

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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

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

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

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 2016, and ending 20

Form header section containing organization name (NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION), EIN (31-1020010), address (90 PARK AVENUE, 16TH FLOOR, NEW YORK, NY 10016), and principal officer (JEFFREY BORENSTEIN, M.D.).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7a. Governance and revenue data; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Arthur Radin, Treasurer, dated 11/9/2017.

Preparer information for PAUL HAMMERSCHMIDT, dated 11/7/2017, with firm name BDO USA, LLP.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION (NARSAD) D/B/A THE BRAIN & BEHAVIOR RESEARCH FOUNDATION IS COMMITTED TO ALLEVIATING THE SUFFERING OF MENTAL ILLNESS BY AWARDING GRANTS THAT WILL LEAD TO ADVANCES AND BREAKTHROUGHS IN SCIENTIFIC RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,932,235. including grants of \$ 11,932,235.) (Revenue \$ 0.) GRANTS AND SCHOLARSHIPS TO FUND SCIENTIFIC RESEARCH INTO THE CAUSES, CURES, AND PREVENTION OF CHRONIC AND SEVERE MENTAL ILLNESSES SUCH AS DEPRESSION, SCHIZOPHRENIA, ANXIETY, AUTISM, BIPOLAR, ADHD, PTSD AND OCD.

4b (Code:) (Expenses \$ 3,184,285. including grants of \$ 530,000.) (Revenue \$ 0.) ATTACHMENT 1

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 15,116,520.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax-related questions and their corresponding responses.

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, IL, MD, MN, NJ, NY, OR, PA, UT, WI,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LOUIS INNAMORATO, 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016 646-681-4888

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. X

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1)STEPHEN A. LIEBER CHAIRMAN | 2.00 .50 | X | | X | | | | 0. | 0. | 0. |
| (2)ANNE ABRAMSON-DIR. (THRU 7/16) VICE PRESIDENT (FROM 7/16) | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (3)SUZANNE GOLDEN -VP (THRU 7/16) DIRECTOR (FROM 7/16) | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (4)ARTHUR RADIN TREASURER | 1.00 .50 | X | | X | | | | 0. | 0. | 0. |
| (5)JOHN B. HOLLISTER SECRETARY | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (6)ERIC F. BAM (FROM 10/16) DIRECTOR | .50 0. | X | | | | | | 0. | 0. | 0. |
| (7)DONALD M. BOARDMAN DIRECTOR | .50 0. | X | | | | | | 0. | 0. | 0. |
| (8)J. ANTHONY BOECKH DIRECTOR | .50 0. | X | | | | | | 0. | 0. | 0. |
| (9)SUSAN LASKER BRODY DIRECTOR | .75 0. | X | | | | | | 0. | 0. | 0. |
| (10)PAUL T. BURKE DIRECTOR | .50 0. | X | | | | | | 0. | 0. | 0. |
| (11)BONNIE D. HAMMERSCHLAG DIRECTOR | .50 0. | X | | | | | | 0. | 0. | 0. |
| (12)JOHN (KEN) HARRISON DIRECTOR | .50 0. | X | | | | | | 0. | 0. | 0. |
| (13)CAROLE MALLEMENT DIRECTOR | .75 0. | X | | | | | | 0. | 0. | 0. |
| (14)MILTON MALTZ DIRECTOR | .50 0. | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) MARC R. RAPPAPORT ----- DIRECTOR | .50 0. | X | | | | | 0. | 0. | 0. | |
| (16) VIRGINIA M. SILVER ----- DIRECTOR | .50 0. | X | | | | | 0. | 0. | 0. | |
| (17) KENNETH H SONNENFELD ----- DIRECTOR | .50 0. | X | | | | | 0. | 0. | 0. | |
| (18) BARBARA K. STREICKER ----- DIRECTOR | .50 0. | X | | | | | 0. | 0. | 0. | |
| (19) BARBARA TOLL ----- DIRECTOR | .50 0. | X | | | | | 0. | 0. | 0. | |
| (20) ROBERT WEISMAN ----- DIRECTOR | .50 0. | X | | | | | 0. | 0. | 0. | |
| (21) JEFFREY BORENSTEIN ----- PRESIDENT & CEO | 35.00 0. | | | X | | | 486,538. | 0. | 0. | |
| (22) LOUIS INNAMORATO ----- CFO | 35.00 0. | | | X | | | 287,849. | 0. | 29,991. | |
| (23) FAITH ROTHBLATT ----- VP OF DEVELOPMENT | 35.00 0. | | | | X | | 182,529. | 0. | 12,020. | |
| (24) LAUREN DURAN ----- VP OF M&C | 35.00 0. | | | | X | | 167,752. | 0. | 0. | |
| (25) CHRISTINA BISHOP-FEENEY ----- CHIEF DEV. OFFICER (THRU 12/16) | 35.00 0. | | | | X | | 127,132. | 0. | 12,689. | |
| 1b Sub-total | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 1,251,800. | 0. | 54,700. | |
| d Total (add lines 1b and 1c) | | | | | | | 1,251,800. | 0. | 54,700. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2 | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|---|--|---|--|----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a 62,756. | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 429,584. | | | | |
| | d Related organizations | 1d 3,038,680. | | | | |
| | e Government grants (contributions) | 1e 15,000. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 12,254,975. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 154,867. | | | | |
| | h Total. Add lines 1a-1f | ▶ | 15,800,995. | | | |
| Program Service Revenue | 2a _____ | Business Code | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | ▶ | 0. | | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). | ▶ | 511,070. | | 511,070. |
| 4 Income from investment of tax-exempt bond proceeds | | ▶ | 0. | | | |
| 5 Royalties | | ▶ | 0. | | | |
| 6a Gross rents | | (i) Real (ii) Personal | | | | |
| b Less: rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) | | ▶ | 0. | | | |
| 7a Gross amount from sales of assets other than inventory | | (i) Securities (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) | | ▶ | -280,154. | | -280,154. | |
| 8a Gross income from fundraising events (not including \$ 429,584. of contributions reported on line 1c). See Part IV, line 18 | | a | 165,581. | | | |
| b Less: direct expenses | | b | 165,581. | | | |
| c Net income or (loss) from fundraising events | | ▶ | 0. | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | a | 0. | | | |
| b Less: direct expenses | b | 0. | | | | |
| c Net income or (loss) from gaming activities | ▶ | 0. | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | 0. | | | | |
| b Less: cost of goods sold | b | 0. | | | | |
| c Net income or (loss) from sales of inventory | ▶ | 0. | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a NET APPRECIATION OF ASSETS HELD IN CHARITABLE REMAINDER TRUST | | 900099 | -52,927. | | -52,927. | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | ▶ | -52,927. | | | | |
| 12 Total revenue. See instructions. | ▶ | 15,978,984. | | | 177,989. | |

