,114.	33,114.		0.
2	SERVER	010	195	SL	5.00	16	7,708.			7,708.	7,708.		0.
3	XEROX MACHINE	010	195	SL	5.00	16	2,800.			2,800.	2,800.		0.
5	FAX MACHINE	010	195	SL	5.00	16	1,990.			1,990.	1,990.		0.
6		010	195	SL	5.00	16	2,605.			2,605.	2,605.		0.
7	CAPITAL COMPUTER EQUIPMENT	010	195	SL	5.00	16	33,081.			33,081.	33,081.		Ο.
8	SERVER MOTHER BOARD	010	195	SL	5.00	16	4,086.			4,086.	4,086.		0.
9	SERVER MOTHER BOARD	010	198	SL	5.00	16	5,919.			5,919.	5,919.		Ο.
10	MAILING MACHINE	120	198	SL	5.00	16	3,600.			3,600.	3,600.		0.
11	VOICE MAIL	010	198	SL	5.00	16	9,575.			9,575.	9,575.		Ο.
18	COMPUTER HARDWARE	010	100	SL	5.00	16	5,011.			5,011.	5,011.		0.
19	COMPUTER HARDWARE	010	100	SL	5.00	16	1,588.			1,588.	1,588.		0.
20	DATABASE	010	100	SL	5.00	16	29,250.			29,250.	29,250.		0.
22	DELL SERVER	110	101	SL	5.00	16	4,563.			4,563.	4,563.		0.
23	6 GATEWAY COMPUTERS	030	502	SL	5.00	16	6,078.			6,078.	6,078.		0.
24	COMPUTER EQUIPMENT	040	102	SL	5.00	16	1,913.			1,913.	1,913.		0.
25	COMPUTER EQUIPMENT-2 PRINTER	020	102	SL	5.00	16	2,656.			2,656.	2,656.		0.
27	DELL COMPUTER	071	.202	SL	5.00	16	4,000.			4,000.	4,000.		0.

128102 05-01-11

#### FORM 990 PAGE 10

#### 990

Asset No.	Description	Date Acquir	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
28	SOFTWARE ADJUSTMENT	1101	.01	SL	5.00	16					7,279.		0.
29	OTHER FURNITURE	0101	.95	SL	5.00	16	33,124.			33,124.	33,124.		0.
34	FURNITURE	1201	.01	SL	7.00	16	6,300.			6,300.	6,300.		0.
35	FURNITURE	1201	.01	SL	5.00	16	3,070.			3,070.	3,070.		0.
36	FURNITURE	0305	02	SL	7.00	16	6,444.			6,444.	6,444.		0.
37		0101	98	SL	10.00	16	2,550.			2,550.	2,550.		0.
		0114	02	SL	39.50	16	7,353.			7,353.	744.		186.
	15 GATEWAY COMPUTERS	1001	.01	SL	5.00	16	16,647.			16,647.	16,647.		0.
40	COMPUTER SOFTWARE	0401	.02	SL	3.00	16	3,500.			3,500.	3,500.		0.
41	COMPUTER SOFTWARE	0401	02	SL	3.00	16	1,839.			1,839.	1,839.		0.
42	COMPUTER SOFTWARE	0709	02	SL	3.00	16	590.			590.	590.		0.
45	COPIER	0422	203	200DB	5.00	16	16,823.			16,823.	16,076.		0.
		0229	04	200DB	5.00	16	1,622.			1,622.	1,469.		0.
	FURNITURE & FIXTURES	VARI	ES	SL	7.00	16	3,557.			3,557.	3,048.		509.
48	REFRIGERATOR	0214	05	SL	5.00	16	1,358.			1,358.	1,358.		0.
49	LAPTOPS	0531	.05	SL	5.00	16	3,536.			3,536.	3,536.		0.
50	COMPUTER & FAX	0726	05	SL	5.00	16	1,412.			1,412.	1,412.		0.
51	DELL LAPTOP	1214	05	SL	5.00	16	1,742.			1,742.	1,742.		0.

