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GOVERNMENT COPY



Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

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

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

and ending

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

<b>B</b> c	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE		
	Name change		─ 36-3	379124
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/st		
	Final return/	55 EAST JACKSON BLVD 490		642-0049
	termin ated		G Gross receipts \$	2,438,655.
	Ameno		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: MICHALL KOTTL	for subordinates	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
			527 If "No," attach a	list. (see instructions)
		e: ► WWW.DBSALLIANCE.ORG	H(c) Group exemption	
			ear of formation: $1985$	<b>∕</b> State of legal domicile: <b>IL</b>
Pa	art I	Summary		
ė	1	Briefly describe the organization's mission or most significant activities: TO IMPRO	VE THE LIVES	OF PEOPLE
Governance		LIVING WITH MOOD DISORDERS THROUGH ACTIVITIE		
/er		Check this box  if the organization discontinued its operations or disposed of m	ı	ssets.
ĝ	I		3	15
∞ ′0	I	Number of independent voting members of the governing body (Part VI, line 1b)		22
ij		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		71
Activities &	6	Total number of volunteers (estimate if necessary)		0.
Ă		Net unrelated business taxable income from Form 990-T, line 34		0.
		Net difficiated business taxable income from 1000 1, iiile 04	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,115,367.	1,890,029.
		Program service revenue (Part VIII, line 2g)	254,265.	274,302.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,990.	21,569.
<b>~</b>	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,566.	2,847.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,392,188.	2,188,747.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,464,750.	
Expenses	I	Professional fundraising fees (Part IX, column (A), line 11e)	48,873.	26,092.
Ϋ́	I	Total fundraising expenses (Part IX, column (D), line 25)   438,599.	1 105 000	000 014
_	I	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,185,822. 2,699,445.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<307,257.	2,387,816. > <199,069.
-SS	19	Revenue less expenses. Subtract line 18 from line 12	•	· · · · · · · · · · · · · · · · · · ·
t Assets or nd Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,433,793.	End of Year 2,305,077.
Ass  Bal	21	Total liabilities (Part X, line 16)	221,052.	249,980.
Net Pier		Net assets or fund balances. Subtract line 21 from line 20	2,212,741.	2,055,097.
Pa		Signature Block	, ,	, ,
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n	Signature of officer	Date	
Her	е	NANCY A. HEFFERNAN, VP FINANCE & ADMINIST	RATION	
		Type or print name and title	I Doto	I DTIN
		Print/Type preparer's name  Preparer's signature	Date Check I	PTIN
Paid		MARCY STEINDLER	self-employ	P00573131 36-3963131
	Only	Firm's name MANN. WEITZ & ASSOCIATES L.L.C. Firm's address 111 DEER LAKE ROAD, SUITE 125	Firm's EIN	30-3303131
USE	Only	Firm's address 111 DEER LAKE ROAD, SUITE 125 DEERFIELD, IL 60015	Dhana na / Q	47)267-3400
Mar	the I	RS discuss this return with the preparer shown above? (see instructions)	Priorie no. ( O	X Yes No
ivia	/ une 11	to discuss this return with the preparer shown above? (see instructions)		100

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	DBSA ENVISIONS WELLNESS FOR PEOPLE LIVING WITH DEPRESSION AND BIPOLAR	
	DISORDER. DBSA PURSUES THIS VISION WITH THE MISSION "TO PROVIDE HOPE,	
	HELP, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PEOPLE WHO HAVE	
	MOOD DISORDERS THROUGH INFORMATION AND GRASS ROOTS AND PEER SERVICES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	٦
	prior Form 990 or 990-EZ?	J No
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X	٦
3	3, 3, 3, 1, 1, 3,	J No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
	024 021	1. \
Ta	EDUCATION AND INFORMATION - DBSA IS THE LEADING PEER-DIRECTED NATIONA	
	ORGANIZATION FOCUSED ON DEPRESSION AND BIPOLAR DISORDER. IN 2017, WE	
	DIRECTLY ASSISTED 2.5 MILLION PEOPLE WITH IN-PERSON AND ONLINE PEER	
	SUPPORT; READILY UNDERSTANDABLE AND CURRENT INFORMATION ABOUT	
	DEPRESSION AND BIPOLAR DISORDER; AND EMPOWERING TOOLS FOCUSED ON AN	
	INTEGRATED APPROACH TO WELLNESS. MORE THEN 1.5 MILLION PEOPLE VISITE	$\overline{\mathtt{D}}$
	OUR SUITE OF ONLINE RESOURCES TO ACCESS LIFE-SAVING INFORMATION.	
	DBSALLIANCE.ORG AND DBSALIANZA.ORG CONNECT INDIVIDUALS WITH IN-DEPTH	
	INFORMATION ABOUT MOOD DISORDERS, WELLNESS OPTIONS, PEER SUPPORT, AND	
	ADVICE ON HELPING OTHERS. FACINGUS.ORG IS HOME TO A WEALTH OF	
	CUSTOMIZABLE PERSONAL WELLNESS TOOLS THAT HELP PEOPLE LIVE IN WELLNES	
	THE DBSA BALANCED MIND PARENT NETWORK LINKS PARENTS OF YOUTH WITH MOO	
4b	(Code:) (Expenses \$ 708,551 • including grants of \$) (Revenue \$	
	GRASS ROOTS AND PEER SERVICES - DBSA OFFERS ONGOING ASSISTANCE TO OUR	
	232 CHAPTERS, HELPING THEM EXPAND THEIR CAPACITY TO PROVIDE EDUCATION	
	AND OUTREACH TO THEIR LOCAL COMMUNITIES AND OVERSEE 622 SUPPORT GROUP NATIONWIDE. A COMPREHENSIVE CHAPTER MANAGEMENT SECTION ON	<u>&gt;                                    </u>
	DBSALLIANCE.ORG PROVIDES CHAPTERS A HOST OF TOOLS AND RESOURCES, WITH	
	INFORMATION ON HOW TO GROW AND ENHANCE THEIR SERVICES, OFFER	
	EDUCATIONAL EVENTS IN THEIR COMMUNITIES, AND FUNDRAISE TO SUPPORT THE	TR
	LOCAL PROGRAMMING. CHAPTER LEADERS MAY ENHANCE THEIR SKILLS AT THE	<del></del>
	ANNUAL DBSA CHAPTER LEADERSHIP FORUM. DBSA CONTINUES TO PLAY A PIVOT	AT.
	ROLE IN MAKING PEER SUPPORT SERVICES WIDELY AVAILABLE. A PREFERRED	
	PROVIDER OF THE VA, DBSA TRAINED 73 VETERANS IN 2017 TO ASSUME PEER	
	SPECIALIST ROLES IN VA MEDICAL CENTERS AND OTHER VETERAN-SERVING	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4d	Other program services (Describe in Schedule O.)	
+u		
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,642,782.	
	Form 990 (	(2017)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,.	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		Х
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Δ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19	ليييا	Λ

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

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
_	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			200	

Form **990** (2017)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш		
				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 23					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	4				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v			
_	(gambling) winnings to prize winners?	 I	1c	Х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 22					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return the little of the control of the		2b	Х			
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х		
3a			3a 3b				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		30				
44	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х		
h	If "Yes," enter the name of the foreign country:	account)?	44		- 11		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (EBAD)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 50				
ou	any contributions that were not tax deductible as charitable contributions?		6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
-	were not tax deductible?	•	6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?		7с		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the					
			8				
9	Sponsoring organizations maintaining donor advised funds.		_				
а			9a				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	40-					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11 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	114	-				
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1					
	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b				
			Form	990	(2017		