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 response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 9,066,064. | 9,066,064. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 327,500. | 327,500. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 3,068,671. | 3,068,671. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 804,378. | 321,751. | 321,751. | 160,876. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 1,613,705. | 645,482. | 645,482. | 322,741. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0. | | | |
| 9 Other employee benefits | 226,175. | 90,470. | 90,470. | 45,235. |
| 10 Payroll taxes | 157,590. | 63,036. | 63,036. | 31,518. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 900. | | 900. | |
| c Accounting | 47,797. | | 47,797. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 402,928. | 180,650. | 131,953. | 90,325. |
| 12 Advertising and promotion | 61,707. | 30,707. | 293. | 30,707. |
| 13 Office expenses | 331,685. | 39,224. | 146,864. | 145,597. |
| 14 Information technology | 13,785. | 5,514. | 5,514. | 2,757. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 316,225. | 126,490. | 126,490. | 63,245. |
| 17 Travel | 45,535. | 18,214. | 18,214. | 9,107. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 35,295. | 4,145. | 29,078. | 2,072. |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 29,556. | 11,822. | 11,823. | 5,911. |
| 23 Insurance | 27,328. | 10,931. | 10,931. | 5,466. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a RESEARCH AWARDS AND PRIZES | 373,102. | 373,102. | | |
| b SCIENTIFIC ADVANCEMENT | 369,379. | 369,379. | | |
| c NEWSLET., BROCH. & ANN. REP. | 226,300. | 226,300. | | |
| d RESEARCH SYMPOSIA | 56,376. | 56,376. | | |
| e All other expenses | 127,447. | 80,692. | 31,865. | 14,890. |
| 25 Total functional expenses. Add lines 1 through 24e | 17,729,428. | 15,116,520. | 1,682,461. | 930,447. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|---|---|--------------|--------------------|-------------|
| Assets | 1 | Cash - non-interest-bearing | 2,175,828. | 1 | 3,029,754. |
| | 2 | Savings and temporary cash investments | 12,183,029. | 2 | 5,206,916. |
| | 3 | Pledges and grants receivable, net | 505,583. | 3 | 291,419. |
| | 4 | Accounts receivable, net | 17,038. | 4 | 130. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 | Inventories for sale or use | 0. | 8 | 0. |
| | 9 | Prepaid expenses and deferred charges | 28,612. | 9 | 61,739. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 691,602. | | |
| | b | Less: accumulated depreciation | 10b 667,539. | 10c | 24,063. |
| | 11 | Investments - publicly traded securities | 16,226,407. | 11 | 16,909,800. |
| | 12 | Investments - other securities. See Part IV, line 11 | 3,447,269. | 12 | 3,670,051. |
| | 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 | Intangible assets | 0. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 1,440,579. | 15 | 1,387,652. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 36,072,922. | 16 | 30,581,524. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 260,707. | 17 | 245,394. |
| | 18 | Grants payable | 22,943,344. | 18 | 18,084,922. |
| | 19 | Deferred revenue | 0. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,093,023. | 25 | 1,021,927. |
| | 26 | Total liabilities. Add lines 17 through 25 | 24,297,074. | 26 | 19,352,243. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 6,862,348. | 27 | 6,315,781. |
| | 28 | Temporarily restricted net assets | 0. | 28 | 0. |
| | 29 | Permanently restricted net assets | 4,913,500. | 29 | 4,913,500. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 11,775,848. | 33 | 11,229,281. |
| | 34 | Total liabilities and net assets/fund balances | 36,072,922. | 34 | 30,581,524. |

