Form <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

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# \*\* PUBLIC DISCLOSURE COPY \*\*

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.



Α	For th	e 2019 calendar year, or tax year beginning and en	ding							
В	Check if applicab	e: C Name of organization		D Employer identific	ation number					
	Addre	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	2							
	Name	Doing business as		36-337912	24					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephone number						
	Final	55 EAST JACKSON BLVD 49	90	(312) 642						
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,506,949.					
	Amen			H(a) Is this a group ret						
	Applio tion pendi	F Name and address of principal officer: HICHAED FOLLOCK		for subordinates?						
	-	SAME AS C ABOVE		H(b) Are all subordinates inc						
		empt status: $X 501(c)(3) 501(c) () \neq (insert no.) 4947(a)(1) or A = 1000$	527		ist. (see instructions)					
-		te: WWW.DBSALLIANCE.ORG		H(c) Group exemption						
	art I		L Year o		State of legal domicile: IL					
F	1	Briefly describe the organization's mission or most significant activities: DBSA P	ROVT	הדק הטסד הד	7T.D					
Se	1	SUPPORT AND EDUCATION FOR PEOPLE WITH MOOD		ORDERS.	<u>эшг,</u>					
nar	2	Check this box			sets					
ver	3	•		1 1	13					
ğ			dependent voting members of the governing body (Part VI, line 1b)							
80		Total number of individuals employed in calendar year 2019 (Part V, line 2a)								
itie			number of volunteers (estimate if necessary)							
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
4		Net unrelated business taxable income from Form 990-T, line 39			0.					
				Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		2,367,289.	2,133,292.					
Revenue	9	Program service revenue (Part VIII, line 2g)		292,263.	188,919.					
Jev Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,379.	32,089.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-18,518.	3,157.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,668,413.	2,357,457.					
		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)		1,387,601.	1,367,045.					
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,387,001.	<u> </u>					
oen o	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) • 400, 711		0.	0.					
Ĕ		······································		1,193,359.	1,039,665.					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,580,960.	2,406,710.					
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		87,453.	-49,253.					
OL	3			ginning of Current Year	End of Year					
lanc	20	Total assets (Part X, line 16)		2,414,577.	2,393,345.					
ASS	21	Total liabilities (Part X, line 26)		269,709.	186,443.					
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		2,144,868.	2,206,902.					
		Signature Block	·	· · ·	<u> </u>					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer         MICHAEL POLLOCK, CEO         Type or print name and title	Date										
Paid	Print/Type preparer's name Preparer's signature MARCY STEINDLER MARCY STEINDLER	Date Check PTIN 06/30/20 if self-employed P00573131										
Preparer	Firm's name MANN. WEITZ & ASSOCIATES L.L.C.	Firm's EIN ► 36-3963131										
Use Only	Firm's address 111 DEER LAKE ROAD, SUITE 125	(947)267 2400										
	DEERFIELD, IL 60015 Phone no. (847) 267-3											
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No										
932001 01-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2019)										

1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	DBSA PROVIDES HOPE, HELP, SUPPORT AND EDUCATION FOR PEOPLE WITH MOOD
	DISORDERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X
	If "Yes," describe these changes on Schedule O.
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
la	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 1,038,477. including grants of \$ ) (Revenue \$ 72,79
та	EDUCATION AND INFORMATION - DBSA IS COMMITTED TO CREATING POWERFUL AN
	IMPACTFUL COMMUNITIES OF SHARED EXPERIENCES AND SUPPORT. WE FOCUS OU
	EDUCATION EFFORTS IN DISMANTLING STEREOTYPES, ENDING DISCRIMINATION A
	CHANGING THE WAY INDIVIDUALS COMMUNICATE ABOUT MOOD DISORDERS. DBSA
	REACHES OVER FOUR MILLION INDIVIDUALS WITH SUPPORT, EDUCATIONAL
	RESOURCES AND TOOLS TO HELP INDIVIDUALS LIVING WITH MOOD DISORDERS LE
	PRODUCTIVE AND FULFILLING LIVES. DBSA RECOGNIZES THAT THERE ARE MANY PATHS TO WELLNESS AND PROMOTES NUMEROUS TREATMENT COMPONENTS THAT ARE
	BENEFICIAL FOR INDIVIDUAL ACHIEVEMENTS OF RECOVERY. PERSONAL WELLNES
	TOOLS INCLUDE WELLNESS TOOLBOX, LIVING SUCCESSFULLY COURSE AND
	FIND-A-PRO. THROUGH DBSA'S ENGLISH AND SPANISH WEBSITE, MORE THAN
	880,000 INDIVIDUALS ACCESSED OUR PROGRAMS AND EDUCATIONAL RESOURCES.
1b	(Code: ) (Expenses \$ 572,129. including grants of \$ ) (Revenue \$ 118,57
	GRASS ROOTS AND PEER SERVICES - THROUGH ADVOCACY EFFORTS DBSA AMPLIFI
	VOICES OF THOSE LIVING WITH MOOD DISORDERS AND WORKS TOWARD SYSTEMIC
	CHANGE IN THE DELIVERY AND QUALITY OF MENTAL HEALTH CARE. DBSA WORKS
	WITH MORE THAN 500 SUPPORT GROUPS THROUGH ITS 160+ LOCAL CHAPTERS, AN 9 STATE ORGANIZATIONS TO PROVIDE THE SERVICES AND SUPPORT GROUPS TO
	THOSE IN NEED. DBSA EXPANDED ONLINE RESOURCES, INCLUDING VIRTUAL
	SUPPORT GROUPS AND PEER SERVICES. APPROXIMATELY 92% OF SUPPORT GROUP
	MEMBERS REPORTED THAT THEY WERE HELPED WITH TREATMENT ADHERENCE BY
	SERVICES PROVIDED BY DBSA. DBSA WORKS WITH THE FDA, MEDICAL PRODUCT
	DEVELOPERS, RESEARCHERS, AND REGULATORY DECISION-MAKERS TO EDUCATE ON
	TREATMENT OPTIONS FOR THOSE FACING MOOD DISORDERS. FINALLY, DBSA HA
	ORGANIZED A PRESTIGIOUS 45-MEMBER SCIENTIFIC ADVISORY BOARD (SAB) TO
1c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
1e	Total program service expenses ► 1,610,606.

Part IV Checklist of Required Schedules

### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4	~	
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
<b>b</b>	Part VI	11a	~	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1 <del>-1</del> 4		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19		19		x
202	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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			Yes	No
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			- 21
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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	04-		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	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	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"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		X
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			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
0.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	л	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990	(2019)	DEPRESSION	AND	BIPOLAR	SUPPORT	ALLIANCE
Part V	Statements	Regarding Other I	RS Fili	ings and Tax	Compliance	e (continued)