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			ı.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?					Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?				Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	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 boo			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	3			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	nflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			_	Х	
14	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.5.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			,	•	
17	List the states with which a copy of this Form 990 is required to be filed ▶AL , AK , AR , CA , C	:O,C	T,DC,FL,G	A,HI	,KS	,KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					
	for public inspection. Indicate how you made these available. Check all that apply.	,	( )(-)>·· <b>)</b>			
	X Own website Another's website X Upon request Other (explain	in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finar	ncial	
	statements available to the public during the tax year.		, d			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records: ▶			
	NANCY HEFFERNAN - 312-642-0049	u				
	55 E. JACKSON SUITE 490, CHICAGO, IL 60604					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		not c	Pos heck	more	than		Reportable	Reportable	Estimated
	hours per week			ss pe				compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloyee	comp				and related
	below line)	dividu	stituti	Officer	Key employee	ghest nploye	rmer			organizations
(1) SUZANNE BERGOFFEN	6.00	트	Ë	₽	종	宝岩	요	· ·		_
SECRETARY	0.00	x		X				0.	0.	0.
(2) MICHAEL KUHL	7.00							0.	0.	<u> </u>
VICE CHAIR	7.00	x		x				0.	0.	0.
(3) WILLIAM GILMER, MD	7.00						Ť			
CHAIR	<b>—</b>	x		х				0.	0.	0.
(4) CHRISTY B. BECKMANN	7.00									
TREASURER		х		Х				0.	0.	0.
(5) GREGORY SIMON, M.D., M.P.H.	6.00									
SAB CO-CHAIR		Х		х				0.	0.	0.
(6) LAGENIA BAILEY	5.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(7) GARY SACHS, M.D., SAB CO-CHAIR	6.00									
SAB CO-CHAIR		Х		Х				0.	0.	0.
(8) CATHERINE FIELDS, J.D.	5.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(9) JERRY PAVLON-BLUM, ED.M., M.A.	5.00								_	
MEMBER-AT-LARGE		Х						0.	0.	0.
(10) THOMAS LANE	1.00	l								
DIRECTOR		Х						0.	0.	0.
(11) ROGER MCINTYRE, MD FRCPC	2.00								0	•
DIRECTOR	4 00	Х						0.	0.	0.
(12) HAKEEM RAHIM, ED.M., M.A.	4.00	<b>.</b> ,							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(13) GREGORY OSTFELD	1.00	X						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	0.
(14) ROBERT C. SCHWARTZ, JR. DIRECTOR	1.00	X						0.	0.	0.
(15) JOHN S. TAMERIN, M.D.	1.00							0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(16) ALLEN DOEDERLEIN	40.00	<del></del>	$\vdash$	$\vdash$		$\vdash$			•	<u> </u>
PRESIDENT	10.00	1		x				131,299.	0.	8,577.
(17) CINDY SPECHT	40.00			ᢡ						- , - , · · ·
EXECUTIVE VICE PRESIDENT		1		x				105,176.	0.	14,155.
732007 11-28-17	•	_	_	_	_	_		. ,		Form <b>990</b> (2017)

732007 11-28-17

Form **990** (2017

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 990 (2017)

Pa	rt VI						
		Check if Schedule O contains a	response or note to any l	ine in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	2 a l	PROGRAM SERVICE  d  e  f All other program service revenue	1b 1c 1d 1e 1f 1,890,029 25,293  Business Cod 900099 900099	1,890,029.		TOVERING	312 - 314
	3 4 5	Investment income (including divide other similar amounts) Income from investment of tax-exem Royalties	nds, interest, and  ppt bond proceeds	19,965.			19,965.
	6 a	a Gross rents b Less: rental expenses c Rental income or (loss)	) Real (ii) Personal				
	7 8	assets other than inventory 251	ecurities (ii) Other				
	Ć	b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)	,604.	1,604.			1,604.
Other Revenue		a Gross income from fundraising even including \$ contributions reported on line 1c). S Part IV, line 18	of eea	_			
Ōţ	(	<ul> <li>b Less: direct expenses</li> <li>c Net income or (loss) from fundraising</li> <li>a Gross income from gaming activities</li> <li>Part IV, line 19</li> </ul>	g events				
	(	<ul> <li>b Less: direct expenses</li> <li>c Net income or (loss) from gaming ac</li> <li>a Gross sales of inventory, less return and allowances</li> </ul>	tivities				
		b Less: cost of goods sold	b 0	2,282.	2,282.		
		Miscellaneous Revenue  a OTHER  b	900099	565.	565.		
	(	d All other revenue  Total. Add lines 11a-11d		565.			
	12	Total revenue. See instructions.		2,188,747.		0.	21,569.

### Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a responsion include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		схропосо	general expenses	охроносс
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	530,867.	300,552.	137,314.	93,001
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4-0-00-		40 -0-	
7	Other salaries and wages	650,985.	467,635.	60,785.	122,565
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	000 000	100 100	25 255	11 00-
9	Other employee benefits	203,206.	133,102.	25,877.	44,227
10	Payroll taxes	85,852.	55,866.	13,883.	16,103
11	Fees for services (non-employees):				
	Management	F0 00F	27 745	0 200	10 000
	Legal	58,005.	37,745.	9,380.	10,880
	Accounting	19,316.	12,569.	3,124.	3,623
	Lobbying	40,000. 26,092.	40,000.		26 002
	Professional fundraising services. See Part IV, line 17	20,092.			26,092
f	Investment management fees				
g	` '	221,472.	176,342.	6,036.	30 001
40	column (A) amount, list line 11g expenses on Sch O.)	560.	490.	0,030.	39,09 <u>4</u> 70
12	Advertising and promotion	159,406.	101,906.	15,164.	42,336
13	Office expenses	91,372.	90,824.	48.	500
14 15	Information technology	31,372	30,021.	40.	300
16	Royalties	112,872.	73,449.	18,252.	21,171
17	Occupancy Travel	83,815.	78,048.	2,113.	3,654
18	Payments of travel or entertainment expenses	0370131	7070101	2/1131	3,031
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,660.	33,987.	4,271.	402
20	_,	23,000	20,20,0	-,-,-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,476.	24,386.	6,061.	7,029
23	Insurance	16,913.	11,006.	2,735.	3,172
24	Other expenses. Itemize expenses not covered	.,.=0	_,	.,	- , - : -
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBER CUITO	5,608.	486.	842.	4,280
b	AWARDS & SCHOLARSHIPS	4,705.	4,305.		400
c	MISCELLANEOUS	634.	84.	550.	<del>-</del>
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,387,816.	1,642,782.	306,435.	438,599
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)				

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to an	y line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	872,748.	1	917,212.		
2	Savings and temporary cash investments			147,891.	2	164,880
3	Pledges and grants receivable, net			320,382.	3	75,624
4	Accounts receivable, net	9,490.	4	46,977		
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa					
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualit	fied pe	rsons (as defined under			
	section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ध	employees' beneficiary organizations (see instr).		6			
Assets	Notes and loans receivable, net		7			
₹   8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			40,961.	9	29,649
10 a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	202,608.			
b			112,825.	105,505.	10c	89,783
11	Investments - publicly traded securities	896,816.	11	960,952		
12	Investments - other securities. See Part IV, line 1		12			
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11			40,000.	15	20,000
16	Total assets. Add lines 1 through 15 (must equa			2,433,793.	16	2,305,077
17	Accounts payable and accrued expenses			110,872.	17	142,320
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
<u>ဗ</u> 22	Loans and other payables to current and former					
≝	key employees, highest compensated employee					
Liabilities 23	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pages					
	parties, and other liabilities not included on lines	17-24	. Complete Part X of	110 100		107 (()
	Schedule D			110,180.	25	107,660
26	Total liabilities. Add lines 17 through 25			221,052.	26	249,980
	Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
Se	complete lines 27 through 29, and lines 33 an			1 120 010		1 564 000
<u>E</u> 27	Unrestricted net assets			1,428,818.	27	1,564,889 490,208
<b>E</b> 28	Temporarily restricted net assets			103,943.	28	490,200
일 29					29	
로	Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ ☐			
δ   ω	and complete lines 30 through 34.					
8 30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 33 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36	Paid-in or capital surplus, or land, building, or eq				31	
₩ 32	Retained earnings, endowment, accumulated in		<b>—</b>	2 212 711	32	2 055 007
- 33	Total net assets or fund balances		II.	2,212,741.	33	2,055,097
34	Total liabilities and net assets/fund balances			2,433,793.	34	2,305,077

Form **990** (2017)

Form 990 (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1563563.	2229650.	2791631.	2115367.	1890029.	10590240.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1563563.	2229650.	2791631.	2115367.	1890029.	10590240.
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)						3315812.
	Public support. Subtract line 5 from line 4.						7274428.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1563563.	2229650.	2791631.	2115367.	1890029.	10590240.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	F 770	14 677	21 246	14 250	10 065	76 110
	and income from similar sources	5,779.	14,677.	21,346.	14,352.	19,965.	76,119.
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	668.	710.	1,325.		565.	2 260
	assets (Explain in Part VI.)	000.	710.	1,323.			3,268. 10669627.
11	<b>Total support.</b> Add lines 7 through 10	-1- /!	\				,612,688.
12	Gross receipts from related activities, First five years. If the Form 990 is for			ما در الله الله الله الله الله الله الله الل		•	,012,000.
13	organization, check this box and <b>stop</b>	la a u a			_		
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2017 (I			column (f))		14	68.18 %
15	Public support percentage from 2016					15	66.60 %
16a	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2016. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Par	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	<b></b> ▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	<b>&gt;</b>
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	siow, piedde com	piete i uit ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	` ′	<u> </u>	1 ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	· · · ·						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4							
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						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
<u></u>	check this box and stop here						<b>&gt;</b> L
	ction C. Computation of Publi						
	Public support percentage for 2017 (li			column (f))			%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					147	
17	Investment income percentage for 20						<u>%</u>
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2017. If the						
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	<b>top here.</b> The orga	nization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check ti	his hox and see ir	estructions	