Part 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 | 15,978,984. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,729,428. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,750,444. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 11,775,848. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,203,877. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 11,229,281. |

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION**

Employer identification number
31-1020010

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 62.10%; 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 60.28%; 16a 33 1/3% support test - 2016; 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Section 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. | | |

Section 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). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section 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 year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year | | |
|---|---|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| c | From 2013. | | | |
| d | From 2014. | | | |
| e | From 2015. | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | Excess from 2013. . . . | | | |
| c | Excess from 2014. . . . | | | |
| d | Excess from 2015. . . . | | | |
| e | Excess from 2016. . . . | | | |

Part V **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2012 | 2013 | 2014 | 2015 | 2016 | TOTAL |
|-------------------------------|----------------|-----------------|----------------|-----------------|-----------------|-----------------|
| NET APPRECIATION OF ASSETS | | | | | | |
| HELD IN CHAR. REMAINDER TRUST | 56,407. | 271,676. | 55,885. | -96,713. | -52,927. | 234,328. |
| TOTALS | <u>56,407.</u> | <u>271,676.</u> | <u>55,885.</u> | <u>-96,713.</u> | <u>-52,927.</u> | <u>234,328.</u> |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION Employer identification number 31-1020010

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2a-2b.

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

Schedule D (Form 990) 2016

JSA 6E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 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 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 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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| 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 custodial 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 IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 16,422,762. | 16,422,762. | 9,232,762. | 9,232,762. | 10,232,762. |
| b Contributions | | | 7,190,000. | | |
| c Net investment earnings, gains, and losses | 1,351,265. | 124,028. | 1,465,326. | 901,820. | 1,022,440. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,351,265. | 124,028. | 1,465,326. | 901,820. | 2,022,440. |
| f Administrative expenses | | | | | |
| g End of year balance | 16,422,762. | 16,422,762. | 16,422,762. | 9,232,762. | 9,232,762. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 70.0800 %
 - b Permanent endowment ▶ 29.9200 %
 - c Temporarily restricted 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:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| 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 | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 23,754. | 21,078. | 2,676. |
| d Equipment | | | | |
| e Other | | 667,848. | 646,461. | 21,387. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 24,063. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) INVESTMENT IN PARTNERSHIPS | 3,670,051. | FMV |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 3,670,051. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ANNUITIES PAYABLE | 737,604. |
| (3) CHARITABLE GIFT ANNUITIES PAYABLE | 284,323. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,021,927. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 15,978,984.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 17,729,428.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT - THE BOARD OF DIRECTORS ESTABLISHED AN ENDOWMENT FUND FOR THE BENEFIT OF NARSAD (D/B/A BRAIN & BEHAVIOR RESEARCH FOUNDATION). THE USE OF PRINCIPAL IS TO BE RETAINED FOR FUTURE GROWTH AND INCOME MAY BE APPLIED PERIODICALLY TO CURRENT PROJECTS AT THE DISCRETION OF THE BOARD OF DIRECTORS.