b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       72         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       76       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?       7g       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       7n       X         8       Sponsoring organizations maintaining donor advised funds.       8       9       9         9       Sponsoring organizations make a distribution to a donor, donor advised funds.       9a       9a       9a       9b       9a       9b       9b       9b       9a       9a       9b       9a       9a       9a       9a </th <th></th> <th></th> <th>-</th> <th></th> <th></th> <th>Yes</th> <th>No</th>			-			Yes	No						
b       If a least one is responded on line 2a, did the organization field arregulated fedraed amployment tax values?       2b       X         Note: If the sum of lines 1 and 2a is greater than 250, you may be required to <i>c</i> <sup>-</sup> //tile (see instructions)       2a       X         b       If the require that may be required to <i>c</i> <sup>-</sup> /tile (see instructions)       2a       X         b       If the require that the sum of lines 1 and 2a is greater than 250, you may be required to <i>c</i> <sup>-</sup> /tile (see instructions)       3a       X         b       If the require that the required to the response to the superset of the response to response to response to the response to response to the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
Note:         If the sum of lines 1a and 2a is greater than 250, your may be required to e-fife (see instructions)         as           3a         Did the organization have unrelated business greas income of \$1,000 or more during the year?         3a         X           3b         If 'Yes,'' has it filed a Form 980-T for this year?         3b         X           3b         If 'Yes,'' has it filed a Form 980-T for this year?         3b         X           3b         If 'Yes,'' has it filed a Form 980-T for this year?         3c         X           3b         If 'Yes,'' has it filed a Form 980-T for this year?         4a         X           3c         If 'Yes,'' has it filed a Form 980-T for this year?         5a         X           3c         Max the organization have annual pross receipts that the was or is a party to a prohibited tax shelter transaction?         5b         X           3b         Des the organization have annual gross receipts that are normaly greater than \$100,000, and dd the organization solid any contributions that were nor tax deductible a schartable contributions?         6b         X           7b         Torganization that were not tax deductible contributions and party to goods and services provided to the party?         7a         X           7b         Torganization selex analysis of male party as a contribution of gan party as a contribution of this were not tax deductible?         7a         X		filed for the calendar year ending with or within the year covered by this return	2a	22									
3a       Dd the organization have undelade business gross income of \$1,000 or more during the year?       3a       X         b       If Yes, 'hast field a Form 990-T for this year? If 'No' to <i>line 3b, provide an explination on Schedule O</i> .       3b       X         a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         b       If 'Yes, ' inter the name of the foreign country (such as a bank account, securities account, or other financial account?)       5a       X         b       Wast the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR).       5a       X         b       Wast the organization have schetter transaction at any time during the tax yea?       5a       X         b       U organization approximation party to a prohibited tax schetter transaction?       5b       X         c       If 'Yes, 'ion tax' the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5c       5c         c       Did the organization needs or body, did the organization include with every accounts outcleas on a special party for goods and services provided to the party?       7a       X         d       If 'Yes, 'i did the organization include with every accounts outcleas on a special party for which it was required to the information receive any funds, dinectly to right evers on other off.	b												
b     If "Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule O     2b       4a     At any time dumg the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?     4a     X       b     If "Yes," enter the name of the foreign country [such as a bank account securities account? or other financial account?     5a     X       5a     Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?     5a     X       5D     Did any taxabite party nority the organization that was or is a party to a prohibited tax shefter transaction?     5b     X       61     Does the organization anal gross neepits that are normally preater than \$100,000, and did the organization solut are very solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     6b       70     organization such a many receive deductible contributions and party for gods and services provided to the payr(7     7a       X     If "vs," id the organization norbity the donor of the value of the gods or anylese provided?     7b       10     If organization such a supry permittine cost of 375 male party as a contribution and party for gods and services provided to the payr(7     7a       X     If "vs," iddit the organization norbity the donor of the value of the gods or anylese provided?     7b     7c       10     If organization settic any any permitmes, or effort saga anyles a contrabu		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)										
4a       At any time during the calendar year, d0 the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)       4a       X         bit if 'ves, '' and the name of the foreign country b       See instructions for ling requirements for FIRCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         bit of any taxable party notify the organization in at it was or is a party to a prohibited tax shelter transaction?       5b       X         c) If 'ves, '' in the cognization in fore from 886-7       See instructions or gifts were not tax deductible as charitable contributions?       5a       X         b) If 'ves, '' idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         b) If 'ves, '' idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         b) If 'ves, '' idd the organization notify the doron of the value of the goods or sevees provided?       7a       X         b) If 'ves, '' idd the organization include with every solicitation an express statement that such contributions or gifts were not tax ideductible?       7a       X         b) If 'ves, '' indicate the number of Forms 8282 filed during the year       7d       7a       X         b) If 'ves, '' indicate the number of Forms 8282?       1	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X						
fmanoial account in a foreign country (such as a bark account, securities account, or other financial account)?     4a     X       b     If "Yes," enter the name of the foreign country ▶     See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).     Sa     X       5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     Sa     X       5b     Was the organization a party to a prohibited tax shelter transaction?     Sa     X       6a     Was the organization have annual gross receipts that are normaly greater than \$100,000, and did the organization solicit     Sa     X       6a     X       9     Tyres," did the organization neixed with every solicitation an express statement that such contributions or gifts     Sa     X       9     If "Yes," did the organization neity the donor of the value of the goods or services provided to the payo!?     7a     X       7     Organization revice a party time (schift), to pay preniums on a personal benefit contract?     7c     X       7     Tyres," indicate the number of Forms 8282 field during the year?     7d     7d     7a       9     Sponsoring organization revice any funds, directly or indirectly, to pay preniums on a personal benefit contract?     7e     X       10     If the organization revice any funds, directly or indirectly, on a personal benefit contract?     7g       11					3b								
b       If "Yes," enter the name of the foreign country       Image: Comparison of the provide the comparison of the comparis	4a						37						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b Did any taxable party notify the organization file Form 8886-17.       5c       X         6a Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b If Yes, "idd the organization near greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions under section 170(c).       6a       X         c Type," idd the organization near greater than \$100,000, and graft for goods and services provided to the payo?       7a       X         d If Yes," idd the organization near greater than \$100,000, and graft for goods and services provided to the payo?       7a       X         d If Yes," idd the domarization near greater during the year       Td       Td       Td       X         d If Yes," idd the organization and year by index (incetty or indirect), to pay premiums on a personal benefit contract?       7a       X         d If Yes," idd the organization receive a syntub, directly or indirect), to pay premiums on a personal benefit contract?       7a       X         d If Yes," indicate the number of Forms 8282 fied during the year, pay premiums on a person			accou	int)?	4a		X						
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c       If Yes' to line So or Sb, did the organization file Form 8886-17.       5c       X         c       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and were not tax deductible as chartable contributions?       6a       X         b       If Yes, '' did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible as chartable of the goods or services provided to the payor?       7a       X         b       If Yes, '' did the organization notify the dong or services provided to the payor?       7a       X         d       If Wes, '' did the organization notify the dong or services provided to the payor?       7a       X         d       If Yes, '' did the organization notify the dong or services provided to the payor?       7a       X         d       If Yes, '' did the organization notify the dong or vice services provided to the payor?       7a       X         d       If Yes, '' did the organization notify the dong or vice services provided to the payor any the dong payor services provided to the payor any the dong payor services provided to the payor any there the apyo	b												
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       So       X         c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T7       So       So         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts       Go         b       If "Yes," did the organization needed symmetrin excess of \$75 made party as a contribution and party for goods and services provided to the payo?       7a       X         b       If "Yes," did the organization needer symmetrin excess of \$75 made party is a contribution and party for which it was required to the form 8282?       7b       7a       X         c       Did the organization needer symmetrin excess of \$75 made party to pay premiums on a personal benefit contract?       7a       X         d       If "Yes," fudicate the number of Forms 8282 filed during the year       Ta       7a       X         f       Did the organization neeves any funds, directly or indirectly, on a personal benefit contract?       7e       X         f       Did the organization neeves any funds, directly or indirectly, on a personal benefit contract?       7f       X         f       Did the organization neeves any time during the year?       8       8       8         f	<b>-</b> -												
c       If "Yes" to line 5a or 5b, did the organization file Form 8886 T?       5c         60       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions and parkly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the doors of the value of the goods or services provided?       7b       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed dung the year       7d       7c       X         d       Did the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098 C?       7n       X         d       If the organization maintaining door advised funds. Dia a door advised fund maintaned by the sponsoring organization maintaining door advised funds. Dia advised fund maintaned by the sponsoring organization maintaining door advised funds. Dia advised fund maintaned by the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b													
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Ga       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ge       X         c       Organizations that may receive deductible contributions under section 170(c).       Ge       K         a       Did the organization and, exchange, or therwise dispose of tangible personal property for which it was required to file Form 8282?       To       To         c       Did the organization and, exchange, or therwise dispose of tangible personal property for which it was required to file Form 8282?       To       To         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Te       X         f       Did the organization neceive any funds, directly or ndirectly, to pay permiums on a personal benefit contract?       Tr       X         f       Did the organization neceive any funds, directly or ndirectly, to pay permiums on a personal benefit contract?       Tr       X         f       If the organization neceive any funds, directly or ndirectly, to pay permiums on a personal benefit contract?       Tr       X         f       If the organization neceive any funds, directly or ndirectly, to pay permiums on a personal benefit contract? <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th><u></u></th></td<>							<u></u>						
any contributions that were not tax deductible as charitable contributions?     6a     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6b       7 Organizations that may receive deductible contributions under section 170(c).     7b     7c     7c     7c       a Uid the organization notify the donor of the value of the goods or services provided to the part of the respect of the goods or services provided?     7c     X       c Did the organization notify the donor of the value of the goods or services provided?     7c     X       d If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       g If the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract?     7r     X       g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098.02     7n     7n       h If the organization maintaining door advised funds.     9 Sponsoring organization maintaining door advised funds.     9a     9a       9 Sponsoring organization maintaining door advised funds.     9a     9b     9a     9b       9 Sponsoring organization maintaining door advised funds.     10b     10b     10b     10b       9 Sponsoring organization make a sitzhubiton to a donor, donor advised, rund maintained by the sponsoring organization make any taxable distributions under section 4966?     <					50								
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b         a       Did the organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization notify the donor of the value of the goods or services provided?       7a       X         b       I' Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         b       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         d       I' Yes," indicate the number of Forms 8282 filed during the year       Td       Td       Td       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         g       if the organization receive a contribution of qualified intellectual property did the organization file a form 1089C?       7h       X         g       if the organization neceive any taxable distributions under section 4966?       9a       9b       Did the sponsoring organization maintaining door advised funds. Did a doora advisor, or related person?       9b       9b       Did the sponsoring organization make any taxable distributions to a donor advisor, or related person?       9b       Did       Did       Did       Did       Did       Did       Did<	Ua				62		x						
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     Did the organization neceive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       b     If "Yes," did the organization netify the donor of the value of the goods or services provided?     7a     X       c     Did the organization sell, exchange, or otherwise dispose of tangible personal property tor which it was required to file form 8282?     7a     X       d     If "Yes," indicate the number of Forms 8282 field during the year     7a     X       f     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7a     X       f     H the organization received a contribution of qualified intelectual property, did the organization file a Form 1098-C?     7h       8     Sponsoring organization make and to farb. boats, aniphanes, or other vehicles, did the organization file a Form 1098-C?     7h       9     Sponsoring organization make and trabutions under section 4966?     9a     9a       9     Sponsoring organization make and trabution or a during the year?     9a       9     Gross income from members or shareholders     11a     10b       10     Section 501(c)(12) organizations. Enter:     11a     10b       11     Section 501(c)(12) organizati	h				Ua								
7       Organizations that may receive deductible contributions under section 170(c).       a) Uid the organization receive a payment in excess of 5/5 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b) If 'Yes, 'id the organization notify the donor of the value of the goods or services provided?       7b       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d) If 'Yes, 'indicate the number of Forms 8282 filed during the year       [7d]       7e       X         d) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f) Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7         f) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7         f) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9       9         g) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a         l) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9a       9a <t< th=""><th></th><th></th><th></th><th>Si giito</th><th>6b</th><th></th><th></th></t<>				Si giito	6b								
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization received any funds, directly or indirectly, to na personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       H the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9b       9a       9b       9a       9b       9b       9a       9b       9b       9a       9b       9b       9b       9b       9b       9b	7				5.5								
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c)       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d)       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d)       If "Yes," indicate the number of Forms 8282 filed during the year, any permitums on a personal benefit contract?       7f       X         f)       Did the organization, during the year, any permitums, on personal benefit contract?       7f       X         g)       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         g)       Sponsoring organization material godoor advised funds.       B       B       B         g)       Sponsoring organization make and thributions under section 4966?       Ba       Ba       B         g)       Did the sponsoring organization make and tributions included on Part VIII, line 12       10a       10b       10b         g)       Social contributions included on Part VIII, line 12       10a       10b       10b       10b         g)       Gross income from members or shareholders       11a       10b       10b       10c       10c       10c       10c			rvices	provided to the payor?	7a		Х						
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes;" indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property did the organization file Form 8989 as required?       7g       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8989 as required?       7g       X         9       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a       9a       9b         9       Did the sponsoring organizations maintaining door advised funds.       10a       10	b				7b								
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       10a       10b         11 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         12 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10c         13 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       12a         13 Section 501(c)(2) organizations. Enter:       10b       12a       12a       12a       12a       12a       12a       12a       12a       12a	с		as rea	quired									
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds.       8       8       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       10       9a       9b       10       9a       9b       10       10a       10a       10a       10a       10b       10a       10b       10b       10a       10b       10a       10a       10b       10a       10b       10b       10b       10b       10a       10b       10b       10a       10b       10c       10b       10		to file Form 8282?			7c		Х						
f       Did the organization, during the year, pay premiums, directly, on a personal benefit contract?       77       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       9b       9c	d	If "Yes," indicate the number of Forms 8282 filed during the year											
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       71         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       71         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         9 Sponsoring organization make are subsiness holdings at any time during the year?       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organizations. Enter:       10a         10 forses receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(7) organizations. Enter:       10b         a Gross income from members or shareholders       11a         12 Section 501(c)(20) qualified nonprofit health rusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(20) qualified nonprofit health plans in more than one state?       13a         13 be the organization is included to maintain by the states in which the organization is licensed to issue qualified health plans       13b         13 be the organization is required to maintain by the states in which the organization is included to maintain by the states in which the organization is licensed to issue qualified health plans       13b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e								
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         10       Section 501(c)(7) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13b       Iste organization licensed to issue qualified health plans.       13a       13a         14a       Did the organization neceives any p	f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?											
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization mave excess business holdings at any time during the year?       8         9       Sponsoring organization maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         b       Gross income from members or shareholders       11a       10b       11b         carcos income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(22) qualified nonprofit health insurance issuers.       12b       13a       13a         3       Section 501(c)(22) qualified health plans in more than one state?       13a       13a       13a         14       Did the organization is equired to maintain by the states in which the organization licensed to issue qualified health plans       13b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If	g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g								
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       9b         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(7) organizations. Enter:       10a         a Gross income from members or shareholders       11a       10b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         28       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b       12a         3       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X													
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11c         a       Gross income from members or shareholders       11a       10b       11b       11c         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4968 excise tax on net investment income?       15       X	8		d by th	ie									
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand       13a         14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         15       X       14b       15	•				8								
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       Initiation fees and capital contributions included on Part VIII, line 12       Initiation fees and capital contributions included on Part VIII, line 12       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities         11       Section 501(c)(12) organizations. Enter:       Initiation for advisor, from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       Itit         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       Initiation licensed to issue qualified health plans in more than one state?       Initiation         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       Initiation       Initiation       Initia         4       In					0-								
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		If "Yes," complete Form 4720, Schedule O.											

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Form 990 (2	2019)
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#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124

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 on Schedule O. See instructions.

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<ul> <li>b Ard</li> <li>pe</li> <li>a Th</li> <li>b Ea</li> <li>org</li> <li>ectio</li> </ul>	e any governance decisions of the organization reserved to (or subject to approval by) members, ersons other than the governing body? d the organization contemporaneously document the meetings held or written actions undertaken during the y are governing body? the committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re ganization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> <b>n B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal I</i> )	stockholders, or ear by the following: eached at the	7b 8a		╀
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a Th b Ea orc ectio b If " an a Ha b De	the governing body?	eached at the			╇
b Ea orç ectio a Dio b If " an a Ha b De	ich committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> <b>n B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal I</i>	eached at the			
ectio	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> <b>n B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal I</i>	eached at the		X	∔
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ectio b Did b If " an a Ha b De	n B. Policies (This Section B requests information about policies not required by the Internal in				
a Dio b If " an a Ha b De		Revenue Code.)	9		
<ul> <li>b If "</li> <li>an</li> <li>a Ha</li> <li>b De</li> </ul>	d the organization have local chapters, branches, or affiliates?			r	т
<ul> <li>b If "</li> <li>an</li> <li>a Ha</li> <li>b De</li> </ul>	d the organization have local chapters, branches, or affiliates?			Yes	4
an <b>a</b> Ha <b>b</b> De			10a	X	∔
a Ha b De	"Yes," did the organization have written policies and procedures governing the activities of such				
<b>b</b> De	d branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X	1
	as the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	Х	1
a Dio	escribe in Schedule O the process, if any, used by the organization to review this Form 990.				
	d the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
<b>b</b> We	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to conflicts?	12b	Х	
<b>c</b> Dia	d the organization regularly and consistently monitor and enforce compliance with the policy? If '	Yes," describe			
in	Schedule O how this was done		12c	Х	
Dio	d the organization have a written whistleblower policy?		13	Х	
Dio	d the organization have a written document retention and destruction policy?		14	Х	Τ
	d the process for determining compensation of the following persons include a review and appro				T
pe	rsons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			
-	e organization's CEO, Executive Director, or top management official		15a	Х	Τ
	her officers or key employees of the organization		15b	Х	T
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				t
	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			
	xable entity during the year?		16a		T
	"Yes," did the organization follow a written policy or procedure requiring the organization to evalu				t
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				
	empt status with respect to such arrangements?		16b		T
	n C. Disclosure				-
	st the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AL , AK , AR , CA ,	CO.CT.DC.GA.H	. KS	. KY	7
	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,				
	r public inspection. Indicate how you made these available. Check all that apply.		5/3 Only	) avai	IIC.
		in an Schadula ()			
		in on Schedule O)	nd fine	noial	
	escribe on Schedule O whether (and if so, how) the organization made its governing documents,	connict or interest policy, a	nu tinai	icial	
	atements available to the public during the tax year.	ooko ond "			
	ate the name, address, and telephone number of the person who possesses the organization's b OUN OUTLINE $-312-642-0049$	ooks and records -			
	OHN QUINN - 312-642-0049				
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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.

т

 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.

See instructions for the order in which to list the persons above.