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
AL		
4b		
4c		
5a		
5b		
5c		
6		
-		
7		
8		
9a		
9b		
90		
9с		
10a		
10b		

Sche	dule A (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-337	7912	4 Pa	age <b>5</b>
	t IV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion 6. Type if Supporting Organizations		Yes	Na
4	Were a majority of the organization's directors or trustoes during the tay year also a majority of the directors		res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
000	tion B. All Type III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 6

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	r ago o		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All					
	other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti		Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organiz	cations, in excess of income from activity			
3	Admini	strative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		ts paid to acquire exempt-use assets			
5	Qualifie	ed set-aside amounts (prior IRS approval required)			
6	Other o	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total a	innual distributions. Add lines 1 through 6.			
8		utions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
		e details in <b>Part VI</b> ). See instructions.	3		
9		utable amount for 2017 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E - I	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distribu	utable amount for 2017 from Section C, line 6			
2	Under	listributions, if any, for years prior to 2017 (reason-			
	able ca	use required- explain in <b>Part VI</b> ). See instructions.			
3	Excess	distributions carryover, if any, to 2017			
а					
b	From 2	013			
С	From 2	014			
d	From 2	015			
е	e From 2016				
f	Total o	of lines 3a through e			
g	Applied	d to underdistributions of prior years			
h	Applied	d to 2017 distributable amount			
i	Carryo	ver from 2012 not applied (see instructions)			
j	Remair	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2017 from Section D,			
	line 7:	\$			
а	Applied	d to underdistributions of prior years			
b	Applied	d to 2017 distributable amount			
С	Remair	nder. Subtract lines 4a and 4b from 4.			
5	Remair	ning underdistributions for years prior to 2017, if			
	any. Su	ubtract lines 3g and 4a from line 2. For result greater			
	than ze	ero, explain in <b>Part VI.</b> See instructions.			
6	Remair	ning underdistributions for 2017. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part VI	. See instructions.			
7	Exces	s distributions carryover to 2018. Add lines 3j			
	and 4c				
8	Breako	own of line 7:			
а		from 2013			
		from 2014			
		from 2015			
		from 2016			
		from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-E	EZ) 2017 DEPF	RESSION AND	D BIPOLAR S	UPPORT ALL	IANCE 36-33	379124 Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	I Information I, lines 1, 2, 3b, 3ction D, lines 2 ar I, 6, and 8; and Pa	Provide the explain c, 4b, 4c, 5a, 6, 9a, and 3; Part IV, Section	nations required by P. 9b, 9c, 11a, 11b, and n E, lines 1c, 2a, 2b, 3 s 2, 5, and 6. Also co	art II, line 10; Part II, 11c; Part IV, Section 3a, and 3b; Part V, lir	line 17a or 17b; Part n B, lines 1 and 2; Pa ne 1; Part V, Section E	III, line 12; rt IV, Section C, 3, line 1e; Part V,
	(See Instructions.)	)					

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation					
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contribute	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributions is checked, enter l purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsup \( \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TAKEDA PHARMACEUTICALS  ONE TAKEDA PARKWAY  DEERFIELD, IL 60015	\$ <u>175,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OTSUKA AMERICA PHARMACEUTICAL, INC.  2400 RESEARCH BLVD.  ROCKVILLE, MD 20850	\$175,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANONYMOUS	\$ 130,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SUNOVION  84 WATERFORD DRIVE  MARLBOROUGH, MA 01752	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TEVA  1090 HORSHAM ROAD  NORTH WALES, PA 19454-1090	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ALKERMES  852 WINTER STREET  WALTHAM, MA 02451	\$75,000.	Person X Payroll
723452 11-0		Schedule B /Form	990. 990-EZ. or 990-PF) (2017)

Name of organization

Employer identification number

### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ALLERGAN  2525 DUPOND DRIVE  IRVINE, CA 92612	\$111,750 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JOHNSON & JOHNSON  2260 SUNRISE WAY  JAMISON, PA 18929	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	NEUROCRINE  12780 EL CAMINO REAL  SAN DIEGO, CA 92130	\$ <u>75,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

36-3379124

		additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

DEPRES	SION AND BIPOLAR SUPPO		36-3379124			
Part III	completing Part III, enter the total of exclusively religio	us, charitable, etc., contributions of \$1,000 or les	section 501(c)(7), (8), or (10) that total more than \$1,000 for g line entry. For organizations s for the year. (Enter this info. once.)			
	Use duplicate copies of Part III if addition	nal space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
.		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- Faiti						
		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			

## SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** Name of organization 36-3379124 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \_\_\_\_\_\_\_\_ > \$\_\_\_\_\_\_ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Nο 4a Was a correction made? No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \_\_\_\_\_\_\_ > \$\_ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (d) Amount paid from (a) Name (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► 🔟 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals 8,825. **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) 40,790. b Total lobbying expenditures to influence a legislative body (direct lobbying) 49,615. c Total lobbying expenditures (add lines 1a and 1b) 2,659,445. d Other exempt purpose expenditures 2,709,060. e Total exempt purpose expenditures (add lines 1c and 1d) 285,453. f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. 71,363. g Grassroots nontaxable amount (enter 25% of line 1f) Ō. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total (or fiscal year beginning in) 284,972. 285,453. 570,425. 2a Lobbying nontaxable amount **b** Lobbying ceiling amount 855,638. (150% of line 2a, column(e)) 134,247. 49,615. 183,862. c Total lobbying expenditures

8,825. 17,450. Schedule C (Form 990 or 990-EZ) 2017

142,606.

213,909.

71,363.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

71,243.

8,625.

# Schedule C (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F01/a\/	/E\	ation.	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(6)	on SUT(C)	(5), or se	ection	
	501(c)(6).			Vaa	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			otion	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				2 io
	answered "Yes."			t III-A, III	ie 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and $\mathfrak p$	olitical			
	expenditure next year?		4		
_5_	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	and 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

**Employer identification number** 36-3379124

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	rvation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	on easements during the year
•			V(4)(D)(2)
8	Does each conservation easement reported on line 2(d) about and easting 170/b/(A)/D/(ii)?		
9	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	ation's illiancial statements that describes th	e organization s accounting for
Pai	t III Organizations Maintaining Collections of	of Art. Historical Treasures. or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Forn		
	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art
	historical treasures, or other similar assets held for public ex	•	·
	the text of the footnote to its financial statements that descri		ус страсно сеттес, ртетас, нтт алтин,
b	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2017

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	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or (	Other Sir	nilar Asse	<b>ts</b> (contin	ued)	<del>,                                    </del>
3									
	(check all that apply):	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs	i				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further t	he organization's	s exempt pu	urpose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical trea	sures, or other s	imilar asset	s			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's c	ollection?			Yes		No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Yes	s" on Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	ns or other assets	s not includ	led	_		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
С	Beginning balance				1	С			
d	Additions during the year				<u>1</u>	d			
е	Distributions during the year				1	е			
f	Ending balance					f	_	, ,	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodial account	liability?	L	Yes	Щ	No
	If "Yes," explain the arrangement in Part XIII.								
Par	rt V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	orm 990, Part IV,					
		(a) Current year	(b) Prior year	(c) Two years ba	ack <b>(d)</b> Thr	ee years back	(e) Four	years b	ack
1a									
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment >	%							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	ınd administered	for the org	anization	г		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b							3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or ot			(c) Accumu		(d) Book	value	
		basis (investm	ent) basis	(other)	depreciat	ion			
1a									
b	Buildings								
С	Leasehold improvements			0.425	11	<u></u>		7 77	-
d	Equipment		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9,425.	1 A 1	658.	Ω,	7,76	6

Schedule D (Form 990) 2017

89,783.

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

Part VII	Investments - Other Securities.

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		7
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED RENT	107,660.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	107,660.