PERMANENT ENDOWMENT -

- A) RESEARCH ENDOWMENT FUND - ESTABLISHED TO ACCUMULATE ENDOWMENTS. THESE FUNDS MAY BE INVESTED, AT THE DISCRETION OF THE ORGANIZATION'S FINANCE COMMITTEE, IN FIXED INCOME AND EQUITY FUNDS. IN ACCORDANCE WITH DONOR RESTRICTIONS, A PORTION OF THE PRINCIPAL, IN THE AMOUNT OF \$1,000,000, IS TO REMAIN PRESERVED IN THIS FUND UNTIL A CURE FOR SCHIZOPHRENIA IS FOUND. INVESTMENT INCOME IS RESTRICTED BY THE DONOR FOR USE IN RESEARCH.
- B) ENDOWED RESEARCH PARTNERSHIP PROGRAM - ESTABLISHED TO SUPPORT THE RESEARCH PARTNERSHIP PROGRAM.
- C) MENTAL ILLNESS RESEARCH AWARD FUND - INVESTMENT INCOME EARNED ANNUALLY IS RESTRICTED BY THE DONOR FOR THE USE IN RESEARCH.
- D) ADMINISTRATIVE ENDOWMENT FUND - ESTABLISHED TO FUND ADMINISTRATIVE EXPENSES FOR SUPPORT OF RESEARCH IN SCHIZOPHRENIA AND DEPRESSION.

PART X, LINE 2:

UNDER ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION, INC. DOES

Part XIII Supplemental Information (continued)

NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2016, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE COMBINED STATEMENT OF ACTIVITIES. AS OF DECEMBER 31, 2016, THE YEARS STILL SUBJECT TO EXAMINATION BY A TAXING AUTHORITY ARE 2013 THROUGH 2015.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION**

Employer identification number
31-1020010

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EUROPE | | | GRANTMAKING | | 1,706,817. |
| (2) NORTH AMERICA | | | GRANTMAKING | | 756,614. |
| (3) EAST ASIA AND THE PACIFIC | | | GRANTMAKING | | 372,180. |
| (4) SOUTH ASIA | | | GRANTMAKING | | 150,000. |
| (5) SUB-SAHARAN AFRICA | | | GRANTMAKING | | 83,060. |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total, | | | | | 3,068,671. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 3,068,671. |