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

Name and title         Average hours per week         Operation hours per lifer and attendentiation before and attendentiation before and attendentiation from attendentiation from attendentiation from attendentiation from attendentiation from attendentiation from attendentiation from attendentiation from attendentiation from attendentiation granization         Reportable compensation granization and related organization         Estimated automation from attendentiation granization           (1)         SUZANNE DEROOFFEN         1.00         X         X         0.         0.           (1)         SUZANNE DEROOFFEN         1.00         X         X         0.         0.           (2)         Marchaet KURL         1.00         X         X         0.         0.           (3)         DANIEL SMULIAN         1.00         X         X         0.         0.         0.           (4)         CREIST B. BECKMANN         1.000         X         X         0.         0.         0.           (5)         LAGENTARIAN         X         0.         0.         0.         0.           (6)         GARY SARIS         1.000         X         X         0.         0.         0.           (7)         SERVEN HARRIS         1.000         X         0.         0.         0.         0.           (10)<	(A)	(B)			(C)				(D)	(E)	(F)
hours per week (list any bours for get and a mound of other and a mound betweek (list any line)         bours for get and a get and a	Name and title	Average	(do	not c	Pos beck	ition	l than	one	Reportable	Reportable	Estimated
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MEMBER-AT-LARGE         X         0.         0.         0.         0.           (6)         GARY SACHS         1.00         X         X         0.         0.         0.           (7)         STEVEN HARRIS         1.00         X         X         0.         0.         0.           (7)         STEVEN HARRIS         1.00         X         0.         0.         0.         0.           01         STEVEN HARRIS         1.00         X         0.         0.         0.         0.           01         STEVEN HARRIS         1.00         X         0.         0.         0.         0.           01         REASTOR         X         0.         0.         0.         0.         0.           01         RENT PAVLON-BLUM         1.00         X         0.         0	VICE-CHAIRMAN		Х		х				0.	0.	0.
(6) GARY SACHS       1.00       X       X       X       0.       0.       0.         SAB CHAIR       X       X       X       0.       0.       0.       0.         (7) STEVEN HARRIS       1.00       X       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (8) JERRY PAVLON-BLUM       1.00       X       0.       0.       0.       0.       0.         (9) ROGER MCINTYRE       1.00       X       0.       0.       0.       0.       0.         (10) KENT DAUTEN       1.00       X       X       0.       0.       0.       0.         (11) MARGARET ANNETT       1.00       X       X       0.       0.       0.       0.         (12) JOHN BUDIN       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (12) JOHN BUDIN       1.00       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X	(5) LAGENIA BAILEY	1.00									
SAB CHAIR         X         X         X         0.         0.         0.           (7) STEVEN HARRIS         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) JERRY PAVLON-BLUM         1.00         X         0.         0.         0.         0.           (9) ROGER MCINTYRE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10) KENT DAUTEN         1.00         X         X         0.         0.         0.           (11) MARGARET ANNETT         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.           DIRECTOR	MEMBER-AT-LARGE		X						0.	0.	0.
(7) STEVEN HARRIS       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (8) JERRY PAVLON-BLUM       1.00       X       0.       0.       0.       0.         (9) ROGER MCINTYRE       1.00       X       0.       0.       0.       0.       0.         (10) KENT DAUTEN       1.00       X       0.       0.       0.       0.       0.         (11) MARGARET ANNETT       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0. </td <td>(6) GARY SACHS</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) GARY SACHS	1.00									
DIRECTOR         X         0.         0.         0.         0.           (8) JERRY PAVLON-BLUM         1.00         X         0.         0.         0.         0.           MEMBER-AT-LARGE         X         0.         0.         0.         0.         0.         0.           (9) ROGER MCINTYRE         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (10) KENT DAUTEN         1.00         X         X         0.         0.         0.         0.           (11) MARGARET ANNETT         1.00         X         X         0.         0.         0.         0.           DIRECTOR         X         X         0.	SAB CHAIR		X		X				0.	0.	0.
(8) JERRY PAVLON-BLUM       1.00       X       0.       0.       0.         MEMBER-AT-LARGE       X       0.       0.       0.       0.       0.         (9) ROGER MCINTYRE       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (10) KENT DAUTEN       1.00       X       X       0.       0.       0.       0.         (11) MARGARET ANNETT       1.00       X       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0. </td <td>(7) STEVEN HARRIS</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(7) STEVEN HARRIS	1.00									
MEMBER-AT-LARGE         X         0.         0.         0.         0.           (9) ROGER MCINTYRE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) KENT DAUTEN         1.00         X         X         0.         0.         0.         0.           (11) MARGARET ANNETT         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (11) MARGARET ANNETT         1.00         X         X         0.         0.         0.           (12) JOHN BUDIN         1.000         X         0.         0.         0.         0.           (13) ROBERT SCHWARTZ JR         1.000         X         0.         0.         0.         0.           UP OF DEVELOPMENT         X         0.         0.         0.         0.         0.         0.         0.         0.         18,688.           (16) ERIC HORNER         40.000         X         12,757.         0.         552.         17.         0.<	DIRECTOR		Х						0.	0.	0.
(9) ROGER MCINTYRE       1.00       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.         (10) KENT DAUTEN       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (11) MARGARET ANNETT       1.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (12) JOHN BUDIN       1.00       X       0.	(8) JERRY PAVLON-BLUM	1.00									
DIRECTOR         X         0.         0.         0.         0.           (10) KENT DAUTEN         1.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           (11) MARGARET ANNETT         1.00         X         X         0.         0.         0.           (11) MARGARET ANNETT         1.00         X         0.         0.         0.         0.           (12) JOHN BUDIN         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (13) ROBERT SCHWARTZ JR         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) KATHLEEN BERNSTEIN-HARRIS         40.00         X         112,639.         0.         4,274.           (15) MICHAEL POLLOCK         40.00         X         223,480.         0.         18,688.           (16) ERIC HORNER         40.00         X         12,757.         0.         552.     <	MEMBER-AT-LARGE		Х						0.	0.	0.
(10) KENT DAUTEN       1.00       X       X       X       0.       0.       0.         TREASURER       X       X       X       0. <td< td=""><td>(9) ROGER MCINTYRE</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(9) ROGER MCINTYRE	1.00									
TREASURER         X         X         X         X         0.	DIRECTOR		Х						0.	0.	0.
(11) MARGARET ANNETT       1.00       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         (12) JOHN BUDIN       1.00       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         (13) ROBERT SCHWARTZ JR       1.00       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         (14) KATHLEEN BERNSTEIN-HARRIS       40.00       X       112,639.0.4,274.         (15) MICHAEL POLLOCK       40.00       X       223,480.0.18,688.         (16) ERIC HORNER       40.00       X       12,757.0.552.         (17) NANCY HEFFERNAN       40.00       X       13,903.0.583.	(10) KENT DAUTEN	1.00									
DIRECTOR         X         0.         0.         0.         0.           (12) JOHN BUDIN         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (13) ROBERT SCHWARTZ JR         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) KATHLEEN BERNSTEIN-HARRIS         40.00         X         112,639.         0.         4,274.           (15) MICHAEL POLLOCK         40.00         X         223,480.         0.         18,688.           (16) ERIC HORNER         40.00         X         12,757.         0.         552.           (17) NANCY HEFFERNAN         40.00         X         13,903.         0.         583.	TREASURER		Х		Х				0.	0.	0.
(12) JOHN BUDIN       1.00       X       0.       0.       0.         DIRECTOR       X       1.00       0.       0.       0.       0.       0.         (13) ROBERT SCHWARTZ JR       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         URECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.         URECTOR       X       10.00       X       0.       583.       0.       583.       0.       583.       0.       583.       0.       583.       0.       583.       0.       583.       0.       583.       0.       583.       0.       583.       0.       583.       0.       583.       0.       58	(11) MARGARET ANNETT	1.00									
DIRECTOR       X       0.       0.       0.       0.         (13) ROBERT SCHWARTZ JR       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) KATHLEEN BERNSTEIN-HARRIS       40.00       X       112,639.       0.       4,274.         (15) MICHAEL POLLOCK       40.00       X       223,480.       0.       18,688.         (16) ERIC HORNER       40.00       X       12,757.       0.       552.         (17) NANCY HEFFERNAN       40.00       X       13,903.       0.       583.			Х						0.	0.	0.
(13) ROBERT SCHWARTZ JR       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) KATHLEEN BERNSTEIN-HARRIS       40.00       X       112,639.       0.       4,274.         (15) MICHAEL POLLOCK       40.00       X       223,480.       0.       18,688.         (16) ERIC HORNER       40.00       X       12,757.       0.       552.         (17) NANCY HEFFERNAN       40.00       X       13,903.       0.       583.	(12) JOHN BUDIN	1.00									_
DIRECTOR       X       0.       0.       0.       0.         (14) KATHLEEN BERNSTEIN-HARRIS       40.00       X       112,639.       0.       4,274.         (15) MICHAEL POLLOCK       40.00       X       223,480.       0.       18,688.         (16) ERIC HORNER       40.00       X       12,757.       0.       552.         (17) NANCY HEFFERNAN       40.00       X       13,903.       0.       583.			Х						0.	0.	0.
(14) KATHLEEN BERNSTEIN-HARRIS       40.00       X       112,639.       0.4,274.         (15) MICHAEL POLLOCK       40.00       X       223,480.       0.18,688.         (16) ERIC HORNER       40.00       X       12,757.       0.552.         (17) NANCY HEFFERNAN       40.00       X       13,903.       0.583.	(13) ROBERT SCHWARTZ JR	1.00									-
VP OF DEVELOPMENT       X       112,639.       0.       4,274.         (15) MICHAEL POLLOCK       40.00       X       223,480.       0.       18,688.         CEO       X       223,480.       0.       18,688.         (16) ERIC HORNER       40.00       X       12,757.       0.       552.         (17) NANCY HEFFERNAN       40.00       X       13,903.       0.       583.			X						0.	0.	0.
(15) MICHAEL POLLOCK       40.00       X       223,480.       0.       18,688.         CEO       X       223,480.       0.       18,688.         (16) ERIC HORNER       40.00       X       12,757.       0.       552.         (17) NANCY HEFFERNAN       40.00       X       13,903.       0.       583.		40.00									
CEO         X         223,480.         0.         18,688.           (16) ERIC HORNER         40.00         X         12,757.         0.         552.           (17) NANCY HEFFERNAN         40.00         X         13,903.         0.         583.	VP OF DEVELOPMENT				X				112,639.	0.	4,274.
(16) ERIC HORNER       40.00       X       12,757.       0.       552.         (17) NANCY HEFFERNAN       40.00       X       13,903.       0.       583.		40.00									4.0
VP OF DEVELOPMENT         X         12,757.         0.         552.           (17) NANCY HEFFERNAN         40.00         X         13,903.         0.         583.					X				223,480.	0.	18,688.
(17) NANCY HEFFERNAN         40.00         X         13,903.         0.         583.		40.00							10		
FINANCE & ADMIN VP X 13,903. 0. 583.					X				12,757.	0.	552.
		40.00							10.000		
	FINANCE & ADMIN VP				X				13,903.	0.	

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Form **990** (2019)

		SSION AND E	BIE	POL	JAR	. S	SUE	P	ORT ALLIANCE	36-3	<u>379</u>	124	Pa	age <b>8</b>
Part	VII Section A. Officers, Directors	, Trustees, Key Em	ploy	ees,	and	Hi	ghes	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box,	not ch unles	(C) Posit neck m ss pers d a dire	ion nore t son is	than d s both	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	an	(F) timate nount o other	
		(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)	organization (W-2/1099-MI		fr orga and	pensa om the anizati d relate inizatio	e on ed
(18)	PHYLLIS FOXWORTH	40.00										[		
ADVOO	CACY VP				X				80,401.		0.		7,6	34.
									•					
	<u></u>								443,180.		0.	1	1,7	21
с	Subtotal Total from continuation sheets to F Total (add lines 1b and 1c)	Part VII, Section A					l		443,180. 0. 443,180.		0.		1,7:	0.
	Total number of individuals (including compensation from the organization		iose	liste	d ab	ove	e) wh	io r	eceived more than \$100	),000 of reportab	le		Yes	2 No
	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule</i>											3	100	X
4	For any individual listed on line 1a, is and related organizations greater that	the sum of reportab in \$150,000? <i>If</i> "Yes,	le co " <i>coi</i>	mpe mple	ensat ete So	tion che	and dule	l ot g J i	her compensation from for such individual	the organization		4	x	
	Did any person listed on line 1a receir rendered to the organization? If "Yes,					-					j	5		х
	ion B. Independent Contractors	, <u>,</u>			- 1-								ľ	
	Complete this table for your five high the organization. Report compensation		-								npens	ation f	rom	
	(/ Name and bus	NC	ONE	2				<b>(B)</b> Description of s	ervices	C	(C Comper		۱ 	
	Total number of independent contrac \$100,000 of compensation from the		ot lir	niteo	d to t	thos C		stec	d above) who received n	nore than			2000	
												Form	<b>990</b> (2	2019)

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Form	990	0 (2	2019) DEPRESSION AN	D BIPOLAR	SUPPORT	ALLIANCE	36-3379	124 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line	in this Part VIII			<u> </u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
its its	1	а	Federated campaigns 1a	59,763.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
s, G			Fundraising events 1c					
Gift lar			Related organizations 1d					
imi, (		е	Government grants (contributions) 1e					
rior ⊮ S		f	All other contributions, gifts, grants, and					
ibu				073,529.				
nd C		g	Noncash contributions included in lines 1a-1f	4,912.				
a Č		h	Total. Add lines 1a-1f		,133,292.			
				Business Code				
ice	2	а	CONTRACT REVENUE	900099	163,944.			
Program Service Revenue		b	PROGRAM SERVICE	900099	24,975.	24,975.		
n S /eni		С						
grar Rev		d						
roc		е						
		f	All other program service revenue		188,919.			
		g	Total. Add lines 2a-2f		100,919.			
	3		Investment income (including dividends, intere		31,835.			31,835.
	4		other similar amounts) Income from investment of tax-exempt bond p		51,055.			51,055.
	- <del>-</del> 5		Royalties					
	5		(i) Real	(ii) Personal				
	6	а	Gross rents 6a	(				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 149,746.					
		b	Less: cost or other basis					
anı			and sales expenses 7b 149,492.					
evenue		с	Gain or (loss)					
Other Re		d	Net gain or (loss)	►	254.			254.
the	8	а	Gross income from fundraising events (not					
Ò			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	····· ►				
	Э	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		-	and allowances	2,449.				
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory		2,449.	2,449.		
s				Business Code				
e sou:	11	а	OTHER	900099	708.	708.		
ane		b						
		с						
Miscellaneous Revenue		d	All other revenue					
_		е	Total. Add lines 11a-11d	▶	708.		-	
	12		Total revenue. See instructions	> 2	357,457.	192,076.	0.	-
93200	9 01-	-20-	-20		•			Form <b>990</b> (2019)