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

Schedule D (Form 990) 2017

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2017

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36 – 3379124

	TON WIND DILOTUM 20	FFO	IX I	ADDIANCE	30-3313	14	
Part I Fundraising Activities required to complete this par	• Complete if the organization answert.	ered "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a X Mail solicitations  b X Internet and email solicitations  c Phone solicitations  g Special fundraising events  d X In-person solicitations  2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
CAMPBELL & COMPANY - 1 E	ANNUAL GIVING AND	Yes	No				
ACKER DRIVE, STE 2100,	COMMUNICATIONS ASSESSMENT		Х	49,944.	26,092.	23,852.	
, ,				,	,	,	
<sup>-</sup> otal			•	49,944.	26,092.	23,852.	
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	outions	,		·	
AL, AK, AR, CA, CO, CT, DC,	FL.GA.HT.KS.KY.ME.	MD.	MA.	MT.MN.MS.T	T. NH . NJ . NY	. NC . ND . OH	
OR, PA, RI, SC, TN, UT, VA,		110 /			2/111/110/111	711071127011	
, , , , , , , , , , , , , , , , , , , ,	, , , , ,						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No

_	8 Net gaming income summary. Subtract line 7 from line 1, column (d)
9	Enter the state(s) in which the organization conducts gaming activities:
	Is the organization licensed to conduct gaming activities in each of these states? Yes No
	If "No," explain:
10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
	If "Yes," explain:
7320	2 09-13-17 Schedule G (Form 990 or 990-EZ) 2017

7 Direct expense summary. Add lines 2 through 5 in column (d)

	nedule G (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3	37912	4 Page 3			
11	Does the organization conduct gaming activities with nonmembers?	Yes	No			
12	12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed					
	to administer charitable gaming?	Yes	└ No			
13	Indicate the percentage of gaming activity conducted in:					
а	a The organization's facility	13a	%			
	o An outside facility	13b	%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
	Name					
	Address >					
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No			
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount					
	of gaming revenue retained by the third party  \$\sim \frac{1}{2} = \frac					
c	If "Yes," enter name and address of the third party:					
	Name					
	Address ▶					
16	Gaming manager information:					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of continue provided					
	Description of services provided					
	☐ Director/officer ☐ Employee ☐ Independent contractor					
17	Mandatory distributions:					
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?	🔲 Yes	□ No			
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the					
_	organization's own exempt activities during the tax year ▶ \$					
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 9b,	10b, 15b,			
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	lS:				
<u>(I</u>	) NAME OF FUNDRAISER: CAMPBELL & COMPANY					
(I	) ADDRESS OF FUNDRAISER: 1 E WACKER DRIVE, STE 2100, CHICAGO,	IL 6	0601			
<u>`</u>						

Schedule G	(Form 990 or 990-EZ)  Supplemental Info	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page 4
Part IV	Supplemental Info	rmation (continued)						

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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

Employer identification number 36-3379124

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		-	_
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii contribu	ilion anic	Junto	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	25,293.	FMV AT DATE	OF :	SAI	ĿΕ
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous		4					
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization completed Form 828		•					
	for which the organization completed Form 828	oo, Part IV,	Donee Acknowled	gement 29			es	No.
302	During the year, did the organization receive by	, contributio	on any proporty ro	ported in Part I lines 1 throu	ah 28 that it	1	es	No
Jua	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	•		30a		Х
h	If "Yes," describe the arrangement in Part II.					ooa		
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonstandard contribu	ıtions?	31		Х
	Does the organization hire or use third parties of					<del>  •  </del>	$\dashv$	
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.	( )	71 1 1	, ( ,	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

732142 09-07-17

Schedule M (Form 990) 2017

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

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

INFORMATION AND GRASS ROOTS AND PEER SERVICES.

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

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

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

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

DISORDERS. IN 2017, 44,556 BROCHURES WERE CIRCULATED TO INDIVIDUALS, SUPPORT GROUPS, DOCTOR'S OFFICES, AND MENTAL HEALTH EVENTS. NEARLY 700,000 PEOPLE SEEKING INFORMATION AND HELP ENGAGED WITH OUR ACTIVE,

CONTENT-RICH SOCIAL MEDIA CHANNELS.

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

ORGANIZATIONS. 24 NON-VETERANS WERE ALSO TRAINED.

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

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

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

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

RETURNS ARE THEN FILED.

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

ONCE A CANDIDATE IS APPROVED BY THE BOARD, THE CANDIDATE MUST COMPLETE A

COMMITMENT TO SERVE DOCUMENT THAT INCLUDES A SECTION ON CONFLICT OF

INTEREST. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY IS CLEARLY STATED

IN THE BYLAWS AND IS PROVIDED TO ALL NEW BOARD MEMBERS BEFORE THEIR

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization  DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Employer identification number 36-3379124
FACE-TO-FACE ORIENTATION, AND THEN AGAIN TO ALL BOARD MEM	BERS ANNUALLY.
THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A MEETING	OF THE FULL BOARD,
AND MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS AND UP	DATE THEIR FORMS
ANNUALLY. IT IS STATED THAT AT ANYTIME DURING THE COURSE	OF THEIR TERMS,
IF A CONFLICT OF INTEREST SHOULD ARISE, MEMBERS MUST BRIN	G FORTH THIS
INFORMATION TO AT LEAST THE CHAIR OF THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 15:	
SALARY FOR THE PRESIDENT IS DETERMINED BY THE BOARD. THE	BOARD LOOKS AT
SALARIES FROM LIKE ORGANIZATIONS. THERE IS AN EMPLOYMENT	CONTRACT
DOCUMENTING THE SALARY AND BENEFITS FOR THE PRESIDENT. T	HE PRESIDENT AND
THE OTHER MEMBERS OF THE EXECUTIVE COMMITTEE LOOK AT SALA	RIES FROM LIKE
ORGANIZATIONS AND DETERMINE THE SALARY FOR THE EXECUTIVE	VICE PRESIDENT.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,KS,KY,ME,MD,MA,MI,MN,MS,IL,	NH, NJ, NY, NC, ND, OH
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, OK, NM	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA	NCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC AT DBSA'S OFFICE.	

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.



Form AG990-IL

	ice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNU		Revised 3/0
PMT	#	Attorney General LISA MADIGAN State o Charitable Trust Bureau, 100 West Ran		)# 01-015755
		11th Floor, Chicago, Illinois 60601		
		, , ,		Check all items attached:
AMT		Report for the Fiscal Period:	37	Copy of IRS Return
		Posinning 01/01/2017	Make Checks X Payable to	
		Beginning $01/01/2017$	the III:neie	Copy of Form IFC
INIT		<b>&amp; Ending</b> 12/31/2017	Charity	_ ' ' '
		<b>&amp; Ending</b> 12/31/2017 MO DAY YR	Bureau Fund	\$100.00 Late Report Filing Fee
	al ID # 36-3379124			MO DAY YR
Are c	ontributions to the organization t	ax deductible? X Yes No Dat	e Organization was creat	ed: 11/15/1985
	LEGAL	. AND DIDOLAD GUDDODE ALLTANGE	Year-end	
		N AND BIPOLAR SUPPORT ALLIANCE	amounts	205 000
	MAIL		A) ASSETS	A) \$ 2,305,077
		ACKSON BLVD, NO. 490	B) LIABILITIES	B) \$ 249,980
	STATE CHICAGO, I	IL	C) NET ASSETS	C) \$ 2,055,097
Z	P CODE 60604			
I.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	D) PUBLIC SUPPORT, CONTR	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	98.989%	D) \$ 2,166,613
	E) GOVERNMENT GRANTS &	MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES		1.011%	F) \$ 22,134
	G) TOTAL REVENUE, INCOME	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,188,747
II.	<b>SUMMARY OF ALL E</b>	EXPENDITURES DURING THE YEAR:		
	H) OPERATING CHARITABLE	PROGRAM EXPENSE	68.799%	H) \$ 1,642,782
	•			
	I) EDUCATION PROGRAM SE	ERVICE EXPENSE	%	l) \$
	,			
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	68.799%	J) \$ 1,642,782
	•			,
	J1) JOINT COSTS ALLOCATED	TO PROGRAM SERVICES (INCLUDED IN J): \$		
	•			
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS	%	K) \$
	,			
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	68.799%	L) \$ 1,642,782
	•			
	M) MANAGEMENT AND GENE	RAL EXPENSE	12.833%	M)\$ 306,435
	,			
	N) FUNDRAISING EXPENSE		18.368%	N) \$ 438,599
	,			
	0) TOTAL EXPENDITURES TH	HIS PERIOD (ADD L, M, & N)	100 %	0) \$ 2,387,816
١		AND FUNDOALOED AND CONCULTANT ACTIVITIE	-0	
111.		PAID FUNDRAISER AND CONSULTANT ACTIVITII Tof Individual Fundraising Campaign- Form IFC. One for each PFR.)	:9:	
	PROFESSIONAL FUNDRAISER			
		EY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
	,			
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	%	Q) \$
	,			
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING	CONSULTANTS		
		PROFESSIONAL FUNDRAISING CONSULTANTS SEE STATEM	MENT 1	s) \$ 26,667
IV.	•	THE (3) HIGHEST PAID PERSONS DURING THE		
		SPECHT, EXECUTIVE VICE PRESIDENT		T) \$ 105,176
		D DEETZ-MCMURRAY, CHAPTER & PROGR		U) \$ 81,245
		DOEDERLEIN, PRESIDENT	<del>-</del>	V) \$ 131,299
\ <u>,</u>		<del>-</del>	ENDED)	List on back side of instructions
<b>V</b> . ⊢	OTANITABLE PRUG	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPI CODE CATEGORIES	,	CODE
-01-1	W) DESCRIPTION: EDUCA	ATION OF PATIENTS, FAMILIES, PROP	ESSIONALS	
798091 04-01-17	X) DESCRIPTION:			X) #
9808	Y) DESCRIPTION:			Y) #
~	i, Decontil Hole.			1 '/ "