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

Schedule F (Form 990) 2016

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | EAST ASIA/PACIFIC | RESEARCH GRANT | 49,990. | CHECK/WIRE | | | |
| (2) | | | EAST ASIA/PACIFIC | RESEARCH GRANT | 34,815. | CHECK/WIRE | | | |
| (3) | | | EAST ASIA/PACIFIC | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (4) | | | EAST ASIA/PACIFIC | RESEARCH GRANT | 50,000. | CHECK/WIRE | | | |
| (5) | | | EAST ASIA/PACIFIC | RESEARCH GRANT | 34,363. | CHECK/WIRE | | | |
| (6) | | | EAST ASIA/PACIFIC | RESEARCH GRANT | 83,483. | CHECK/WIRE | | | |
| (7) | | | EAST ASIA/PACIFIC | RESEARCH GRANT | 49,680. | CHECK/WIRE | | | |
| (8) | | | EAST ASIA/PACIFIC | RESEARCH GRANT | 34,850. | CHECK/WIRE | | | |
| (9) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 105,000. | CHECK/WIRE | | | |
| (10) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (11) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (12) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 30,000. | CHECK/WIRE | | | |
| (13) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 70,800. | CHECK/WIRE | | | |
| (14) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 47,520. | CHECK/WIRE | | | |
| (15) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 49,680. | CHECK/WIRE | | | |
| (16) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 49,500. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 34,763. | CHECK/WIRE | | | |
| (2) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 21,406. | CHECK/WIRE | | | |
| (3) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 34,764. | CHECK/WIRE | | | |
| (4) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 50,000. | CHECK/WIRE | | | |
| (5) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (6) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (7) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 34,160. | CHECK/WIRE | | | |
| (8) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 81,531. | CHECK/WIRE | | | |
| (9) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 50,000. | CHECK/WIRE | | | |
| (10) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 78,055. | CHECK/WIRE | | | |
| (11) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 59,772. | CHECK/WIRE | | | |
| (12) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (13) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (14) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 34,375. | CHECK/WIRE | | | |
| (15) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (16) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 70,000. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (2) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (3) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 34,965. | CHECK/WIRE | | | |
| (4) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (5) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (6) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 50,000. | CHECK/WIRE | | | |
| (7) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 33,450. | CHECK/WIRE | | | |
| (8) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 45,000. | CHECK/WIRE | | | |
| (9) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 50,389. | CHECK/WIRE | | | |
| (10) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (11) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 20,000. | CHECK/WIRE | | | |
| (12) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 69,989. | CHECK/WIRE | | | |
| (13) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (14) | | | EUROPE/ICELAND/GREENLAND | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (15) | | | NORTH AMERICA | RESEARCH GRANT | 253,330. | CHECK/WIRE | | | |
| (16) | | | NORTH AMERICA | RESEARCH GRANT | 85,000. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|------|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|--|
| (1) | | | NORTH AMERICA | RESEARCH GRANT | 49,018. | CHECK/WIRE | | | |
| (2) | | | NORTH AMERICA | RESEARCH GRANT | 99,360. | CHECK/WIRE | | | |
| (3) | | | NORTH AMERICA | RESEARCH GRANT | 50,000. | CHECK/WIRE | | | |
| (4) | | | NORTH AMERICA | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (5) | | | NORTH AMERICA | RESEARCH GRANT | 49,906. | CHECK/WIRE | | | |
| (6) | | | NORTH AMERICA | RESEARCH GRANT | 35,000. | CHECK/WIRE | | | |
| (7) | | | NORTH AMERICA | RESEARCH GRANT | 50,000. | CHECK/WIRE | | | |
| (8) | | | NORTH AMERICA | RESEARCH GRANT | 50,000. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | RESEARCH GRANT | 83,060. | CHECK/WIRE | | | |
| (10) | | | SOUTH ASIA | AWARD/PRIZE | 150,000. | WIRE | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 58.

3 Enter total number of other organizations or entities. 58.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) INDIVIDUAL AWARD | EUROPE/ICELAND/GREENLAND | 1. | 12,500. | CHECK | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

GRANT APPLICATIONS AND PROCESSED/APPLICANT ELIGIBILITY -

AN APPLICATION DEADLINE IS SET FOR EACH AWARD. AS THE GRANTS ARE RECEIVED, PROGRAM STAFF ASSIGNS EACH APPLICATION A DOCKET NUMBER (NUMERIC, IN THE ORDER THEY ARE RECEIVED), ENTER THE APPLICATION INTO THE GIFTS DATABASE, AND CHECK EACH APPLICATION TO ENSURE ELIGIBILITY AND ADHERE TO GUIDELINES. ANY INELIGIBLE APPLICANTS ARE NOTIFIED, AND APPLICANTS WITH INCOMPLETE/INCORRECT APPLICATIONS ARE ASKED TO SUBMIT THE CORRECT INFORMATION.

HOW GRANTS ARE SELECTED -

ONE FULL SET OF APPLICATIONS IS SENT TO THE REVIEW CHAIR FOR EACH OF THE 3 DIFFERENT AWARDS (YOUNG, INDEPENDENT, AND DISTINGUISHED INVESTIGATOR AWARDS). THE REVIEW CHAIR THEN MAKES THE ASSIGNMENT TO REVIEWERS (GENERALLY COMPRISED OF SCIENTIFIC COUNCIL MEMBERS), AND SENDS THE ASSIGNMENTS TO NARSAD. ONCE THE ASSIGNMENTS ARE REVIEWED, PROGRAM STAFF MAKES THE NECESSARY PACKETS FOR REVIEWERS. REVIEWERS ARE STRONGLY ENCOURAGED TO CONFER AND REACH A GROUP CONSENSUS. A DEADLINE IS SET TO SUBMIT REVIEW SCORE SHEETS, TO THE REVIEW CHAIR. THE REVIEW CHAIR THEN COMPILES THE RATINGS, AND SENDS A LIST TO NARSAD OF RECOMMENDED APPLICANTS, RANK-ORDERED. SUMMARIES AND A RANK-ORDERED LIST OF RECOMMENDED APPLICANTS ARE THEN GIVEN AT THE BOARD MEETING. THE BOARD OF DIRECTORS VOTES ON THE RECOMMENDED GRANTS, AND UPON APPROVAL, NEW GRANTEES ARE NOTIFIED AFTER THE BOARD MEETING.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FINANCIAL RECORDS -