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# Form 990 (2019) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 10 Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	<b>(A)</b> Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	'	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
0	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
Ŭ	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	482,752.	268,213.	106,153.	108,386
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	657,842.	483,376.	76,261.	98,205.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,123.	9,091.	491.	1,541.
9	Other employee benefits	123,470.	79,202.	19,515.	24,753
10	Payroll taxes	91,858.	60,501.	14,581.	16,776.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	14,989.	3,028.	11,961.	
	Accounting	90,599.		90,599.	
	Lobbying	40,000.	40,000.		
е	Professional fundraising services. See Part IV, line 17			0.00	
f	Investment management fees	8,697.		8,697.	
g	Other. (If line 11g amount exceeds 10% of line 25,	106 175	101 547	0.0	4 5 4 0
	column (A) amount, list line 11g expenses on Sch O.)	196,175.	191,547. 2,655.	<u>88.</u> 821.	<u>4,540</u> 1,979
12	Advertising and promotion	5,455. 133,996.	62,514.	20,133.	51,349
13	Office expenses	131,867.	108,027.	5,551.	18,289
14	Information technology	131,007.	100,027.	5,551.	10,209
15	Royalties	135,022.	94,515.	17,715.	22,792
16		145,349.	119,127.	4,872.	21,350
17 10	Travel	145,545.	117,127.	4,072.	21,5500
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	44,084.	36,393.	6,885.	806.
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,583.	33,316.	8,029.	9,238.
23	Insurance	13,920.	9,168.	2,210.	2,542
24	Other expenses, Itemize expenses not covered			,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	26,349.	7,353.	831.	18,165.
b	AWARDS AND SCHOLARSHIPS	2,580.	2,580.		
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,406,710.	1,610,606.	395,393.	400,711
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 Figure if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2019

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Form **990** (2019)

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#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE Part X Balance Sheet

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

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					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			630,935.	1	549,172.
	2	• ····· F			95,218.	2	127,306.
	3				402,777.	3	368,438.
	4	Accounts receivable, net			75,843.	4	10,570.
	5	Loans and other receivables from any current or					- ,
	Ū	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disguali	•				
	Ū	under section 4958(f)(1)), and persons described	•	•		6	
s	7	Notes and loans receivable, net		( )( )( )		7	
Assets	8	Inventories for sale or use				8	
As	9	<b>B</b>			30,365.	9	84,462.
		Land, buildings, and equipment: cost or other			,		-,-
		basis. Complete Part VI of Schedule D	10a	280,805.			
	ь	Less: accumulated depreciation		193,527.	120,635.	10c	87,278.
	11	Investments - publicly traded securities		- -	1,038,804.	11	1,146,119.
	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	20,000.	15	20,000.		
	16	Total assets. Add lines 1 through 15 (must equa	2,414,577.	16	2,393,345.		
	17	Accounts payable and accrued expenses			167,004.	17	76,983.
	18	Grants payable		18			
	19	Deferred revenue		19	14,135.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I		21			
ŝ	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abi		controlled entity or family member of any of thes				22	
Ē	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			102,705.	25	95,325.
	26	Total liabilities. Add lines 17 through 25			269,709.	26	186,443.
6		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔀			
Cee		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			1,539,822.	27	1,403,425.
ΪB	28	Net assets with donor restrictions			605,046.	28	803,477.
un		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
г		and complete lines 29 through 33.					
tso	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			2,144,868.	32	2,206,902.
	33	Total liabilities and net assets/fund balances			2,414,577.	33	2,393,345.

Form **990** (2019)

#### Form 990 (2019)

Form	1 990 (2019) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-	3379124	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,35		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,40		
3	Revenue less expenses. Subtract line 2 from line 1	3			53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,144	4,8	68.
5	Net unrealized gains (losses) on investments	5	11:	1,2	87.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,200	5,9	02.
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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 on Sch	hedule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit		ĺ
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

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SCHEDULE A	
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1	(Form	990	or	990-	FZ
л		550	<b>U</b> I	550	

### **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.

OMB No. 1545-0047
2019
Open to Public

Internal Revenue Servic			v/Form990 for instruction			nformation.		Inspection
Name of the orga	anization	v					Employer	identification number
		RESSION AND	BIPOLAR SUP	PORT .	ALLIA	NCE	3	6-3379124
Part I Rea			All organizations must co					
The organization	s not a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1 🛄 A chur	ch, convention of ch	nurches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).		
			Attach Schedule E (Form					
			anization described in <b>se</b>			ii).		
			njunction with a hospital				(iii). Enter	the hospital's name,
city, a	nd state:							
5 🗌 An org	anization operated f	or the benefit of a co	ollege or university owned	d or operat	ed by a g	overnmental u	ınit descrik	oed in
sectio	on 170(b)(1)(A)(iv). (0	Complete Part II.)						
	ral, state, or local go	overnment or governr	mental unit described in s	section 17	′0(b)(1)(A)	(v).		
7 X An org	anization that norma	ally receives a substa	antial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
sectio	n 170(b)(1)(A)(vi). (C	Complete Part II.)						
8 🔄 A com	munity trust describ	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	: II.)				
-		-	l in section 170(b)(1)(A)(		-		-	-
or univ	ersity or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of	the colleg	je or
univer	•							
-		•	e than 33 1/3% of its sup				-	-
		-	ct to certain exceptions,					-
			e (less section 511 tax) fro	om busine	sses acqu	lired by the or	ganization	after June 30, 1975.
	ection 509(a)(2). (Co		i ya ku ta ta ta ta ƙasar Ing	(ab) Can a		DO(-)(A)		
	-		sively to test for public sa					
			sively for the benefit of, to					
			ed in <b>section 509(a)(1)</b> o of supporting organizatio					
			supervised, or controlled					<i>i</i> aivina
			egularly appoint or elect a					
		complete Part IV, Se		i majonity t				apporting
		-	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	avina
			anization vested in the s			-		-
	-	st complete Part IV,		•			5 1	
			g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
its s	upported organizatio	on(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.		
d 🗌 Type	e III non-functionall	y integrated. A supp	porting organization oper	ated in cor	nnection v	with its suppor	ted organi	ization(s)
that	is not functionally in	tegrated. The organi	zation generally must sat	isfy a distr	ribution re	quirement and	d an attent	iveness
requ	irement (see instruc	tions). <b>You must co</b> r	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
e 🗌 Che	ck this box if the org	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
func	tionally integrated, o	r Type III non-functio	onally integrated support	ng organiz	zation.			
f Enter the n	umber of supported	organizations						
		n about the supporte	<u> </u>	(11) 10 10 0000	nization lists d			L
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organ in your governin	ng document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
orga	nization		above (see instructions))	Yes	No	Support (See In	sirucions)	
		1	1					1

509(a)(3). Check the box in

# on(s), by having age the supported

g Provide the following information	n about the supporte				-			
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing document?		ii) Type of organization (iv) is the organization listed (v) Amount of monetary		(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)		
		above (see instructions))						
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

2019.04000 DEPRESSION AND BIPOLAR SUPP 04305\_1

## Schedule A (Form 990 or 990-EZ) 2019 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) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2791631.	2115367.	1890029.	2367289.	2133292.	11297608.	
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	2791631.	2115367.	1890029.	2367289.	2133292.	11297608.	
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)						2910014.	
	Public support. Subtract line 5 from line 4.						8387594.	
-	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a)2015 2791631.	(b)2016 2115367.	(c) 2017 1890029.	(d) 2018 2367289.	(e) 2019 2133292.	(f) Total 11297608 •	
	Amounts from line 4	2/91031.	2113307.	1090029.	230/209.	2133292.	1129/000.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	21,346.	14,352.	19,965.	26,704.	31,835.	114,202.	
•	and income from similar sources	21,540.	14,352.	19,903.	20,704.	51,055.	114,202.	
9	Net income from unrelated business							
	activities, whether or not the				0.			
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	1,325.		565.	6,900.	708.	9,498.	
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	1,525.		505.	0,500.		11421308.	
12	Gross receipts from related activities.	ota (soo instructi	one)				,319,187.	
	First five years. If the Form 990 is for		,	d fourth or fifth ta	ax vear as a sectio		/010/10/1	
10	organization, check this box and stop	-						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2019 (			olumn (f))		14	73.44 %	
	Public support percentage from 2018					15	71.99 %	
	33 1/3% support test - 2019. If the o					nore, check this bo	ox and	
	stop here. The organization qualifies	-						
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
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>	<b>ere.</b> Explain in Pa	rt VI how the orgar	nization	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization			
b	10% -facts-and-circumstances tes	<b>t - 2018.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and	<b>stop here.</b> Explain	in Part VI how the	e	
	organization meets the "facts-and-cire	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶□	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b				
	Schedule A (Form 990 or 990-EZ) 2019							

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#### Schedule A (Form 990 or 990-EZ) 2019 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			R			
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		$\bigcirc$				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	l		
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,
0							▶∟
	tion C. Computation of Public					<u> </u>	
	Public support percentage for 2019 (lin					15	%
	Public support percentage from 2018					16	%
Sec	tion D. Computation of Inves	tment Incom	e Percentage			1 1	
17	Investment income percentage for 201	l <b>9</b> (line 10c, colur	mn (f), divided by I	ne 13, column (f))		17	%
18	Investment income percentage from 2	018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the c	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3% , and line $^{\circ}$	17 is not
	more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization qual	fies as a publicly s	supported organization	ation	
b	33 1/3% support tests - 2018. If the c	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec	k this box and <b>st</b>	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization						
	23 09-25-19						0 or 990-EZ) 2019
				15		-	-
350	630 787606 04305	203	19.04000	DEPRESSIO	N AND BIP	OLAR SUPP	043051

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#### Schedule A (Form 990 or 990-EZ) 2019 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 4

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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.)

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

# Schedule A (Form 990 or 990-EZ) 2019 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 5

га	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization? 11a		
	A family member of a person described in (a) above? 11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in <b>Part VI.</b> 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sec	tion D. All Type III Supporting Organizations	1	
		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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		
-	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
<u></u>	supported organizations played in this regard. 3		
	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).		
a ⊾	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below.		
c م	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruction Activities Test. Answer (a) and (b) holew.	s). Yes	Na
2	Activities Test. <b>Answer (a) and (b) below.</b>	res	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 <b>Part VI identify</b>		
	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		
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.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
з а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
d	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI. 3a</b>		
b			
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard. <b>3b</b>		
	5 09-25-19 Schedule A (Form 990 or 9	00 67	1 2010

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#### Schedule A (Form 990 or 990-EZ) 2019 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Itel short-term capital gain         tecoveries of prior-year distributions         Other gross income (see instructions)         add lines 1 through 3.         Depreciation and depletion         Portion of operating expenses paid or incurred for production or         ollection of gross income or for management, conservation, or         naintenance of property held for production of income (see instructions)         other expenses (see instructions)         adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         n B - Minimum Asset Amount         aggregate fair market value of all non-exempt-use assets (see         nstructions for short tax year or assets held for part of year):         verage monthly value of securities	1 2 3 4 5 6 7 8	(A) Prior Year	(B) Current Year (optional)
wither gross income (see instructions)         add lines 1 through 3.         Depreciation and depletion         Portion of operating expenses paid or incurred for production or         ollection of gross income or for management, conservation, or         maintenance of property held for production of income (see instructions)         other expenses (see instructions)         adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         n B - Minimum Asset Amount         aggregate fair market value of all non-exempt-use assets (see         nstructions for short tax year or assets held for part of year):	3 4 5 6 7	(A) Prior Year	
idd lines 1 through 3.         Depreciation and depletion         Vortion of operating expenses paid or incurred for production or         ollection of gross income or for management, conservation, or         naintenance of property held for production of income (see instructions)         Other expenses (see instructions)         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         n B - Minimum Asset Amount         aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	4 5 6 7	(A) Prior Year	
Pepreciation and depletion Portion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or naintenance of property held for production of income (see instructions) other expenses (see instructions) adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	5 6 7	(A) Prior Year	
ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or naintenance of property held for production of income (see instructions) other expenses (see instructions) adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	6 7	(A) Prior Year	
ollection of gross income or for management, conservation, or naintenance of property held for production of income (see instructions) other expenses (see instructions) adjusted Net Income (subtract lines 5, 6, and 7 from line 4) In B - Minimum Asset Amount aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	7	(A) Prior Year	
naintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) In B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see Instructions for short tax year or assets held for part of year):	7	(A) Prior Year	
Other expenses (see instructions)         Indjusted Net Income (subtract lines 5, 6, and 7 from line 4)         In B - Minimum Asset Amount         Inggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	7	(A) Prior Year	
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         n B - Minimum Asset Amount         aggregate fair market value of all non-exempt-use assets (see         nstructions for short tax year or assets held for part of year):		(A) Prior Year	
n B - Minimum Asset Amount ggregate fair market value of all non-exempt-use assets (see astructions for short tax year or assets held for part of year):	8	(A) Prior Year	
ggregate fair market value of all non-exempt-use assets (see astructions for short tax year or assets held for part of year):		(A) Prior Year	
structions for short tax year or assets held for part of year):			1
verage monthly value of securities			
verage montally value of securities	1a		
verage monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
actors (explain in detail in <b>Part VI</b> ):			
cquisition indebtedness applicable to non-exempt-use assets	2		
ubtract line 2 from line 1d.	3		
ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
ee instructions).	4		
let value of non-exempt-use assets (subtract line 4 from line 3)	5		
fultiply line 5 by .035.	6		
ecoveries of prior-year distributions	7		
finimum Asset Amount (add line 7 to line 6)	8		
n C - Distributable Amount			Current Year
djusted net income for prior year (from Section A, line 8, Column A)	1		
nter 85% of line 1.	2		
linimum asset amount for prior year (from Section B, line 8, Column A)	3		
nter greater of line 2 or line 3.	4		
ncome tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
mergency temporary reduction (see instructions).	6		
	air market value of other non-exempt-use assets otal (add lines 1a, 1b, and 1c) iscount claimed for blockage or other ctors (explain in detail in <b>Part VI</b> ): cquisition indebtedness applicable to non-exempt-use assets ubtract line 2 from line 1d. ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ee instructions). et value of non-exempt-use assets (subtract line 4 from line 3) ultiply line 5 by .035. ecoveries of prior-year distributions linimum Asset Amount (add line 7 to line 6) n C - Distributable Amount djusted net income for prior year (from Section A, line 8, Column A) nter 85% of line 1. inimum asset amount for prior year (from Section B, line 8, Column A) nter greater of line 2 or line 3. come tax imposed in prior year istributable Amount. Subtract line 5 from line 4, unless subject to mergency temporary reduction (see instructions).	verage monthly cash balances       1b         air market value of other non-exempt-use assets       1c         otal (add lines 1a, 1b, and 1c)       1d         iscount claimed for blockage or other       1d         ctors (explain in detail in Part VI):       1d         cquisition indebtedness applicable to non-exempt-use assets       2         ubtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ee instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ultiply line 5 by .035.       6         ecoveries of prior-year distributions       7         linimum Asset Amount (add line 7 to line 6)       8         a C - Distributable Amount       2         djusted net income for prior year (from Section A, line 8, Column A)       1         net regater of line 2 or line 3.       4         come tax imposed in prior year       5         istributable Amount. Subtract line 5 from line 4, unless subject to mergency temporary reduction (see instructions).       6	verage monthly cash balances       1b         air market value of other non-exempt-use assets       1c         otal (add lines 1a, 1b, and 1c)       1d         iscount claimed for blockage or other       1d         ctors (explain in detail in Part VI):       1d         cquisition indebtedness applicable to non-exempt-use assets       2         ubtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ee instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         uitiply line 5 by .035.       6         ecoveries of prior-year distributions       7         linimum Asset Amount (add line 7 to line 6)       8         n C - Distributable Amount       2         djusted net income for prior year (from Section A, line 8, Column A)       1         nter 85% of line 1.       2         inimum asset amount for prior year (from Section B, line 8, Column A)       3         nter greater of line 2 or line 3.       4         come tax imposed in prior year       5         istributable Amount.       5         istributable Amount.       5