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
	THE TOTAL OF THE SOLOTHIER OF THE SOLOTHIER.			
5	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
0.		5.		X
	OR ORGANIZATION?	٥.		
6	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
0.	THE ORGANIZATION OSE THE SERVICES OF AT NOTESSIONAL FONDITAISERS (ATTACHTONIN IT O)	0.		
70	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
ıa.		7.		Х
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	۲.		21
7h	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$			
70.	, (II) THE ANOUNT ALL COATED TO MANAGEMENT AND			
	ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
0	DID THE ODCAMIZATION EVDEND ITS DESTRICTED FUNDS FOR DURDOSES OTHER THAN DESTRICTED DURDOSES?	8.		X
0.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	0.		Λ
0	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
9.		0		X
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Λ
40	WAS THERE OF DO VOLUME ANNUMATED OF ANY MOVED OF ANY THEFT DEFAUGATION AND ADDRESS OF			
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,	40		X
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Λ
4.4	LICT THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WEITHE ODGANIZATION MAINTAINS ITS			
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	5TH 3RD, P.O. BOX 630900, CINCINNATI, OH 45263			
	JIII JRD, F.O. BOX 030900, CINCIMNAII, OII 43203			
	CHASE BANK, 10 S. DEARBORN, FLOOR 2, CHICAGO, IL 60603			
	embe blant, 10 b. blantboldt, 1 book 2, circulo, 11 0000			
	RBC WEALTH MANAGEMENT, 2 MID AMERICA PLAZA, OAKBROOK TERRACE,	IL	6018	1
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: NANCY HEFFERNAN - 312-642-0049			
ALI	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:

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

١	IA	N	CY	Α.	HEFFERNAN
ч	17	ТΛ	$\sim$ $_{\perp}$		TITLE TELEVISION

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

**SIGNATURE** 

### MARCY STEINDLER

FORM AG990-IL	PAYMENTS TO 1	FUNDRAISING CONSULTANTS	STATEMENT	1
FUNDRAISING CONSUL	TANT'S NAME	ADDRESS	AMOUNT F	PAID
CAMPBELL & COMPANY	?	1 EAST WACKER DR, STE 2100, CHICAGO, IL 60601	26,6	567.
TOTAL AMOUNT TO FO	ORM AG990-IL, 1	PART III, LINE S	26,6	67.



Department of the Treasury Internal Revenue Service

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Α	For the	e 2017 calendar year, or tax year beginning and	ending	-	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre chang	S DEPRESSION AND BIPOLAR SUPPORT ALLIAN	CE		
Ē	Name chang	Doing business as			379124
F	Initial return Final return	,	Room/suite 490	E Telephone numbe (312	
_	termin termin ated			G Gross receipts \$	2,438,655.
Г	Amen	CHICAGO, IL 60604		H(a) Is this a group re	
	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: WWW.DBSALLIANCE.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $1985$ $ m  extbf{ iny}$	<b>M</b> State of legal domicile: ${ t IL}$
P	art I	Summary			
é	1	Briefly describe the organization's mission or most significant activities: TO I	MPROVE	THE LIVES	OF PEOPLE
Governance		LIVING WITH MOOD DISORDERS THROUGH ACTIV			
/ern		Check this box if the organization discontinued its operations or dispo			ssets.   15
ĝ		Number of voting members of the governing body (Part VI, line 1a)			15
∞		Number of independent voting members of the governing body (Part VI, line 1b)			22
Activities &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			71
ξij		Total number of volunteers (estimate if necessary)			0.
¥		Net unrelated business taxable income from Form 990-T, line 34			0.
_	<del>                                     </del>	Net unrelated business taxable income from 1 offit 930-1, line 34		Prior Year	Current Year
40	8	Contributions and grants (Part VIII, line 1h)		2,115,367.	1,890,029.
nu		Program service revenue (Part VIII, line 2g)		254,265.	274,302.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,990.	21,569.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,566.	2,847.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,392,188.	2,188,747.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,464,750.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		48,873.	26,092.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)   438,5		1 105 000	000 014
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,185,822.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,699,445.	2,387,816. > <199,069.
		Revenue less expenses. Subtract line 18 from line 12		<307,257.	
Net Assets or	20	Total assets (Part X, line 16)		eginning of Current Year 2,433,793.	End of Year 2,305,077.
ASSE	20 21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		221,052.	249,980.
Net.	22	Net assets or fund balances. Subtract line 21 from line 20		2,212,741.	2,055,097.
	art II	Signature Block			
_		lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wi			
Sig	ın	Signature of officer		Date	
Не	re	NANCY A. HEFFERNAN, VP FINANCE & ADMI	NISTRA	TION	
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Pai		MARCY STEINDLER		self-employ	P00573131
	parer	Firm's name MANN. WEITZ & ASSOCIATES L.L.C.		Firm's EIN	36-3963131
US	Only	Firm's address 111 DEER LAKE ROAD, SUITE 125 DEERFIELD, IL 60015		Dhana na / 0	47)267-3400
N 4 c	v +b = 11			Phone no. ( o	
		RS discuss this return with the preparer shown above? (see instructions)  18-17 LHA For Paperwork Reduction Act Notice, see the separate instruction.			X Yes No Form <b>990</b> (2017)
132	001 11-2	.o- // Link Foi Fapei work neudction Act Notice, see the separate instructi	ulia.		1 OHH 330 (2017)

Theck I Schedule Contains a response or note to any line in the Part III.    Bendy decorate the organization imision:   DESA ENVISIONS WELLINESS FOR PEOPLE LIVING WITH DEPRESSION AND BIPOLAR   DISORDER DESA PURSUES THIS VISION WITH THE MISSION "TO PROVIDE HOPE,   HELP, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PEOPLE WHO HAVE   MOOD DISORDERS THROUGH INFORMATION AND GRASS ROOTS AND PEER SERVICES."   2 Did the organization undertake any significant program services during the year which were not listed on the   prior form 900 or 900.427	Pa	rt III Statement of Program Service Accomplishments	v
DISA ENVISIONS WELLINESS FOR PROPLE LIVING WITH THE PRESSION AND BIPOLAR DISORDER. DBSA PURSUES THIS VISION WITH THE MISSION "TO PROVIDE HOPE, HELP, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PROPLE WHO HAVE MOOD DISORDERS THROUGH INFORMATION AND GRASS ROOTS AND FEER SERVICES."  Did the organization undertake any significant program services during the year which were not listed on the proform 950 or 950 62?  Who if "Yes, 'Good or were services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services. Wes [X] No if "Yes, 'Good organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(63) and 501(64) organizations are required to report the official representations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(63) and 501(64) organizations reported.  Coachies the organization of program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(63) and 501(64) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  DESCRIPTION AND INFORMATION — DRSA IS THE LEADING PEER—DIRECTED NATIONAL DISCORDERS (1997) and the properties of the program services and revenue, if any, for each program service reported.  DEFRESSION AND BIPCLAR DISCORDER, AND THE LEADING PEER—DIRECTED NATIONAL DEFRESSION AND BIPCLAR DISCORDERS, AND EMPORENTIAL THE PRESON AND ONLINE FEED AND THE PROPERTY OF CUSTOM AND THE PROPE			<u> </u>
DISORDER. DBSA PURSUES THIS VISION WITH THE MISSION "TO PROVIDE HOPE, HELP, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PROPILE WHO HAVE MOOD DISORDERS THROUGH INFORMATION AND GRASS ROOTS AND PEER SERVICES."  If "Yes," describe these new services on Schedule O.  If "Yes," describe these new services on Schedule O.  If "Yes," describe these new services on Schedule O.  If "Yes," describe these new services on Schedule O.  If "Yes," describe these new services on Schedule O.  If "Yes," describe these changes on Schedule O.  If "Yes," describe the Schedule O.  If "Yes," describe the Schedule O.  If "Yes," describe th	1	,	DTDOT AD
Help, SUPPORT, AND EDUCATION TO IMPROVE THE LIVES OF PEOPLE WHO HAVE MOOD DISORDERS THROUGH INFORMATION AND GRASS ROOTS AND PEER SERVICES."  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990E2?  1 Yes, 'Gascribe these new services on Schedule O.  2 Did the organization cases conducting, or make significant changes in how it conducts, any program services?  1 Yes, 'Gascribe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50(16); and 50(16)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 (case   ) (suppress   934, 231, notating grants of 3   (suppress   102,601, )  EDUCATION AND INFORMATION - DBSA IS THE LEADING PEER-DIRECTED NATIONAL ORGANIZATION POCUSED ON DEPRESSION AND BIPOLAR DISORDER. IN 2017, WE DIRECTLY ASSISTED 2.5 MILLION PEOPLE WITH IN-PERSON AND ONLINE PEER SUPPORT; READILY UNDERSTANDABLE AND CURRENT INFORMATION ABOUT DEPRESSION AND BIPOLAR DISORDER; AND EMPOWERING TOOLS FOCUSED ON AN INTEGRATED APPROACH TO WELLINESS, MORE THEN 1.5 MILLION PEOPLE VISITED OUR SUITE OF ONLINE RESOURCES TO ACCESS LIFE SAVING INFORMATION.  DBSALLIANCE.ORG AND DESALIANZA, ORG CONNECT INDIVIDUALS WITH IN-DEPTH INFORMATION ABOUT MOOD DISORDERS, WELLINESS OPTIONS, PEER SUPPORT, AND ADVICE ON HELPING OTHERS. FACINGUS.ORG IS HOME TO A WEALTH OF CUSTOMICABLE PERSONAL WELLINESS TOOLS THAT HELP PEOPLE LIVE IN WELLINESS. THE BDSA BALANCED MIND PARENT NETWORK LINKS PARENTS OF YOUTH WITH MOOD (Case   ) (Express 708, 551, notemps of 3)  40 (Case   ) (Express 708, 551, notemps of 3)  41 FROM THE PERSONAL WELLINESS TOOLS THAT HELP PEOPLE LIVE IN WELLINESS. TOOLS THAT HELP PEOPLE LIVE IN WELLINESS. TOOLS AND RESOURCES, WITH INFORMATION AND OUTREACH TO THEIR LOCAL COMMUNITIES, AND OUTREACH TO PROVIDE PEOPLE SITE OF A			
DIT THE PROPERT STRINGUISH INFORMATION AND GRASS ROOTS AND PEER SERVICES."    Did the organization undertake any significant program services during the year which were not listed on the proferom 980 of 980 EZ?    If Yes, 'describe these new services on Schedule 0.   Old the organization cease conducting, or make significant changes in how it conducts, any program services?			
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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2		2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	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			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		21
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ITD		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
		_	000	

## Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Orbital In I	23		х
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<del></del>
<b>24</b> a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		х
07		20		
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del>
34				v
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	_		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 23			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
_	(gambling) winnings to prize winners?	 I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 22			
	filed for the calendar year ending with or within the year covered by this return			X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return the little of the control of the		2b	Λ	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х
3a			3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
h	If "Yes," enter the name of the foreign country:	account)?	44		- 11
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (EBAD)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 50		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
-	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40-			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 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	114	-		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
			Form	990	(2017

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

	Chack if Schoolule O contains a response or note to any line in this Bort VI			Х
Sec	Check if Schedule O contains a response or note to any line in this Part VI  tion A. Governing Body and Management			21
000	tion 7th dovorning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   15		103	140
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
·	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ŭ		
<i>1</i> a	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
b		7b		х
0	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		
8		0.	х	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40-	Did the consequention have been been been been been been as of the back.	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Α_	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3,7	
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AL , AK , AR , CA , CO , CT , DC , FL , GA	,HI	,KS	,KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	NANCY HEFFERNAN - 312-642-0049			
	55 E. JACKSON SUITE 490, CHICAGO, IL 60604			
	CEE CCUENTIE O FOD FITT I TOW OF CWAMEC		000	(0047)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box,	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>	<del></del>		from	from related	other			
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(W 27 1033 WIIGO)		and related
	below	Individual trustee or director	nstitutional trustee	-	Key employee	Highest compensated employee	-e			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(1) SUZANNE BERGOFFEN	6.00									_
SECRETARY		Х		X				0.	0.	0.
(2) MICHAEL KUHL	7.00									_
VICE CHAIR		Х		X				0.	0.	0.
(3) WILLIAM GILMER, MD	7.00				,					_
CHAIR		Х		X				0.	0.	0.
(4) CHRISTY B. BECKMANN	7.00									_
TREASURER		X		Х				0.	0.	0.
(5) GREGORY SIMON, M.D., M.P.H.	6.00									
SAB CO-CHAIR		X	7	Х				0.	0.	0.
(6) LAGENIA BAILEY	5.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(7) GARY SACHS, M.D., SAB CO-CHAIR	6.00									
SAB CO-CHAIR		Х		Х				0.	0.	0.
(8) CATHERINE FIELDS, J.D.	5.00							_	_	_
MEMBER-AT-LARGE		Х						0.	0.	0.
(9) JERRY PAVLON-BLUM, ED.M., M.A.	5.00								_	_
MEMBER-AT-LARGE		Х						0.	0.	0.
(10) THOMAS LANE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) ROGER MCINTYRE, MD FRCPC	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) HAKEEM RAHIM, ED.M., M.A.	4.00									
DIRECTOR		Х						0.	0.	0.
(13) GREGORY OSTFELD	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) ROBERT C. SCHWARTZ, JR.	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(15) JOHN S. TAMERIN, M.D.	1.00									
DIRECTOR	40.00	Х						0.	0.	0.
(16) ALLEN DOEDERLEIN	40.00							124 222		0 555
PRESIDENT	40.00			Х		<u> </u>	_	131,299.	0.	8,577.
(17) CINDY SPECHT	40.00			,.				105 156		14 155
EXECUTIVE VICE PRESIDENT				Х				105,176.	0.	14,155.

732007 11-28-17

Form 990 (2017) DEPRESSIO	ON AND I	BII	POI	LAF	٦ ,	SUI	PP	ORT ALLIANCE	36-33	7912	4	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		(F Estima amour oth	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	()	from organiz and re	zation
(18) ERIC HORNER VP OF DEVELOPMENT	40.00	-		x				80,533.	,		1	243.
(19) NANCY HEFFERNAN	40.00							00,555.	`	-		447.
FINANCE & ADMIN VP		1		х				80,158.		0.	19,	309.
(20) PHYLLIS FOXWORTH	40.00											
ADVOCACY VP				Х				74,618.	(	0.	<u>15,</u>	800.
		-										
					4							
1b Sub-total							<b>&gt;</b>	471,784.		0.	59,	084.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							<b>&gt;</b>	0. 471,784.		0.	<del>59,</del>	0. 084.
<ul><li>2 Total number of individuals (including but n compensation from the organization</li></ul>	ot limited to th	nose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportable			2
											Ye	s No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	•		e, ke	ey er	nplo	yee 	, or 	highest compensated e	mployee on	3		Х
4 For any individual listed on line 1a, is the su									the organization			37
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>									idual for consider	4	+	<u> </u>
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										5		Х
Section B. Independent Contractors										-		
1 Complete this table for your five highest co	•	•							. ,	ensatio	n from	1
the organization. Report compensation for (A)	ine calendar y	ear	enai	ng v	VILII	Or W	111111	(B)	year.		(C)	
Name and business	address	N	INC	Ξ				Description of s	services	Com	pensa	tion