THE GRANTEE'S INSTITUTION IS RESPONSIBLE FOR THE EXPENDITURE OF THE AWARD, AND FOR MAINTAINING SUPPORTING RECORDS OF RECEIPTS AND EXPENDITURES. IT IS THE RESPONSIBILITY OF THE GRANTEE TO REQUEST THAT A FINAL FINANCIAL REPORT BE SUBMITTED TO NARSAD. A CUMULATIVE FINANCIAL REPORT IS REQUIRED WITHIN 90 DAYS OF GRANT TERMINATION/COMPLETION. THIS REPORT SHOULD REFLECT AWARD AMOUNT, EXPENDITURES AND ANY BALANCE DUE TO NARSAD, IN U.S. DOLLARS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION** Employer identification number **31-1020010**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------|---|---------------|--|----|-----------------------------------|---|---|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|--------------|------------------|---------------------------------|
| | | NEW YORK GALA (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 595,165. | | 595,165. |
| | 2 | Less: Contributions | 429,584. | | 429,584. |
| | 3 | Gross income (line 1 minus line 2) | 165,581. | | 165,581. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 20,638. | | 20,638. |
| | 7 | Food and beverages | 61,500. | | 61,500. |
| | 8 | Entertainment | 2,213. | | 2,213. |
| | 9 | Other direct expenses | 81,230. | | 81,230. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|---|--|---|---------------------------|--|--|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes _____ % No _____ % | Yes _____ % No _____ % | Yes _____ % No _____ % | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Name of the organization: NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION
Employer identification number: 31-1020010

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ALBERT EINSTEIN COLLEGE OF MEDICINE, INC. 500 WEST 185TH STREET, NEW YORK, NY 10033 | 13-1624225 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (2) AUGUSTA UNIVERSITY 1120 15TH STREET, AGUSTA, GA 30912 | 58-1418202 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |
| (3) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, HOUSTON, TX 77030 | 74-1613878 | 501(C)(3) | 85,000. | | | | RESEARCH GRANT |
| (4) BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE, BOSTON, MA 02215 | 04-2103547 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (5) BOSTON VA RESEARCH INSTITUTE, INC. 150 S HUNTINGTON AVE., BOSTON, MA 02130 | 04-3081524 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |
| (6) BRADLEY HOSPITAL 11 FRIENDSHIP ST, NEWPORT, RI 02840 | 05-0288914 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |
| (7) BRANDEIS UNIVERSITY 415 SOUTH ST MSC 110, WALTHAM, MA 02453 | 04-2103552 | 501(C)(3) | 49,680. | | | | RESEARCH GRANT |
| (8) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD, PASADENA, CA 91125 | 95-1643307 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (9) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, CLEVELAND, OH 44106 | 34-1018992 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |
| (10) CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH ST & CIVIC CTR BIVD, PHIL., PA 19104 | 23-1352166 | 501(C)(3) | 155,000. | | | | RESEARCH GRANT |
| (11) CHILDREN'S HOSPITAL, BOSTON 300 LONGWOOD AVE, BOSTON, MA 02115 | 04-2774441 | 501(C)(3) | 169,983. | | | | RESEARCH GRANT |
| (12) COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD, COLD SPRING HARBOR, NY 11724 | 11-2013303 | 501(C)(3) | 170,000. | | | | RESEARCH GRANT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2016