instructions).

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Schedule A (Form 990 or 990-EZ) 2019

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### Schedule A (Form 990 or 990-EZ) 2019 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>	
Secti	on D - Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
-	Excess from 2016			
-	Excess from 2017			
-	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-E								
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5, (See instructions.)	, lines 1, 2, ction D, line , 6, and 8; a	3b, 3c, 4b, 4c s 2 and 3; Par	;, 5a, 6, 9a, 9 t IV, Section	9b, 9c, 11a, 11b, ı E, lines 1c, 2a, 2	and 11c; Part IV, b, 3a, and 3b; P	Section B, lines 1 art V, line 1; Part V	and 2; Part IV, Section B, line	Section C, e 1e; Part V,
	(See instructions.)								
932028 09-25-1	19				20		Schedule	A (Form 990	or 990-EZ) 20 <sup>.</sup>
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Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Organization

Form 990 or 9

Form 990-PF

Filers of:

Name of the organization

# **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

2019

Employer identification number

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type (check one):					
	Section:				
90-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

527 political organiza	ation
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l		501(c)(3)	exempt private	foundatior
---	--	-----------	----------------	------------

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Employer identification number

36-3379124

#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>110,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>101,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	3-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Employer identification number

36-3379124

#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$160,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$230,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$114,455.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	- 19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Page 2 Employer identification number

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#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 59,763. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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#### DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·			
(a) No.	(b)	\$ (c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	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
·			
3453 11-06-1		\$Schedule B (Form	990, 990-EZ, or 990-PF)

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Employer identification number

36-3379124

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4				
	rganization		Employer identification number				
	SSION AND BIPOLAR SUPP		36-3379124				
Part III	Exclusively religious, charitable, etc., contrib	utions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	(a) through (e) and the following line entry s, charitable, etc., contributions of <b>\$1,000 or le</b>	/. For organizations				
	Use duplicate copies of Part III if addition	al space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(-) Transform of with					
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
Ī	· · · · ·		· · · · · · · · · · · · · · · · · · ·				
(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,	and <b>ZIP</b> + 4	Relationship of transferor to transferee				
Ī	,,,,,						
(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,	and ZIP + 4	Relationship of transferor to transferee				
ľ	,,,,						
		[					
923454 11-06	6-19	I	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)				
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SCHEDULE C	Political Campaign and Lobbying Activities	;	OMB No. 15	45-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section	527	<b>20</b> <sup>-</sup>	19
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization is described below.</li> <li>Attach to Form 990 or Form</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	990-EZ.	Open to Public Inspection	
If the organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Cam	paign Activ	vities), then	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Complete Parts I-A and B. Do not complete Part I-C.			
<ul> <li>Section 501(c) (othe</li> </ul>	than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Pa	art I-B.		
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete Part I-A only.			
If the organization answ	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Ac	tivities), th	en	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do	not comple	ete Part II-B.	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-	B. Do not c	omplete Part	II-A.
If the organization answ Tax) (see separate inst	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or For ructions), then	n 990-EZ, I	Part V, line 3	5c (Proxy
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizations: Complete Part III.			
Name of organization	DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	3	identification 6-33791	
Part I-A Comple	ete if the organization is exempt under section 501(c) or is a section \$	527 orga	nization.	
<ul><li>2 Political campaign a</li><li>3 Volunteer hours for</li></ul>	on of the organization's direct and indirect political campaign activities in Part IV. activity expenditures political campaign activities	<b>▶</b> \$		
Part I-B Comple	ete if the organization is exempt under section 501(c)(3).			
1 Enter the amount o	f any excise tax incurred by the organization under section 4955			
2 Enter the amount o	f any excise tax incurred by organization managers under section 4955	▶\$		
3 If the organization in	ncurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No No
4a Was a correction m	ade?		Yes	No No
b If "Yes," describe in				
-	ete if the organization is exempt under section 501(c), except section		).	
	rectly expended by the filing organization for section 527 exempt function activities	▶ \$		
	f the filing organization's funds contributed to other organizations for section 527			
exempt function ac	tivities	▶\$		
	on expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,			
	zation file Form 1120-POL for this year?		Yes	└── No
	dresses and employer identification number (EIN) of all section 527 political organizations t			
	r each organization listed, enter the amount paid from the filing organization's funds. Also e		•	
	ed that were promptly and directly delivered to a separate political organization, such as a	separate se	gregated fun	d or a
political action com	mittee (PAC). If additional space is needed, provide information in Part IV.			

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019						
Part II-A Complete if the org	anization	i is exei	npt under section	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).						
	-		liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar			• •			
B Check ► if the filing organiza	tion checked	d box A ar	nd "limited control" pro	visions apply.		
	ts on Lobby ditures" mea	• •	nditures Ints paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	Jence public	; opinion (	arassroots lobbvina)		4,040.	
<b>b</b> Total lobbying expenditures to influ					40,000.	
c Total lobbying expenditures (add li					44,040.	
d Other exempt purpose expenditure					2,366,710.	
e Total exempt purpose expenditure					2,410,750.	
f Lobbying nontaxable amount. Enter					2,410,750. 270,538.	
If the amount on line 1e, column (a) o			bying nontaxable amo		-	
Not over \$500,000	( ) -		the amount on line 1e.			
Over \$500,000 but not over \$1,000	0.000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		. ,	0 plus 5% of the exce	. , ,		
Over \$17,000,000		\$1,000,0	•			
	I	<i><i><i></i></i></i>				
g Grassroots nontaxable amount (en	ter 25% of I	ine 1f)			67,635.	
h Subtract line 1g from line 1a. If zero		,			0.	
i Subtract line 1f from line 1c. If zero		•			0.	
j If there is an amount other than ze						
reporting section 4911 tax for this					Γ	Yes No
	,		raging Period Under			
(Some organizations the	hat made a	section 5		have to complete all	of the five columns b	elow.
	Lobby	ing Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	16	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
2a Lobbying nontaxable amount	284	,972.	285,453.	282,243.	270,538.	1,123,206.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						1,684,809.
<b>c</b> Total lobbying expenditures	134	,247.	49,615.	48,077.	44,040.	275,979.
d Grassroots nontaxable amount	71	,243.	71,363.	70,561.	67,635.	280,802.
e Grassroots ceiling amount (150% of line 2d, column (e))						421,203.
f Grassroots lobbying expenditures	8	,625.	8,825.	8,077.	4,040.	29,567.

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

#### Schedule C (Form 990 or 990 EZ) 2019 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)		ł)	(b)	
of the	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: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?					
g	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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(5)	-		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction		
	301(0)(0).			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	100		
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 th					
_	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 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					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
с	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditure next year?					
_	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information					
Provi	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		

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

Schedule C (Form 990 or 990-EZ) 2019

932043 11-26-19

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

. . .

(Form 990)
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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.



Name of the organization

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36-3379124

1		(a) Donor advised funds	(t	) Funds and other accounts	3
	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 w		dvised fund	ds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes	N
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purp	ose conferr	ing	
	impermissible private benefit?				N
Par					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	tion or education) 🛛 🔲 Preservation	n of a histo	rically important land area	
	Protection of natural habitat	Preservation	n of a certif	ied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	orm of a co	nservation easement on the	last
	day of the tax year.		[	Held at the End of the T	
а	Total number of conservation easements		Í	2a	
	Total acreage restricted by conservation easements			2b	
	Number of conservation easements on a certified historic stru			2c	
	Number of conservation easements included in (c) acquired a		Г		
•••	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
-	year ►	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		jj	
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri		of		
5					
_	violations, and enforcement of the conservation easements it				N
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing of	conservatio	on easements during the yea	ır
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conse	ervation ea	sements during the year	
	\$				•
7 8	\$	e satisfy the requirements of section	170(h)(4)(B	)(i)	
8	► \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section	170(h)(4)(B	)(i) Yes	N
8	\$	e satisfy the requirements of section on easements in its revenue and expe	170(h)(4)(B ense staten	)(i) Yes	
8	► \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section on easements in its revenue and expe	170(h)(4)(B ense staten	)(i) Yes	_
8 9	\$	e satisfy the requirements of section on easements in its revenue and expe ote to the organization's financial sta	170(h)(4)(B ense staten tements the	)(i) Yes hent and at describes the	_
8 9	\$	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat	170(h)(4)(B ense staten tements the	)(i) Yes hent and at describes the	_
8 9	\$	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat	170(h)(4)(B ense staten tements the	)(i) Yes hent and at describes the	
8 9 Par	\$	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, o</b> 990, Part IV, line 8.	170(h)(4)(B ense staten tements the r Other S	)(i) Yes hent and at describes the Similar Assets.	
8 9 Par	<ul> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.</li> <li><b>t III</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> </ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, o</b> 990, Part IV, line 8. 8, not to report in its revenue stateme	170(h)(4)(B ense staten tements the r Other S ent and bala	)(i) Yes hent and at describes the <b>Similar Assets.</b>	_
8 9 Par	<ul> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footm organization's accounting for conservation easements.</li> <li><b>till</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 958</li> </ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, o</b> 990, Part IV, line 8. 8, not to report in its revenue statement lic exhibition, education, or research	170(h)(4)(B ense staten tements the r <b>Other S</b> ent and bala	)(i) Yes hent and at describes the <b>Similar Assets.</b>	
8 9 Par	<ul> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.</li> <li><b>111</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 956 of art, historical treasures, or other similar assets held for publication of the provide the second s</li></ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial star <b>Art, Historical Treasures, o</b> 990, Part IV, line 8. 8, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these	170(h)(4)(B ense staten tements the r Other S ent and bala in furtherar items.	)(i) Yes nent and at describes the Similar Assets.	
8 9 <b>Dar</b> 1a	<ul> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.</li> <li><b>t III</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 954 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finance.</li> </ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, of</b> 990, Part IV, line 8. 8, not to report in its revenue statement lic exhibition, education, or research licial statements that describes these 8, to report in its revenue statement a	170(h)(4)(B ense staten tements the r Other S ent and bala in furtherar items. and balance	)(i) Yes hent and at describes the <b>Similar Assets.</b>	
8 9 <b>Dar</b> 1a	<ul> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.</li> <li><b>till</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 956 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finant If the organization elected, as permitted under FASB ASC 956</li> </ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, of</b> 990, Part IV, line 8. 8, not to report in its revenue statement lic exhibition, education, or research licial statements that describes these 8, to report in its revenue statement a	170(h)(4)(B ense staten tements the r Other S ent and bala in furtherar items. and balance	)(i) Yes hent and at describes the <b>Similar Assets.</b>	_
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8 9 <b>Dar</b> 1a	<ul> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footin organization's accounting for conservation easements.</li> <li><b>till</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> </ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, or</b> 990, Part IV, line 8. 8, not to report in its revenue statement lic exhibition, education, or research icial statements that describes these 8, to report in its revenue statement a exhibition, education, or research in the	170(h)(4)(B ense staten tements the r Other S ent and bala in furtherar items. and balance furtherance	)(i) Yes nent and at describes the <b>Similar Assets.</b>	N
8 9 1a b	<ul> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.</li> <li><b>till</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 956 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 956 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part X</li> </ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, on</b> 990, Part IV, line 8. B, not to report in its revenue statement lic exhibition, education, or research icial statements that describes these B, to report in its revenue statement a exhibition, education, or research in the	170(h)(4)(B ense staten tements the r Other S ent and bala in furtherar items. and balance furtherance	)(i) Yes nent and at describes the <b>Similar Assets.</b>	N
8 9 1a b	<ul> <li>\$</li></ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, o</b> 990, Part IV, line 8. 8, not to report in its revenue statement lic exhibition, education, or research icial statements that describes these 8, to report in its revenue statement a exhibition, education, or research in the asures, or other similar assets for finan	170(h)(4)(B ense staten tements the r Other S ent and bala in furtherar items. and balance furtherance	)(i) Yes nent and at describes the <b>Similar Assets.</b>	N
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8 9 1a b	<ul> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footin organization's accounting for conservation easements.</li> <li><b>Unganizations Maintaining Collections of</b> Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 954 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 954 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures the following amounts required to be reported under FASB ASC 954 art, historical treasures of the following amounts required to be reported under FASB ASC 954 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(ii) Assets included on Form 990, Part X</li> </ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, of</b> 990, Part IV, line 8. 8, not to report in its revenue statement lic exhibition, education, or research icial statements that describes these 8, to report in its revenue statement a exhibition, education, or research in the asures, or other similar assets for finan SC 958 relating to these items:	170(h)(4)(B ense staten tements the r Other S ent and balance furtherance furtherance ncial gain, p	)(i) Yes hent and at describes the Similar Assets. ance sheet works here of public e sheet works of e of public service, \$ \$ \$ b \$	N
8 9 1a b 2 a b	<ul> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footin organization's accounting for conservation easements.</li> <li><b>till</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures the following amounts required to be reported under FASB ASC 958 art, historical treasures or other similar assets held for public provide the following amounts relating to these items:</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures the following amounts required to be reported under FASB ASC 958 art, historical treasures or other similar assets held for public provide the following amounts required to be reported under FASB ASC 958 art the following amounts required to be reported under FASB ASC 958 art the following amounts required to be reported under FASB ASC 958 art the following amounts required to be reported under FASB ASC 958 art the following amounts required to be reported under FASB ASC 958 art the following amounts required to be reported under FASB ASC 958 art the following amounts required to be reported under FASB ASC 958 art the following amounts required to be reported under FASB ASC 958 are the following amounts required to be reported under FASB ASC 958 are the following amounts required to be</li></ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, of</b> 990, Part IV, line 8. 8, not to report in its revenue statement lic exhibition, education, or research icial statements that describes these 8, to report in its revenue statement a exhibition, education, or research in the statement in the second statement a exhibition, education, or research in the sures, or other similar assets for finan SC 958 relating to these items:	170(h)(4)(B ense staten tements the r Other S ent and balance furtherance furtherance ncial gain, p	)(i) Yes hent and at describes the Similar Assets. ance sheet works here of public e sheet works of e of public service, \$ \$ b \$	N
8 9 1a b 2 a b HA	<ul> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footin organization's accounting for conservation easements.</li> <li><b>Unganizations Maintaining Collections of</b> Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 954 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 954 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures the following amounts required to be reported under FASB ASC 954 art, historical treasures of the following amounts required to be reported under FASB ASC 954 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(ii) Assets included on Form 990, Part X</li> </ul>	e satisfy the requirements of section on easements in its revenue and expe- ote to the organization's financial stat <b>Art, Historical Treasures, of</b> 990, Part IV, line 8. 8, not to report in its revenue statement lic exhibition, education, or research icial statements that describes these 8, to report in its revenue statement a exhibition, education, or research in the statement in the second statement a exhibition, education, or research in the sures, or other similar assets for finan SC 958 relating to these items:	170(h)(4)(B ense staten tements the r Other S ent and balance furtherance furtherance ncial gain, p	)(i) Yes hent and at describes the Similar Assets. ance sheet works here of public e sheet works of e of public service, \$ \$ \$ b \$	