Form **990** (2017)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and ,890,029 similar amounts not included above ..... 25,293 g Noncash contributions included in lines 1a-1f: \$ ,890,029. h Total. Add lines 1a-1f. Business Code 235,827 900099 2 a CONTRACT REVENUE 235,827 Program Service Revenue PROGRAM SERVICE 900099 38,475. 38,475. b С All other program service revenue 274,302. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 19,965 19,965. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) **d** Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 251,512. assets other than inventory b Less: cost or other basis 249,908 and sales expenses 1,604. c Gain or (loss) 1,604. 1,604. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 2,282 and allowances 0. **b** Less: cost of goods sold 2,282. 2,282. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 565 565 11 a OTHER b d All other revenue 565. e Total. Add lines 11a-11d 2,188,747. 21,569 Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	•	530,867.	300,552.	137,314.	93,001
6	trustees, and key employees	330,001.	300,332.	137,3110	33,001
O	persons (as defined under section 4958(f)(1)) and				
	narrana described in section 40E9(s)(2)(D)				
7		650,985.	467,635.	60,785.	122,565
7	Other salaries and wages	030,303.	407,033.	00,703.	122,505
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	203,206.	133,102.	25,877.	44,227
9	Other employee benefits	85,852.	55,866.	13,883.	16,103
10	Payroll taxes	05,052.	33,000.	13,003.	10,100
11	Fees for services (non-employees):				
а	Management	58,005.	37,745.	9,380.	10,880
b	Legal	19,316.	12,569.	3,124.	3,623
	Accounting	40,000.	40,000.	3,144.	3,043
	Lobbying		40,000.		26 002
e	Professional fundraising services. See Part IV, line 17	26,092.			26,092
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	221 472	176 242	c 02c	20 004
	column (A) amount, list line 11g expenses on Sch 0.)	221,472.	176,342.	6,036.	39,094
12	Advertising and promotion	560.	490.	15 164	70
13	Office expenses	159,406.	101,906.	15,164.	42,336
14	Information technology	91,372.	90,824.	48.	500
15	Royalties	110 000	F2 440	10 050	01 171
16	Occupancy	112,872.	73,449.	18,252.	21,171
17	Travel	83,815.	78,048.	2,113.	3,654
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20.550	22 22 5	4 0.74	400
19	Conferences, conventions, and meetings	38,660.	33,987.	4,271.	402
20	Interest				
21	Payments to affiliates	25 /5 /			B 441
22	Depreciation, depletion, and amortization	37,476.	24,386.	6,061.	7,029
23	Insurance	16,913.	11,006.	2,735.	3,172
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	5,608.	486.	842.	4,280
b	AWARDS & SCHOLARSHIPS	4,705.	4,305.		400
С	MISCELLANEOUS	634.	84.	550.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,387,816.	1,642,782.	306,435.	438,599
<u> </u>	Joint costs. Complete this line only if the organization	. ,		•	, -
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to an	y line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			872,748.	1	917,212.
2	Savings and temporary cash investments			147,891.	2	164,880
3	Pledges and grants receivable, net			320,382.	3	75,624
4	Accounts receivable, net	9,490.	4	46,977		
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa					
	Part II of Schedule L		5			
6	Loans and other receivables from other disqualit	fied pe	rsons (as defined under			
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ध	employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	Notes and loans receivable, net				7	
₹   8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			40,961.	9	29,649
10 a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	202,608.			
b			112,825.	105,505.	10c	89,783
11	Investments - publicly traded securities			896,816.	11	960,952
12	Investments - other securities. See Part IV, line 1		12			
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11			40,000.	15	20,000
16	Total assets. Add lines 1 through 15 (must equa			2,433,793.	16	2,305,077
17	Accounts payable and accrued expenses			110,872.	17	142,320
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
<u>ဗ</u> 22	Loans and other payables to current and former					
≝	key employees, highest compensated employee					
Liabilities 23	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pages					
	parties, and other liabilities not included on lines	17-24	. Complete Part X of	110 100		107 (()
	Schedule D			110,180.	25	107,660
26	Total liabilities. Add lines 17 through 25			221,052.	26	249,980
	Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
Se	complete lines 27 through 29, and lines 33 an			1 120 010		1 564 000
<u>E</u> 27	Unrestricted net assets			1,428,818.	27	1,564,889 490,208
<b>E</b> 28	Temporarily restricted net assets			103,943.	28	490,200
일 29					29	
로	Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ ☐			
δ   ω	and complete lines 30 through 34.					
8 30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Paid-in or capital surplus, or land, building, or eq				31	
₩ 32	Retained earnings, endowment, accumulated in		<b>—</b>	2 212 711	32	2 055 007
- 33	Total net assets or fund balances		II.	2,212,741.	33	2,055,097
34	Total liabilities and net assets/fund balances			2,433,793.	34	2,305,077

<u> </u>	1000 (2011)			<u> </u>	<del>9~ · -</del>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,18		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,38		
3	Revenue less expenses. Subtract line 2 from line 1	3	<19		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,21		
5	Net unrealized gains (losses) on investments	5	4	1,4	25.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,05	5,0	97.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization DEPRESSION AND BIPOLAR SUPPORT ALLIANCE **Employer identification number** 36-3379124

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) S	ee instructions.		
he.	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative					ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or	
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from	
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	in 33 1/3% of its suppor	t from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or							
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in							
	_	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а									
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting	
	_	organization. <b>You must c</b>							
b									
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported	
		organization(s). You mus							
С							•	ed with,	
		its supported organization		•					
d		☐ Type III non-functionally						• •	
		that is not functionally int	-	•	•		•	iveness	
_		requirement (see instruct	•	-					
е		☐ Check this box if the orga					a type i, type ii, type iii		
f	Ente	functionally integrated, or er the number of supported of	* *		ing organi	zation.			
,		vide the following information							
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))					
ota	al						l		

# Schedule A (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1563563.	2229650.	2791631.	2115367.	1890029.	10590240.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1563563.	2229650.	2791631.	2115367.	1890029.	10590240.		
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)						3315812.		
6	Public support. Subtract line 5 from line 4.						7274428.		
	ction B. Total Support								
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	1563563.	2229650.	2791631.	2115367.	1890029.	10590240.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	5,779.	14,677.	21,346.	14,352.	19,965.	76,119.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	668.	710.	1,325.		565.			
11	Total support. Add lines 7 through 10						10669627.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 2	,612,688.		
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
	organization, check this box and stop						<b>&gt;</b>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2017 (I	line 6, column (f) d	ivided by line 11, o	column (f))		14	68.18 %		
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	66.60 %		
16a	33 1/3% support test - 2017. If the o	•		•		•			
	stop here. The organization qualifies	as a publicly supp	orted organization	١			<b>▶</b> X		
b	33 1/3% support test - 2016. If the o	-							
	and stop here. The organization qual	ifies as a publicly	supported organization	ation			▶□		
17a	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac				•	-			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□		
b	b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	ıs ▶□		
					Sche	edule A (Form 990	or 990-EZ) 2017		

Schedule A (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						_
9	furnished by a governmental unit to						
	the organization without charge						
6	· · · · ·						
	Total. Add lines 1 through 5					1	
7 6	′ ′						
ı	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	( ) 0040	(1) 0044	( ) 0045	( 1) 0040	1 1 2017	(O.T.)
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on	V					
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organi	zation,
	check this box and <b>stop here</b>						
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2017 (li	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2016. If the						
•	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
				, ,			······

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Ga		
3b		
3c		
30		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
/		
8		
9a		
Ja		
9b		
9c		
10a		
10b n 990 or 99	10_E7	2017

Sche	edule A (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-33	7912	4 Pa	age <b>5</b>
	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	11c		
360	tion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vaa	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	G
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must com-	plete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4_	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>			
Secti	ion D -	Distributions		,	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amou						
	organizations, in excess of income from activity						
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns			
4	Amou	ints paid to acquire exempt-use assets					
5	Qualif	fied set-aside amounts (prior IRS approval required)					
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.					
7	Total	annual distributions. Add lines 1 through 6.					
8	Distrik	outions to attentive supported organizations to which the	ne organization is responsive	Э			
	(provi	de details in <b>Part VI</b> ). See instructions.					
9	Distrik	outable amount for 2017 from Section C, line 6					
10	Line 8	3 amount divided by line 9 amount		i			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distrik	outable amount for 2017 from Section C, line 6					
2	Unde	rdistributions, if any, for years prior to 2017 (reason-					
	able c	cause required- explain in <b>Part VI</b> ). See instructions.					
3	Exces	ss distributions carryover, if any, to 2017					
а							
b	From	2013					
С	From	2014					
d	From	2015					
е	From	2016					
f	Total	of lines 3a through e					
g	Applie	ed to underdistributions of prior years					
h	Applie	ed to 2017 distributable amount					
i	Carry	over from 2012 not applied (see instructions)					
j	Rema	uinder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distrik	outions for 2017 from Section D,					
	line 7:	: \$					
а	Applie	ed to underdistributions of prior years					
b	Applie	ed to 2017 distributable amount					
С	Rema	uinder. Subtract lines 4a and 4b from 4.					
5		uining underdistributions for years prior to 2017, if					
		Subtract lines 3g and 4a from line 2. For result greater					
		zero, explain in <b>Part VI.</b> See instructions.					
6		uining underdistributions for 2017. Subtract lines 3h					
	and 4	b from line 1. For result greater than zero, explain in					
		/I. See instructions.					
7	Exces	ss distributions carryover to 2018. Add lines 3j					
	and 4						
8		down of line 7:					
		ss from 2013					
		ss from 2014					
		ss from 2015					
d	Exces	ss from 2016					

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Pag
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

# **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities** For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