128102 05-01-11

#### FORM 990 PAGE 10

#### 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
52	JMT SOFTWARE	010605	SL	3.00	16	3,664.			3,664.	985.		0.
	SOFTWARE SMART MAILER	030105	SL	3.00	16	1,430.			1,430.	1,427.		0.
	SOFTWARE	112905	SL	3.00	16	6,954.			6,954.	2,965.		Ο.
	SERVER SOFTWARE	123105	SL	3.00	16	1,665.			1,665.	1,110.		0.
	FURNITURE & FIXTURES	042606	SL	7.00	16	3,459.			3,459.	1,976.		494.
57	2 WORKSTATIONS	052206	SL	7.00	16	1,015.			1,015.	580.		145.
	LATERAL FILE	071806	SL	7.00	16	655.			655.	376.		94.
	BOARD ROOM FURNITURE	121906	SL	7.00	16	5,757.			5,757.	3,288.		822.
60	23 DESK CHAIRS	122806	SL	7.00	16	4,447.			4,447.	2,540.		635.
61	10 WORKSTATIONS	122806	SL	7.00	16	11,348.			11,348.	8,100.		1,621.
62	3 DELL COMPUTERS	052606	SL	5.00	16	3,300.			3,300.	2,640.		275.
63	2 DELL COMPUTERS	090906	SL	5.00	16	2,362.			2,362.	1,888.		315.
	HP LASER JET	123106	SL	5.00	16	6,756.			6,756.	5,404.		1,352.
65	LIGHTS & CEILING FAN	112006	SL	12.00	16	1,839.			1,839.	612.		153.
	BUILD OUT ELECTRICAL	121906	SL	12.00	16	19,961.			19,961.	8,130.		1,663.
67	CARPET & PAINT	123106	SL	12.00	16	7,420.			7,420.	2,472.		618.
68	FURNITURE	010107	SL	7.00	16	32,147.			32,147.	22,960.		4,592.
69	DELL COMPUTER	011607	SL	5.00	16	1,072.			1,072.	839.		214.

128102 05-01-11

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

#### FORM 990 PAGE 10

#### 990

Asset No.	Description	Da Acqu	ite Jired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70	DELL COMPUTER	022	707	SL	5.00	16	1,223.			1,223.	939.		245.
71	DELL COMPUTER	041	607	SL	5.00	16	1,873.			1,873.	1,375.		375.
72	BUILD OUT WALL BASE	122	707	SL	9.00	16	745.			745.	249.		83.
		012	407	SL	9.00	16	2,036.			2,036.	885.		226.
	* TOTAL 990 PAGE 10 DEPR						392,132.		0.	392,132.	342,005.	0.	14,617.

(D) - Asset disposed

### Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

01

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

#### Automatic 3-Month Extension of Time. Only submit original (no copies needed) Part I

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time

to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or					
print	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	X 36-3379124					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 730 NORTH FRANKLIN AVENUE, NO. 501	Social security number (SSN)					
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL $60610-7204$						

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Return Application Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 01 Form 990-EZ 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALLEN DOEDERLEIN

•	The books are in the care of $\blacktriangleright$	730 N	I. FRANKLI				
	Telephone No. ► 312-642	2-0049	9	FAX No	b 312-642	2-7243	

٠	If the organization does not	have an office or place of business in the United States, check this	s box ► L	
٠	If this is for a Group Return,	, enter the organization's four digit Group Exemption Number (GEN)	. If this is for the whole group, che	ck this

xemption Number (GEN) ıgıτ and attach a list with the names and EINs of all members the extension is for. . If it is for part of the group, check this box 🕨 🏻 box

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1 2012

	AUGUST 15, 2012	_ , to file the exempt organization return for the organization named above. The extension	
	is for the organization's return for: $\mathbf{X}$ calendar year $2011$ or $\mathbf{X}$ tax year beginning	. and ending	
2	If the tax year entered in line 1 is for less	, <u></u>	

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
<b>^</b>		0070	-0 (	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. I HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2012)