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)         a Using the organizations accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): <ul> <li>Impuble exhibits</li> <li>Scholarly research</li> <li>Impuble exhibits</li> <li>Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> 5 Dring the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         Tore or the organization and the organization's collection?         Yes         No.           Part V         Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an anount on Form 990. Part X, line 21, for secrew or distodial account liability?         Yes         No.           b If "Yes," explain the arrangement in Part XIII check here if the organization analgent, furstee, outstouking at the organization and gent, furstee, outstouking a second or form 990, Part X, line 21, for secrew or distodial account liability?         Yes         No.           b If "Yes," explain the arrangement in Part XIII check here if the organization analgent, furstee, outstouking a second or part and the organization and the regulation analgent or organization and the regulation and the organization account liability?         Yes         No.           b If "Yes," outpain the arrangement in Part XIII check here if the organization thas been provided	_		ION AND BI								4 Page
collection terms (check all that apply):       a       b <th>Par</th> <th>t III   Organizations Maintaining C</th> <th>collections of A</th> <th>rt, Hist</th> <th>orical Tr</th> <th>easures,</th> <th>or Othe</th> <th>er Simila</th> <th>ar Asse</th> <th><b>ts</b>(contir</th> <th>nued)</th>	Par	t III   Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	<b>ts</b> (contir	nued)
a       Public exhibition       d       □ can or exchange program         b       Scholary research       0       □ Other	3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	at make s	significant (	use of its		
b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       Suring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise hunds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Intermediation an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount         c       Beginning balance       Intermediation and custom or other intermediary for contributions or other assets not included an anount on Form 990, Part X, line 21.       Yes       No         Did the organization include an amount on Form 990, Part X, line 21.       Intermediation answered "Yes" on Form 990, Part X, line 21.       Yes       No         Did the organization include an amount on Form 990, Part X, line 21.       (o) Provide National Actional Act											
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or         11       The second and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or         12       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or distodial account liability?         13       Is the organization include an amount on Form 990, Part X, line 21, for escrow or distodial account liability?         24       Dotino organization include an amount on Form 990, Part X, line 21, for escrow or distodial account liability?         25       Dotino organization include an amount on Form 990, Part X, line 21, for escrow or distodial account liability?         26       Defining balance         27       Port More Governater FundS. Complete If the organization naweed "Yes" on Form 990, Part X, line 21, for escrow or distodial account liability?         28       Det organization include an amount on Form 990, Part X, line 21, for escrow or distodial account liability?         29       Dothe organization include an amount on Form 990,	а		d								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ime 9, or reported an amount on Form 990, Part X, Ime 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, Ime 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, Ime 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, Ime 21.     Is the organization in Part XIII and complete the following table:         C Beginning balance     It I         Distributions during the year     It I         Distributions during the year     It I         Distributions during the year     It I     It I     Is Distributions during the year     It I     It I     Is Distributions     It Part V Endowment Funds. Complete if the organization nanewred 'Yes' on Form 990, Part X, Ime 21.     In the organization include an amount on Form 990, Part X, Ime 21.     In the organization include an amount on Form 990, Part X, Ime 21.     Part V Endowment Funds. Complete if the organization and were I 'Yes' on Form 990, Part IV, Ime 10.     Part V Endowment Funds. Complete if the organization and were I 'Pes' on Form 990, Part X, Ime 21.     Is a Beginning of year balance     Is a Board designated or quasiendowment	b		e		Other						
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part V Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21.     Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.     Is the organization agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 990, Part X     Beginning balance     Id     C Beginning balance     Id     Additions during the year     Id     Distributions during the year     If I     C Endowment in Part XIII. Check here if the explanation has been provided on Part XIII.     Part V     Endowment Events     Id     C Current year     Id     I	С	-									
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete it the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21.       14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. (or escrow or clustodial account liability?       Image: Complete in Part XIII.         C       Beginning balance       1d       Image: Complete in Part XIII.       Image: Complete in P	4								se in Par	t XIII.	
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Contributions of the agent and the arrangement in Part XIII and complete the following table:       Image: Contributions of Contributions of the agent and the agent agent and the agent and the agent and the agent and the agent agen	5									-	
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Beginning balance         1a       Estimations during the year         1a       Intermediations during the year         1a       Distributions during the year         1a       Distributions during the year         1b       Intermediations during the year         1a       Distributions during the year         1b       Intermediation full the year         1b       Intermediation full the year         1a       Distributions during the year         1b       Intermediation full the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990. Part X, line 10.         1a       Beginning of year balance       (a) Current year         1a       Beginning of year balance       (b) Prir year         1b       Contributions       (c) Four years back         1b       Control year balance       (b) Prir year end balance (line 1g, colum											
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       Ves       No         b       If 'ves,'' explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included       Image: Complete intermediary for contributions or other assets not included       Image: Complete intermediary for contributions or other assets not included         a       Additions during the year       Image: Complete intermediary for control other assets not included       Image: Complete intermediary for control other assets not included       Image: Complete intermediary for control other assets not included       Image: Complete intermediary for control other assets not included       Image: Complete intermediary for control other assets not included       Image: Complete intermediary for control other assets not included on Part XIII       Image: Complete intermediary for control other assets not included on Part XIII       Image: Complete intermediary for control other assets not includes       Image: Complete intermediary for control other assets not includes       Image: Complete intermediary for control other assets not includes       Image: Complete intermediary for control other assets not includes       Image: Complete intermediary for control other assets not includes       Image: Complete intermediary for control other assets not includes       Image: Complete intermediary for control other assets not includes       Image: Complete intermediary for control other assets not includes       Image: Complete intermediary for control othera	Par			ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
on Form 990, Part X?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or clustodial account liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         1a Ghowment Funds. Complete if the organization answered       Yes' on Form 990, Part X, line 10.       (e) Four years back       (f) Three years back       (e) Four years back         1a Carrier ordinates or scholarships       (a) Current year end balance       (ine 10, column (a)) held as:       (a) Current year end balance       (b) Prior year       (f) T											
b       If "Yes," explain the arrangement in Part XII and complete the following table:	1a									٦.,	□
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       Id         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or clustodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII.       Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.         f       Beginning of year balance       (a) Current year       (b) Pror year       (c) No years back       (d) Three years back       (e) Four years back         f       Administrative expenditures for facilities       Image: Check here if the explanation has been provided or part XIII.       Image: Check here if the explanation has been provided or part XIII.       Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.         f       Administrative expenses       Image: Check here if the explanation has been provided or part balance       Image: Check here if the explanation here the explanation has been provided or part balance       Image: Check here if the explanation here there the explanatis the explanation here the ex									L	∐ Yes	
c       Beginning balance       ic         id       id         id	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
d Additions during the year       1d         e Distributions during the year       1d         1 Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or distodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         c Other expenditures for facilities       1       1       1       1       1         and programs       1       1       1       1       1       1         g End of year balance       9%       1       1       1       1       1         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       1										Amount	t
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability?       Ves       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability?       Ves       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Tiree years back         a       Contributions       (a) Current year end balance (line 1g, column (a)) held as:       (a) Corgenization       (b)       (c)         g       Foroide the estimated percentage of the cur											
f       Ending balance       11         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or distodial account liability?       Yes       No         b       If "Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Second S											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No       Contributions       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year end balance       (i) Control of year balance       (i) Control of year balance       (i) Control of year balance         g       End of year balance       ////////////////////////////////////											
b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year end balance       (b) Contributions       (c) Three years back       (e) Four years back       (f) Three years back       (f) Three years back       for hard four four years back       for hard four four years back       for hard four four years back       four four years back       four fou										N a a	
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         b       Contributions       (c) Current year       (c) Two years back       (c) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Current year       (c) Two years back       (c) Three years back       (e) Four years back         and programs       (c) Administrative expenses       (c) Three years back       (c)											
Image: the set of the se											
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs investment earnings, gains, and losses   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   f Term endowment ▶  %   f Term endowment ▶  %   f Intere endowment ▶  %   f Term endowment ▶   f Term endowment ▶	1 41								aare hack	(a) Four	voare hack
b       Contributions	10	Paginning of year balance	(a) Current year	(D) F	nor year	(C) Two yea	15 Dack	<b>(u)</b> mee ye	Sals Dauk	(e) i oui	years back
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs f   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c   Term endowment ▶  %   b   percentages on lines 2a, 2b, and 2c should equal 100%.   3a   Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i)   (ii)   Ivrelated organizations   b   f   Yes   no b   if Yes* on line 3a(ii), are the related organizations listed as required on Schedule R?   d   Description of property   (a)   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 other   b   b   B   Description of property   (a)   Cost or other   b   b   B   Description of property   (a)   Description of property   (b)   Cost or other   b   b </th <th></th>											
d Grants or scholarships											
e       Other expenditures for facilities and programs       Image: Constraint of the co											
and programs											
f       Administrative expenses	e										
g End of year balance	£										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         milder percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment Indus not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         (iii)       Related organizations         3a(ii)       Iag(ii)         3b       Iag(iii)         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         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 other       (b) Cost or other       (c) Accumulated         basis (investment)       basis (other)       depreciation       (d) Book value         basis (investment)       19 , 425 .       19 , 425 .       0 .         e Cuther       261 , 380 .       174 , 102 .       87 , 278 .											
a Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %         c Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:      %         (i) Unrelated organizations      %         (ii) Related organizations      %         b If "Yes" on line 3a(ii), are the related organization's endowment funds.      %         Part VI       Land, Buildings, and Equipment.      %         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.      %         Image: Land	-	-	rent year end balanc	e (line 1	a column (s	)) hold as:					
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			rent year end baland		g, column (a	<i>i))</i> Heid as.					
c       Term endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		-	%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations       Yes No         (ii)       Related organizations       3a(i)       3a(i)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment.         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 other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         b       Buildings											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Land, Buildings, and Equipment.       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       b Buildings       1         c Leasehold improvements       19,425.       19,425.         d Equipment       19,425.       0.         e Other       261,380.       174,102.       87,278.	U	· · · · · · · · · · · · · · · · · · ·	, -								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 261, 380. 174, 102. 87, 278.	3a			ation the	t are held a	nd administe	ered for t	he organiz	ation		
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         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 other basis (other)       (c) Accumulated depreciation         1a Land       1         b Buildings       1       1         c Leasehold improvements       1       1         d Equipment       19,425.       19,425.       0.         e Other       261,380.       174,102.       87,278.	ou							ne erganiz	ation	Г	Yes No
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         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 other       (b) Cost or other       (c) Accumulated depreciation         1a       Land		-									
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         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 other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land											
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         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 other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       14       Land       14       Land       14         b       Buildings       14       Lasehold improvements       15       19,425.       19,425.       0.         e       Other       261,380.       174,102.       87,278.	b										
Part VI       Land, Buildings, and Equipment.         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 other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land											
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par										
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land		Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	), Part X,	line 10.			
b Buildings			(a) Cost or o	ther	(b) Cost	or other	(c) Ao	ccumulate	d	( <b>d)</b> Bool	k value
b Buildings	<b>1</b> a	Land									
c Leasehold improvements         19,425.         19,425.         0.           d Equipment         261,380.         174,102.         87,278.											
d Equipment         19,425.         19,425.         0.           e Other         261,380.         174,102.         87,278.											
e Other					1	9,425.		19,42	25.		0
							1			8	7,278
				X, colun	nn (B), line 1	0c.)	<u></u>			8	7,278