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

Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION

Employer identification number

31-1020010

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) COLUMBIA UNIVERSITY 622 WEST 113TH, NEW YORK, NY 10025 | 13-5598093 | 501(C)(3) | 259,982. | | | | RESEARCH GRANT |
| (2) DARTMOUTH-HITCHCOCK MEDICAL CENTER 6066 DEVELOPMENT OFFICE, HAMOVER, NH 03755 | 02-0222111 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |
| (3) DREXEL UNIVERSITY COLLEGE OF MEDICINE 3141 CHESTNUT ST., PHILADELPHIA, PA 19104 | 23-1352630 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |
| (4) DUKE UNIVERSITY MEDICAL CENTER CAMPUS BOX 90581, DURHAM, NC 22708 | 56-0532129 | 501(C)(3) | 154,387. | | | | RESEARCH GRANT |
| (5) EMORY UNIVERSITY 1762 CLIFTON RD, ATLANTA, GA 30322 | 58-0566256 | 501(C)(3) | 84,999. | | | | RESEARCH GRANT |
| (6) FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD, BOCA RATON, FL 33431 | 65-0385507 | GOV'T | 35,000. | | | | RESEARCH GRANT |
| (7) FLORIDA STATE UNIVERSITY 2000 LEVY AVE, #351, TALLAHASSEE, FL 32310 | 59-3211153 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |
| (8) HARVARD MEDICAL SCHOOL 1033 MASSACHUSETTS AVE, CAMBRIDGE, MA 02138 | 04-2103580 | 501(C)(3) | 104,800. | | | | RESEARCH GRANT |
| (9) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI BOX 1049, NEW YORK, NY 10059 | 13-6171197 | 501(C)(3) | 573,859. | | | | RESEARCH GRANT |
| (10) INDIANA UNIVERSITY 400 E 7TH ST, RM 501, BLOOMINGTON, IN 47405 | 35-6001673 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (11) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, BALTIMORE, MD 21211 | 52-0595110 | 501(C)(3) | 220,000. | | | | RESEARCH GRANT |
| (12) LAURENTE INSTITUTE FOR BRAIN RESEARCH 6655 S YALE AVE, TULSA, OK 74136 | 73-1328881 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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

Name of the organization **NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION**

Employer identification number
31-1020010

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET, BOSTON, MA 02114 | 04-2697983 | 501(C)(3) | 155,000. | | | | RESEARCH GRANT |
| (2) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139 | 04-2103594 | 501(C)(3) | 225,000. | | | | RESEARCH GRANT |
| (3) MCLEAN HOSPITAL 115 MILL STREET, BELMONT, MA 02478 | 04-2697991 | 501(C)(3) | 354,946. | | | | RESEARCH GRANT |
| (4) MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD, MILWAU., WI 53226 | 39-0806261 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (5) NAT'L INST. OF NEUROLOGICAL DISORDERS & STR 9000 ROCKVILLE PIKE, BETHESDA, MD 20892 | 52-0858115 | | 50,000. | | | | RESEARCH GRANT |
| (6) NEW YORK UNIVERSITY 25 WEST 4TH STREET, NEW YORK, NY 10012 | 13-5562308 | 501(C)(3) | 139,993. | | | | RESEARCH GRANT |
| (7) NORTHWESTERN UNIVERSITY 633 CLARK STREET, EVANSTON, IL 60208 | 36-2167817 | 501(C)(3) | 120,000. | | | | RESEARCH GRANT |
| (8) PRINCETON UNIVERSITY 701 CARNEGIE CENTER, PRINCETON, NJ 08540 | 21-0634501 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (9) RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC 150 BROADWAY, MENANDS, NY 12204 | 14-1410842 | 501(C)(3) | 69,934. | | | | RESEARCH GRANT |
| (10) RESEARCH FOUND. FOR THE STATE UNIV. OF NY PO BOX 9, ALBANY, NY 12201 | 14-1368361 | 501(C)(3) | 189,848. | | | | RESEARCH GRANT |
| (11) RUSH UNIVERSITY MEDICAL COLLEGE 1700 WEST VAN BORN ST, CHICAGO, IL 60612 | 36-2174823 | 501(C)(3) | 34,889. | | | | RESEARCH GRANT |
| (12) RUTGERS UNIVERSITY 100 STRUBLE RD, BRANCHVILLE, NJ 07826 | 22-6001086 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**
- 3** Enter total number of other organizations listed in the line 1 table **0**

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

**SCHEDULE I
(Form 990)**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization: **NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION**