123841	
01-04-1	2

13250515 787606 04305

#### 23 2011.03060 DEPRESSION AND BIPOLAR SUPP 04305\_1

## TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

#### FOR THE YEAR ENDING

DECEMBER 31, 2011

Prepared for	
	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 730 NORTH FRANKLIN AVENUE NO. 501 CHICAGO, IL 60610-7204
Prepared by	
	MANN. WEITZ & ASSOCIATES L.L.C. 111 DEER LAKE ROAD, SUITE 125 DEERFIELD, IL 60015
Amount due or refund	BALANCE DUE OF \$15
Make check payable to	ILLINOIS CHARITY BUREAU FUND
Mail tax return and check (if	OFFICE OF THE ATTORNEY GENERAL
applicable) to	CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
Return must be mailed on or before	JULY 2, 2012
Special Instructions	FORM AG990-IL SHOULD BE SIGNED AND DATED BY THE REQUIRED INDIVIDUALS. THE PRESIDENT OR TRUSTEE MUST SIGN ALONG WITH THE TREASURER OR TRUSTEE WHERE INDICATED ON PAGE 2. INCLUDE THE ORGANIZATION'S ILLINOIS CHARITABLE ORGANIZATION NUMBER AND "2011 FORM AG990-IL" ON THE REMITTANCE.

			Form AG990-IL Revised 3/05
PMT	Charitable Trust Bureau, 100 West Rando		# 01-015755
	11th Floor, Chicago, Illinois 60601		Check all items attached:
AMT	·	X X	Copy of IRS Return
		Make Checks X Payable to	Audited Financial Statements Copy of Form IFC
INIT		the Illinois	
L	12/31/2011	Bureau Fund	\$100.00 Late Report Filing Fee
	al ID # 36-3379124 MO DAY YR		MO DAY YR
Are co	Dentributions to the organization tax deductible? X Yes No Date Org LEGAL	panization was created	d: 11/15/1985
	NAME DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Year-end amounts	
		A) ASSETS	A) \$ 659,887.
	DDRESS 730 NORTH FRANKLIN AVENUE, NO. 501	B) LIABILITIES	B) \$ <b>4</b> 36,799.
	, STATE CHICAGO, IL	C) NET ASSETS	C) \$ 223,088.
ZI	P CODE 60610-7204 SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
<b> '</b> .	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	83.553%	D) \$ 1,163,521.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	9.858%	E) \$ 137,280.
	F) OTHER REVENUES	6.589%	F) \$ 91,753.
		100.0/	G)\$ 1,392,554.
<b>I</b> II.	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100 %	G)\$ 1,392,554.
<b>.</b>	H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$
	I) EDUCATION PROGRAM SERVICE EXPENSE	70.665%	1) \$ 879,747.
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	70.665%	J)\$ 879,747.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	К) \$
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	70.665%	L)\$ 879,747.
	M) MANAGEMENT AND GENERAL EXPENSE	16.757%	M)\$ 208,614.
	N) FUNDRAISING EXPENSE	12.578%	N)\$ 156,586.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0)\$ 1,244,947.
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 %	P)\$0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:		
IV	<ul> <li>TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</li> <li>COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE</li> </ul>	AR.	S) \$ 0.
	T) NAME, TITLE: CINDY SPECHT, EXECUTIVE VICE PRESIDENT	T) \$ 85,987.	
	U) NAME, TITLE LISA GOODALE, VICE PRESIDENT OF TRAINING	U) \$ 65,112.	
	V) NAME, TITLE: ALLEN DOEDERLEIN, PRESIDENT		V)\$ 93,809.
<b>∨.</b> ≑	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	D)	List on back side of instructions CODE
198091 05-01-11	W) DESCRIPTION: EDUCATION OF PATIENTS, FAMILIES, PROFES	SIONALS &	W)# 300
8091 1	X) DESCRIPTION:		X) #
19	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
4	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?			X
1.	WAS THE UNDANNIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY ON JUDGMENT?	1.		<u></u>
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
		0.		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			X
	THAN 10% OF THE OUTSTANDING SHARES?	4.		<u> </u>
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
		Ī		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	1	x
		<i>.</i> .		
7b.	. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10	. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
10.	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	FIFTH THIRD BANK, 222 MERCHANDISE MART PLAZA, CHICAGO, IL 606	54		
	WELLS FARGO ADVISORS, 1410 THIRD AVENUE, SPRING LAKE, NJ 0776	2		
4.0				
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		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.			
<ol> <li>REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.</li> </ol>	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	MARCY STEINDLER		
198101	PREPARER (PRINT NAME)	SIGNATURE	DATE

PREPARER (PRINT NAME)