Schedule D (Form 990) 2019

932052 10-02-19

Schedule	D (Form 990) 2019	DEPRESSION	AND	BIPOLAR	SU	PPORT	ALLIANCE	36-3379124	Page <b>3</b>
Part V		- Other Securities.							U
	Complete if the or	ganization answered "Yes"	on For	m 990, Part IV, li	ine 11	lb. See For	m 990, Part X, line 1	12.	
(a) Desc		egory (including name of security)		b) Book value				st or end-of-year market	value
(1) Finan	icial derivatives								
. ,		ts							
(3) Other									
(A)									
(A) (B)									
(C)									
<u>(D)</u>									
<u>(E)</u>					_				
(F)									
(G)					_				
(H)					_				
		90, Part X, col. (B) line 12.) 🕨							
Part V		<ul> <li>Program Related.</li> </ul>							
		ganization answered "Yes"			ine 11				
	(a) Description c	of investment	(	<b>b)</b> Book value		(c) Meth	od of valuation: Cos	st or end-of-year market	value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)		DO Dont V. col. (D) line 10 )							
Part IX		90, Part X, col. (B) line 13.) 🕨							
Fartiz			-						
	Complete if the or	ganization answered "Yes"			ine i i	Id. See For	m 990, Part X, line		
		(a)	Descri	ption				(b) Book va	aiue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	olumn (b) must equal l	Form 990, Part X, col. (B) lin	e 15.)						
Part X									
		ganization answered "Yes"	on For	m 990 Part IV li	ine 11	le or 11f S	ee Form 990 Part X	(line 25	
1.		Description of liability	0111 01					(b) Book va	alue
	. ,							(2) 200111	
	ederal income taxes	<u></u> π						95	,325.
	ACCRUED REN.	L						35	, 343.
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	olumn (b) must eaual l	Form 990, Part X, col. (B) lin	e 25.)					> 95	,325.
		ositions. In Part XIII, provide						, ,	
	•	ncertain tax positions under				-		-	III X
orgai	a.ion o naomity for u		.,				5. 110 1000 Hd0		

Schedule D (Form 990) 2019	Schedule D (Form 9	90) 2019
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932053 10-02-19

Sche	edule D (Form 990) 2019 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-	3379124 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,463,647.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а		•	
b	Donated services and use of facilities 2b 3,600	•	
с			
d			
е		2e	114,887.
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,348,760.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 8,697	<u> </u>	
b	Other (Describe in Part XIII.) 4b		
с			8,697.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,357,457.
Pa	rt XII   Deconciliation of Expanses per Audited Einancial Statements With Expanses pe		
ιu	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Ret	urn.
ľů	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Reti	
1			urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	1	2,401,613.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	1 • 2e	2,401,613.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	1 • 2e	2,401,613.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - - - - - - - - - - - - - - - - - - -	2,401,613.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	1 - - - - - - - - - - - - - - - - - - -	2,401,613.
1 2 6 6 8 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	1 - - - - - - - - - - - - - - - - - - -	2,401,613. 3,600. 2,398,013.
1 2 d c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	1 • 2e 3 • 4c	2,401,613. 3,600. 2,398,013. 8,697.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         4a       8,697         Other (Describe in Part XIII.)	1 • 2e 3 • 4c	2,401,613. 3,600. 2,398,013.

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

PART X, LINE 2:

THE FINANC	CIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE
TAKEN ARE	RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY
THAN NOT,	BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE
SUSTAINED	UPON EXAMINATION. AS OF DECEMBER 31, 2019, DBSA HAD NO
UNCERTAIN	TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE
FINANCIAL	STATEMENTS.

932054 10-02-19

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU	IJ	)
Dena	tment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer i			mber
_		DEPRESSION AND BIPOLAR SUPPORT ALLIANCE	36-3	37912	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation feed				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
-						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	are of the following the experimation used to establish the companyation of the experimation?	_			
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
	X Form 990 of o		ommittee			
			Ommillee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?				X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,					
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r					
а	The organization?			5a		Х
b	Any related organiz	ation?		5b		Х
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
b	Any related organiz	ation?		6b		X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he			
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990)	) 2019

#### 990) 2019 DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 36-3379124

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MICHAEL POLLOCK (i)	223,480.	0.	0.	7,053.	11,635.	242,168.	0.
CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
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(i)							
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(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i)							
(i)							
(ii)							

Part III Supplemental Information

Schedule J (Form 990) 2019

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36 - 3379124

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

THE BALANCED MIND PARENT NETWORK, WHICH PROVIDES PARENTS WITH CHILDREN

LIVING WITH MOOD DISORDERS, WITH PERSONAL CONNECTIONS WITH OTHER

PARENTS THROUGHOUT THE COUNTRY, IDENTIFYING RESOURCES, ANSWERING

QUESTIONS AND PROVIDING SUPPORT AND STABILITY THAT THEY SEEK.

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

ASSIST IN PROGRAM ACCOMPLISHMENTS WHICH INCLUDE PRESENTATIONS AT DBSA

CONFERENCES, AUTHOR PEER-REVIEWED MANUSCRIPTS ON BEHALF OF DBSA, AND

REPRESENTATION OF DBSA TO THE MEDIA.

FORM 990, PART VI, SECTION A, LINE 4:

ARTICLE VI - OFFICERS, SECTION 3C - IMMEDIATE PAST BOARD CHAIR - REMOVED

TERM OF IMMEDIATE PAST BOARD CHAIR AND REMOVED CERTAIN DUTIES OF THE

IMMEDIATE PAST BOARD CHAIR SPECIFICALLY, VOTING RIGHTS.

ARTICLE X - COMMITTEES, SECTION 7B - CHANGED THE FINANCE COMMITTEE TO THE

AUDIT AND FINANCE COMMITTEE AND ADDED MORE RESPONSIBILITIES FOR THE

COMMITTEE SUCH AS TO HIRE AN INDEPENDENT OUTSIDE ACCOUNTING FIRM TO

ANNUALLY AUDIT DESA'S BOOKS AND RECORDS AND REVIEWING AND APPROVING DESA'S

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

THE TAX RETURNS ARE REVIEWED AND APPROVED BY THE FINANCE AND AUDIT

COMMITTEE. ONCE THE TAX RETURNS ARE APPROVED, THEY ARE SENT TO THE REST OF

THE BOARD OF DIRECTORS. THE TAX RETURNS ARE THEN FILED.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

15350630 787606 04305

37

2019.04000 DEPRESSION AND BIPOLAR SUPP 04305\_\_1

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Employer identification number 36 - 3379124

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

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

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

SALARY FOR THE CEO 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 CEO.

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

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC AT DBSA'S OFFICE.

932212 09-06-19

Form <b>990-T</b>	Exempt Organization Business Income Tax Return						<b>1</b>	OMB No. 1545-0047			
		(a	(and proxy tax under section 6033(e))						0040		
	For cal	lendar year 2019 or other tax y			, ar			_ · _	20	19	
Department of the Treasury Internal Revenue Service		Do not enter SSN numb	-	be ma	ade public	if your organiz	ation is a 501(c)(3).		Open to Public 501(c)(3) Organ	-	
A Check box if address changed		Name of organization (	Check box if name c	hanged	d and see ir	structions.)		Emp	loyer identification loyees' trust, se uctions.)		
B Exempt under section	Print	DEPRESSION	AND BIPOLAR	. SU	PPORT	ALLIA	NCE	3	6-3379	)124	
<b>X</b> 501( <b>c</b> )( <b>3</b> )	or Type		m or suite no. If a P.O. box						lated business a instructions.)	activity code	
408(e) 220(e)	1,900		KSON BLVD,								
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60604										
Book value of all assets		E Crown avagation num	har (Cas instructions)		4303						
<sup>2</sup> , 393, 3	45.	Group exemption num Group exemption num Group exemption type	oe ▶ 🗴 501(c) corp	poratio	n 🗌	501(c) trust	401(a)	trust	0	)ther trust	
H Enter the number of the	organiza	tion's unrelated trades or	businesses. 🕨	1		Describe	the only (or first) uni	related			
trade or business here							complete Parts I-V.				
		ce at the end of the previo	ous sentence, complete Pa	arts I ar	nd II, comp	lete a Schedule	e M for each addition	al trade	e or		
business, then complete		-v. ooration a subsidiary in an	affiliated group or a pare	nt-subs	idiary cont	rolled aroun?		Ye		lo	
		tifying number of the pare		11 5055		roneu group:	► L		,5 N	U	
J The books are in care of			-			Teleph	one number 🕨 3	12-	642-00	)49	
Part I Unrelated	d Trac	de or Business In	come		(A)	Income	(B) Expenses	;	(C)	Net	
1 a Gross receipts or sale											
<ul><li>b Less returns and allow</li><li>2 Cost of goods sold (S</li></ul>		A, line 7)	<b>c</b> Balance ►	1c 2							
		rom line 1c		3							
		h Schedule D)		4a							
		Part II, line 17) (attach Forr		4b							
		sts		4c					L		
· · ·		ship or an S corporation (a	, , , , , , , , , , , , , , , , , , , ,	5					<b> </b>		
<ul><li>6 Rent income (Schedu</li><li>7 Unrelated debt-financ</li></ul>	, ,	me (Schedule E)		6					<u> </u>		
		and rents from a controlled		8							
		on 501(c)(7), (9), or (17) (		9					<u> </u>		
		me (Schedule I)		10							
		e J)		11					<u> </u>		
12 Other income (See ins		, , , , , , , , , , , , , , , , , , , ,		12		0.			<u> </u>		
13 Total. Combine lines Part II Deductio		ot Taken Elsewhe		13 or limit	l ations on				<u> </u>		
		be directly connected v				deddellons.j					
14 Compensation of off	icers, di	rectors, and trustees (Sch	edule K)					14			
								15			
								16	<u> </u>		
		en instructions)						17 18	<u> </u>		
		ee instructions)						19			
20 Depreciation (attach	Form 4	562)				20					
		n Schedule A and elsewhe						21b			
22 Depletion								22	ļ		
		mpensation plans						23 24	<u> </u>		
		chedule I)						24	+		
26 Excess readership of	osts (Sc	hedule J)						26	1		
		nedule)						27			
28 Total deductions. A	dd lines	14 through 27						28		0.	
		ncome before net operatir				13		29	<b> </b>	0.	
	-	loss arising in tax years be						30		0.	
		ncome. Subtract line 30 fr						30 31	<u> </u>	0.	
923701 01-27-20 LHA FC									Form <b>99</b>	<b>0-T</b> (2019)	
				39							
350630 787606	504	305	2019.04000	DEI	PRESS	ION ANI	) BIPOLAR	SUI	PP 043	05_1	