	) (see separate instructions), then Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
	Section 501(c)(4), (5), or (6) organiza	tions. Complete Fart III.		E	mployer identification number
	•	ION AND BIPOLAR	SUPPORT ALL]		36-3379124
Pa		janization is exempt und			
2	Provide a description of the organize Political campaign activity expendit Volunteer hours for political campa	ures			<b>&gt;</b> \$
Pa	rt I-B Complete if the ord	ganization is exempt und	er section 501(c)(	3).	
	Enter the amount of any excise tax			·	<b>▶</b> \$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		<b>▶</b> \$
	If the organization incurred a section				
	Was a correction made?				
b	If "Yes," describe in Part IV.				
	Enter the amount directly expended		1.71		
3	Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file <b>Form</b> Enter the names, addresses and er made payments. For each organization contributions received that were propolitical action committee (PAC). If	a. Add lines 1 and 2. Enter here and 1120-POL for this year?  Inployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	nd on Form 1120-POL,  N) of all section 527 pol I from the filing organiz	litical organizations to ation's funds. Also ent anization, such as a se	Which the filing organization ter the amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization funds. If none, enter	's contributions received and

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► 🔟 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals 8,825. **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) 40,790. b Total lobbying expenditures to influence a legislative body (direct lobbying) 49,615. c Total lobbying expenditures (add lines 1a and 1b) 2,659,445. d Other exempt purpose expenditures 2,709,060. e Total exempt purpose expenditures (add lines 1c and 1d) 285,453. f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. 71,363. g Grassroots nontaxable amount (enter 25% of line 1f) Ō. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total (or fiscal year beginning in) 284,972. 285,453. 570,425. 2a Lobbying nontaxable amount **b** Lobbying ceiling amount 855,638. (150% of line 2a, column(e)) 134,247. 49,615. 183,862. c Total lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017

142,606.

213,909.

17,450.

71,363.

8,825.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

71,243.

8,625.

# Schedule C (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F01/a\/	/E\	ation.	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(6)	on SUT(C)	(5), or se	ection	
	501(c)(6).			Vaa	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			otion	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				2 io
	answered "Yes."			t III-A, III	ie 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and $\mathfrak p$	olitical			
	expenditure next year?		4		
_5_	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	and 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

**Employer identification number** 36-3379124

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the	_
	organization answered "Yes" on Form 990, Part IV, lin		2	
	, ,	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	_		No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			·	No
Pai				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area	
	Protection of natural habitat	Preservation of a certifi	ied historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last	
	day of the tax year.		Held at the End of the Tax Y	ear
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?	Yes I	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year	
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	ion easements during the year	
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?		Yes LI	No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense s	statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	he organization's accounting for	
	conservation easements.	(4		
Pa		-	ner Similar Assets.	
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exl	,	ice of public service, provide, in Part XI	III,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	lic service, provide the following amou	nts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	· · · · · · · · · · · · · · · · · · ·	gain, provide	
	the following amounts required to be reported under SFAS 1		<b>.</b>	
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		🔻 🕽	

732051 10-09-17

Schedule D (Form 990) 2017

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land						
b	Buildings						
С	Leasehold improvements						
	Equipment		19,425.	11,658.	7,767.		
e	Other		183,183.	101,167.	82,016.		
Tota	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			

(1)	1
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED RENT	107,660.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	107,660.

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

Schedule D (Form 990) 2017

UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

732054 10-09-17 Schedule D (Form 990) 2017

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

DEPRESSION AND RIPOLAR SUPPORT ALLTANCE

Employer identification number

DEPRESS	SION AND BIPOLAR SU	PPO	RT .	ALLIANCE	36-3379	124
Part I Fundraising Activities required to complete this par	• Complete if the organization answert.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	Z filers are not
<ul> <li>Indicate whether the organization raise</li> <li>X Mail solicitations</li> <li>X Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, F</li> <li>If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicitat f X Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-govern govern dising of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CAMPBELL & COMPANY - 1 E	ANNUAL GIVING AND	Yes	No			
VACKER DRIVE, STE 2100,	COMMUNICATIONS ASSESSMENT	163	Х	49,944.	26,092.	23,852.
MCKER DRIVE, DIE 2100,				25,522.	20,002.	23,032.
Total				49,944.	26,092.	23,852.
3 List all states in which the organization or licensing. AL, AK, AR, CA, CO, CT, DC,				s or has been notified	d it is exempt from re	egistration
		, עני	. 11. 1	111 , 1114 , 11D , 1	, 1411 , 14U , 1N 1	, 140 , 140 , 011
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, OK, NM						

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes ..... Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 9 Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:	Yes No
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax y b If "Yes," explain:	/ear? Yes No

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-337	9124	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility		%
<b>b</b> An outside facility	,	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address ▶		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	
retain the state gaming license?	Yes	└─ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9	), 9b, 10	b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
COURDING C DARM T ITME OR ITCM OF MEN UTCHECM DATE FINEDATCERS.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(T) NAME OF HUNDRATGER, GAMBRETT & GOMBANY		
(I) NAME OF FUNDRAISER: CAMPBELL & COMPANY		
(I) ADDRESS OF FUNDRAISER: 1 E WACKER DRIVE, STE 2100, CHICAGO, IL	60	601
(_, OI _ OILDING		

Schedule G	(Form 990 or 990-EZ)  Supplemental Info	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE	36-3379124	Page 4
Part IV	Supplemental Info	rmation (continued)						

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for the latest information.

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribu	•	ıts
1	Art - Works of art						
2	Art - Historical treasures						,
3	Art - Fractional interests						,
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	4	25,293.	FMV AT DATE	OF SF	LE
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 26	Other ► ( ) Other ► ( )						
26 27	Other Other Other						
28	Other ( )						
29	Number of Forms 8283 received by the organiz	zation durin	the tax vear for c	contributions	1		
	for which the organization completed Form 828		•				
						Yes	No
30a	During the year, did the organization receive by	/ contribution	on anv property rei	oorted in Part I. lines 1 throu	igh 28, that it		
	must hold for at least three years from the date				-		
	exempt purposes for the entire holding period?			·		30a	Х
b	<b>b</b> If "Yes," describe the arrangement in Part II.						
31							X
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
	contributions?					32a	X
b							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.						
32a b	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  b If "Yes," describe in Part II.  If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,					31 32a	

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

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017

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# SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

**Employer identification number** 36-3379124

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

INFORMATION AND GRASS ROOTS AND PEER SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DISORDERS TO INFORMATION AND PEER SUPPORT. DBSA ALSO OFFERS MORE THAN

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

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

IN 2017, 44,556 BROCHURES WERE CIRCULATED TO INDIVIDUALS, DISORDERS.

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

700,000 PEOPLE SEEKING INFORMATION AND HELP ENGAGED WITH OUR ACTIVE,

CONTENT-RICH SOCIAL MEDIA CHANNELS.

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

ORGANIZATIONS. 24 NON-VETERANS WERE ALSO TRAINED.

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

THE TAX RETURNS ARE REVIEWED BY THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE, AND ANY QUESTIONS THEY HAVE ARE ADDRESSED. ONCE THE TAX RETURNS ARE APPROVED, THEY ARE SENT TO THE REST OF THE BOARD OF DIRECTORS. THE TAX RETURNS ARE THEN FILED.

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

ONCE A CANDIDATE IS APPROVED BY THE BOARD, THE CANDIDATE MUST COMPLETE A

COMMITMENT TO SERVE DOCUMENT THAT INCLUDES A SECTION ON CONFLICT OF

INTEREST. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY IS CLEARLY STATED

IN THE BYLAWS AND IS PROVIDED TO ALL NEW BOARD MEMBERS BEFORE THEIR

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization  DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	Employer identification number 36-3379124
FACE-TO-FACE ORIENTATION, AND THEN AGAIN TO ALL BOARD MEM	BERS ANNUALLY.
THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A MEETING	OF THE FULL BOARD,
AND MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS AND UP	DATE THEIR FORMS
ANNUALLY. IT IS STATED THAT AT ANYTIME DURING THE COURSE	OF THEIR TERMS,
IF A CONFLICT OF INTEREST SHOULD ARISE, MEMBERS MUST BRIN	G FORTH THIS
INFORMATION TO AT LEAST THE CHAIR OF THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 15:	
SALARY FOR THE PRESIDENT IS DETERMINED BY THE BOARD. THE	BOARD LOOKS AT
SALARIES FROM LIKE ORGANIZATIONS. THERE IS AN EMPLOYMENT	CONTRACT
DOCUMENTING THE SALARY AND BENEFITS FOR THE PRESIDENT. T	HE PRESIDENT AND
THE OTHER MEMBERS OF THE EXECUTIVE COMMITTEE LOOK AT SALA	RIES FROM LIKE
ORGANIZATIONS AND DETERMINE THE SALARY FOR THE EXECUTIVE	VICE PRESIDENT.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, KS, KY, ME, MD, MA, MI, MN, MS, IL,	NH,NJ,NY,NC,ND,OH
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, OK, NM	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA	NCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC AT DBSA'S OFFICE.	