15350630 787606 04305

#### Form 990-T (2019) DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

Part III	Total Unrelated Business Taxable Incom	e			
	al of unrelated business taxable income computed from all unrel				
	ounts paid for disallowed fringes				
	ritable contributions (see instructions for limitation rules)				
	al unrelated business taxable income before pre-2018 NOLs and	35			
	luction for net operating loss arising in tax years beginning befor				
	al of unrelated business taxable income before specific deduction		1 00		
	cific deduction (Generally \$1,000, but see line 38 instructions fo			38	1,00
	elated business taxable income. Subtract line 38 from line 37.			20	
	er the smaller of zero or line 37 Tax Computation			39	
	anizations Taxable as Corporations. Multiply line 39 by 21% ((	1.21		40	
	sts Taxable at Trust Rates. See instructions for tax computation			40	
	Tax rate schedule or Schedule D (Form 1041)			41	
42 Pro	xy tax. See instructions			42	
	rnative minimum tax (trusts only)				
44 Ta	on Noncompliant Facility Income. See instructions			44	
45 Tot	al. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	
Part V	Tax and Payments				
	eign tax credit (corporations attach Form 1118; trusts attach For	m 1116) 46a			
	er credits (see instructions)			-	
	eral business credit. Attach Form 3800			-	
d Cre	dit for prior year minimum tax (attach Form 8801 or 8827)	46d		-	
	al credits. Add lines 46a through 46d			46e	
	tract line 46e from line 45				
48 Oth	er taxes. Check if from: 🔄 Form 4255 🗔 Form 8611 [	Form 8697 Form 8866	Other (attach schedule)	48	
	al tax. Add lines 47 and 48 (see instructions)				
	9 net 965 tax liability paid from Form 965-A or Form 965-B, Par				
	ments: A 2018 overpayment credited to 2019		1		
	9 estimated tax payments		1,800	-	
	deposited with Form 8868		,	-	
	eign organizations: Tax paid or withheld at source (see instruction			-	
	kup withholding (see instructions)			-	
	dit for small employer health insurance premiums (attach Form a				
	er credits, adjustments, and payments: 🔲 Form 2439				
	] Form 4136 Other	Total 🕨 51g			
52 To	al payments. Add lines 51a through 51g			52	1,80
53 Est	mated tax penalty (see instructions). Check if Form 2220 is attac	hed 🕨 🛄		53	
54 Ta	t <b>due</b> . If line 52 is less than the total of lines 49, 50, and 53, enter	amount owed	►	54	
55 Ov	<b>rpayment.</b> If line 52 is larger than the total of lines 49, 50, and 5	3, enter amount overpaid	►	55	1,80
	er the amount of line 55 you want: Credited to 2020 estimated t		Refunded 🕨 🕨	56	1,80
Part VI	Statements Regarding Certain Activities	and Other Information (se	ee instructions)		
57 At a	ny time during the 2019 calendar year, did the organization have	e an interest in or a signature or other	authority		Yes
	r a financial account (bank, securities, or other) in a foreign cour				
Fin	CEN Form 114, Report of Foreign Bank and Financial Accounts. I	f "Yes," enter the name of the foreign c	ountry		
her					_
58 Du	ing the tax year, did the organization receive a distribution from,	or was it the grantor of, or transferor	to, a foreign trust?		
	'es," see instructions for other forms the organization may have				
59 Ent	er the amount of tax-exempt interest received or accrued during				
ian	Under penalties of perjury, I declare that I have examined this return, inclu correct, and complete. Declaration of preparer (other than taxpayer) is based on the second			owledge and belie	ef, it is true,
ign Iere			n	May the IRS discu	uss this return w
lere	Signature of officer Date	CEO		the preparer show	
				nstructions)?	Yes
	Print/Type preparer's name Preparer's si	gnature Date		if PTIN	
Paid			self- employed		
Prepar		STEINDLER 06/30			573131
Jse Oi		CIATES L.L.C.	Firm's EIN	<u>► 36-3</u>	3963131
	111 DEER LAKE RO			1017100	
	Firm's address ► DEERFIELD, IL 60	CTD	Phone no.	(847)26	
3711 01-2	7-20	4.0		For	m <b>990-T</b> (2
- 0 6 9		40			04205
20630	) 787606 04305 2019.0	4000 DEPRESSION 2	AND BIPOLAR	SUPP	04305_

For Off	ice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANI			Form AG990-IL Revised 1/19
PMT#		Attorney General KWAME RAOUL State			
		Charitable Trust Bureau, 100 West R 11th Floor, Chicago, Illinois 606			-015755
				-	all items attached:
AMT		Report for the Fiscal Period:	X		IRS Return
		Beginning 01/01/2019	Make Checks 🛛 🗙 Payable to		Financial Statements Form IFC
INIT			the Illinois 🔽		Annual Report Filing Fee
		& Ending 12/31/2019	Charity 🛛 🗖 🗠 Bureau Fund		) Late Report Filing Fee
Feder	al ID # 36-3379124	$\frac{127}{MO} \frac{127}{201} \frac{127}{P}$			AO DAY YR
	ontributions to the organization t	ax deductible? X Yes No	Date Organization was creat		11/15/1985
	LEGAL		Year-end		· ·
	NAME DEPRESSION	N AND BIPOLAR SUPPORT ALLIANCE	amounts		
	MAIL		A) ASSETS	A) \$	2,393,345.
		ACKSON BLVD, NO. 490	B) LIABILITIES	B) \$	186,443.
	, STATE CHICAGO, I	L	C) NET ASSETS	C) \$	2,206,902.
	P CODE 60604		DEDOENTAGE	-	AMOUNT
I.			PERCENTAGE 98.609%	D) \$	2,324,660.
	,	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		E) \$	2,324,000.
	<ul><li>E) GOVERNMENT GRANTS &amp;</li><li>F) OTHER REVENUES</li></ul>		<sup>%</sup> 1.391%	F) \$	32,797.
	I) UTILK KLVLIVULO		1.551%		52,757.
	G) TOTAL REVENUE, INCOME	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	2,357,457.
п.		EXPENDITURES DURING THE YEAR:	100 /		, , -
	H) OPERATING CHARITABLE		66.921%	H) \$	1,610,606.
	I) EDUCATION PROGRAM SE	ERVICE EXPENSE	%	I) \$	
			CC 001		1 (10 (0)
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	66.921%	J) \$	1,610,606.
		) TO PROGRAM SERVICES (INCLUDED IN J):			
	JT) JUINT GUSTS ALLUGATEL	D TO PROGRAM SERVICES (INCLUDED IN J): <u>\$</u>	1		
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS	%	К)\$	
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	66.921%	L) \$	1,610,606.
	M) MANAGEMENT AND GENE	RAL EXPENSE	16.429%	M)\$	395,393.
			16.650%		400,711.
	N) FUNDRAISING EXPENSE		10.030%	N) \$	400,/11.
	0) TOTAL EXPENDITURES TH		100 %	0) \$	2,406,710.
				- Ο) ψ	2,100,1200
111.		AID FUNDRAISER AND CONSULTANT ACTIVI t of Individual Fundraising Campaign- Form IFC. One for each PFR.)	TIES:		
	PROFESSIONAL FUNDRAISER	,			
	P) TOTAL AMOUNT RAISED E	BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEE	S AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CH	IARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING			S) \$	0.
w	,	PROFESSIONAL FUNDRAISING CONSULTANTS • THE (3) HIGHEST PAID PERSONS DURING TH		σ)φ	0.
		EN BERNSTEIN HARRIS, VP OF DEV		T) \$	112,639.
1		L POLLOCK, CEO		U) \$	223,480.
1		IS FOXWORTH, VP OF ADVOCACY		V) \$	80,401.
v.	., .	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ I CODE CATEGORIES	EXPENDED)	List on	back side of instructions
					CODE
998091 04-22-20	/	ATION OF PATIENTS, FAMILIES, PR	OFESSIONALS	& W)#	300
3091	X) DESCRIPTION:			X) #	
366	Y) DESCRIPTION:			Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$       ; (ii) THE AMOUNT         ALLOCATED TO PROGRAM SERVICES       \$       ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND         GENERAL       \$       ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	5TH 3RD, P.O. BOX 630900, CINCINNATI, OH 45263			
	CHASE BANK, 10 S. DEARBORN, FLOOR 2, CHICAGO, IL 60603			
	RBC WEALTH MANAGEMENT, 2 MID AMERICA PLAZA, OAKBROOK TERRACE,	ГL	6018	1
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: JOHN QUINN - 312-642-0049			

#### ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BE SURE TO INCLUDE ALL FEES DUE:	MICHAEL POLLOCK		
<ol> <li>REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.</li> <li>FOR FEES DUE SEE INSTRUCTIONS.</li> <li>FOR FEES DUE SEE INSTRUCTIONS.</li> </ol>	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<ol> <li>REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.</li> </ol>	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	MARCY STEINDLER		
998101 04-22-20	PREPARER (PRINT NAME)	SIGNATURE	DATE



# 2019 Form IL-990-T

**Illinois Department of Revenue** 

# **Exempt Organization Income and Replacement Tax Return**

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this	return is not for calendar year 2019, enter your fiscal tax year here.		Enter the amount you are paying.
Tax ye	ear beginning 20 , ending 20 year		, <u>, , , , , , , , , , , , , , , , , , </u>
WARN	ING This form is for tax years ending on or after December 31, 2019, and before Decemb	oer 31, 3	\$
	For all other situations, see instructions to determine the correct form to use.		
•	1: Identify your exempt organization	D	Enter your federal employer identification no. (FEIN).
	nter your complete legal business name.		36-3379124
Ν	you have a name change, check this box.	E	Check if you are taxed as a corporation.
	nter your mailing address.	-	
	the is your first return or		Check if you are taxed as a trust.
	this is your <b>first return,</b> or you have an <b>address change.</b>	G	Provide the nature of your unrelated trade or
~			business.
Ĺ	/O:	н	Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.
N	failing address: 55 EAST JACKSON BLVD, NO. 490		Enter your North American Industry Classification
	ity: CHICAGO State: IL ZIP: 60604		System (NAICS) Code, if applicable. See instruction
	this is the first or final return, check the applicable box(es).		Gystem (NAIOG) Code, ir applicable. See instructions
	First return		
[	Final return (Enter the date of termination.	J	J Check this box if you are a 52/53 week filer.
	mm dd yyyy	)	
Step 2	2: Figure your base income or loss		(Whole dollars only)
•	Unrelated business taxable income or loss from U.S. Form 990-T, Line 39.		
	Attach a copy of Page 2 of your U.S. Form 990-T.		1
2	RESERVED		2
3	RESERVED		3
4	Illinois income and replacement tax and surcharge deducted in arriving at Line	1.	4
5	Base income or loss. Add Lines 1 and 4.		5
<b></b>	A If the amount on Line 5 is derived inside Illinois only or if you are an Illinois re	sident t	trust check this box and enter the amount
	from Step 2, Line 5 on Step 4, Line 14. You may not complete Step 3. (You mu		
STO	B If any portion of the amount on Line 5 is derived outside Illinois, check this boy	c and co	complete all lines of Step 3.
	(Do not leave Lines 8 through 10 blank.) See instructions.		L
Step	3: Figure your income allocable to Illinois (Complete only if you of	hecke	ed the box on Line B, above.)
6	Business income or loss included in Line 5 from non-unitary partnerships, partr	nership	ps included on a
	Schedule UB, S corporations, trusts, or estates. See instructions.		6
7	Business income or loss. Subtract Line 6 from Line 5.		7
8	Total sales everywhere. This amount cannot be negative.	8	
9	Total sales inside Illinois. This amount cannot be negative.	9	
10	Apportionment factor. Divide Line 9 by Line 8. Round to six decimal places.	10	
11	Business income or loss apportionable to Illinois. Multiply Line 7 by Line 10.		11
12	Business income or loss apportionable to Illinois from non-unitary partnerships,	partne	nerships included on
	a Schedule UB, S corporations, trusts, or estates. See instructions.		<b>12</b>
13	Base income or loss allocable to Illinois. Add Lines 11 and 12.		13
ل سن ⊂	Step 4: Figure your net replacement tax		
here's			
			14
		ply by	/ 1.5% (.015). <b>15</b>
16 10 I	•		16
S≓ 17	•		17
► Attach your payment and Form IL-990-T-V here.			180
ਸ਼ੋ≟ 19 ≮ ਰੂ	Net replacement tax. Subtract Line 18 from Line 17. If the amount is negative	/e, ente	ter zero. 190

NS DR\_ IR 998021 01-16-20

IL-990-T Page 1 of 2 (R-12/19) **ID: 2BX** 

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



#### . . . S

<ul> <li>20 Net income or loss from Line 14.</li> <li>21 Income Tax.</li> <li>Corporations multiply Line 20 by 7.00% (.07).</li> <li>Trusts multiply Line 20 by 4.95% (.0495).</li> </ul>	20 21 22 23	.00
Corporations multiply Line 20 by 7.00% (.07).	22	
	22	
<b>Trusts</b> multiply Line 20 by 4.95% (.0495).	22	
		00
22 Recapture of investment credits. Attach Schedule 4255.	23	.00
23 Income tax before credits. Add Lines 21 and 22.		.00
24 Income tax credits. Attach Schedule 1299-D.	24	.00
<b>25</b> Net income tax. Subtract Line 24 from Line 23. If the amount is negative, enter zero.	25	0.00
Step 6: Figure your refund or balance due		
26 Net replacement tax from Line 19.	26	.00
27 Net income tax from Line 25.	27	.00
28 Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	28	.00
29 Sale of assets by gaming licensee surcharge. See instructions.	29	.00
30 Total net income and replacement taxes and surcharges. Add Lines 26, 27, 28, and 29.	30	.00
31 Payments. See instructions.		
a Credits from previous overpayments. 31a	.00	
	<u>50</u> .00	
c Pass-through withholding reported to you on Schedule(s)		
K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. 31c	.00	
d Illinois gambling withholding. Attach Form(s) W-2G. 31d	.00	. – .
32 Total payments. Add Lines 31a through 31d.	32	450.00
<b>33 Overpayment.</b> If Line 32 is greater than Line 30, subtract Line 30 from Line 32.	33	450 <sub>.00</sub>
34 Amount to be credited forward. See instructions.	♦ 34	.00
35 Refund. Subtract Line 34 from Line 33. This is the amount to be refunded.	35	<b>450</b> .00
36 Complete to direct deposit your refund		
Routing Number Checking or Savings		
Account Number		
37 Tax Due. If Line 30 is greater than Line 32, subtract Line 32 from Line 30. This is the amount you owe.	37	.00
If you owe tax on Line 37, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax yea	r ending, and "IL-9	 90-T-V" on

your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note -> Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

								X Check if	the Department may
Sign			CEC	)		312	-988-1166		turn with the paid
Here	Here Signature of authorized officer		Date (mm/dd/yyyy) Title	le		Phone		preparer shown in this step.	
Paid		MARCY STEINDLER		MARCY	STEIN	DLE	06/30/2020	Check if	P00573131
Prepa	arer	Print/Type paid preparer's na	me	Paid prep	arer's signa	ture	Date (mm/dd/yyyy)	self-employed	Paid Preparer's PTIN
Use C	Only	Firm's name MANN.	WEITZ & ASSO	<b>CIATES</b>	5 L.L.	C.	Firm's FEIN	36-3963	131
		Firm's address ▶ 111 D	EER LAKE ROAI	), 60	015		Firm's phone	(847)26	7-3400

▶ If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

▶ If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053