Employer identification number:
31-1020010

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD, LA JOLLA, CA 92037 | 95-2150097 | 501(C)(3) | 70,000. | | | | RESEARCH GRANT |
| (2) SEATTLE CHILDREN'S RESEARCH INSTITUTE FO BOX 5371, SEATTLE, WA 98145 | 91-0564748 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (3) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE, MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |
| (4) STANFORD UNIVERSITY 326 GALVEZ STREET, STANFORD, CA 94305 | 94-1156365 | 501(C)(3) | 330,000. | | | | RESEARCH GRANT |
| (5) THE FEINSTEIN INST. FOR MEDICAL RESEARCH 972 BRUSH HOLLOW, WESTBURY, NY 11590 | 11-2673595 | 501(C)(3) | 34,460. | | | | RESEARCH GRANT |
| (6) THE JACKSON LABORATORY P.O. BOX 254, BAR HARBOR, ME 04609 | 01-0211513 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (7) THE MIRIAM HOSPITAL 164 SUMMIT AVE, PROVIDENCE, RI 02906 | 05-0258905 | 501(C)(3) | 49,996. | | | | RESEARCH GRANT |
| (8) THE ROCKEFELLER UNIVERSITY 1230 YORK AVE, NEW YORK, NY 10065 | 13-1624158 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (9) THE U C DAVIS FOUNDATION 1460 DREW AVE, STE 100, DAVIS, CA 95618 | 94-6081352 | 501(C)(3) | 119,796. | | | | RESEARCH GRANT |
| (10) TULANE UNIVERSITY 6823 ST. CHARLES AVE, NEW ORLEANS, LA 70118 | 72-0423889 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (11) UNIVERSITY OF ARIZONA 888 NORTH EUCLID, TUCSON, AZ 85719 | 74-2652689 | GOV'T | 105,000. | | | | RESEARCH GRANT |
| (12) UNIVERSITY OF CALIFORNIA, BERKELEY 2080 ADDISON ST, #4200, BERKELEY, CA 94720 | 94-6090626 | 501(C)(3) | 84,754. | | | | RESEARCH GRANT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**
- 3 Enter total number of other organizations listed in the line 1 table **0**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2016)**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Name of the organization **NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION**

Employer identification number
31-1020010

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVE, DAVIS, CA 95616 | 94-6036494 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (2) UNIVERSITY OF CALIFORNIA, LOS ANGELES 10920 WILSHIRE BLVD, LOS ANGELES, CA 90024 | 95-6006143 | 501(C)(3) | 289,695. | | | | RESEARCH GRANT |
| (3) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE, LA JOLLA, CA 92093 | 95-6006144 | 501(C)(3) | 336,286. | | | | RESEARCH GRANT |
| (4) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO UCSF BOX 0249, SAN FRANCISCO, CA 94143 | 94-6036493 | 501(C)(3) | 175,000. | | | | RESEARCH GRANT |
| (5) UNIVERSITY OF CINCINNATI PO BOX 210641, CINCINNATI, OH 45221 | 31-6000989 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (6) UNIVERSITY OF COLORADO DENVER 1800 N GRANT ST., DENVER, CO 80203 | 84-6000555 | 501(C)(3) | 120,000. | | | | RESEARCH GRANT |
| (7) UNIVERSITY OF DELAWARE 83 E. MAIN STREET, 3RD FL, NEWARK, DE 19716 | 51-6000297 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (8) UNIVERSITY OF ILLINOIS AT CHICAGO 506 S WRIGHT STREET, URBANA, IL 61801 | 37-6000511 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (9) UNIVERSITY OF IOWA 105 JESSUP HALL, IOWA CITY, IA 52242 | 42-6004813 | GOV'T | 149,661. | | | | RESEARCH GRANT |
| (10) UNIVERSITY OF MARYLAND 7950 BALTIMORE AVE, COLLEGE PARK, MD 20742 | 52-6002033 | GOV'T | 205,000. | | | | RESEARCH GRANT |
| (11) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 600 SUFFOLK ST, STE 160, LOWELL, MA 01854 | 04-3167352 | GOV'T | 154,012. | | | | RESEARCH GRANT |
| (12) UNIVERSITY OF MIAMI PO BOX 248106, CORAL GABLES, FL 33124 | 59-0624458 | 501(C)(3) | 100,000. | | | | RESEARCH GRANT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**
- 3 Enter total number of other organizations listed in the line 1 table **0**

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Name of the organization **NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION**

Employer identification number
31-1020010

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) UNIVERSITY OF MINNESOTA 1300 S 2ND ST, #206, MINNEAPOLIS, MN 55454 | 41-6007513 | 501(C)(3) | 30,000. | | | | RESEARCH GRANT |
| (2) UNIVERSITY OF MISSOURI, KANSAS CITY 321 UNIVERSITY HALL, COLUMBIA, MO 65211 | 43-6003859 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (3) UNIVERSITY OF NEW MEXICO 1 UNIV. OF NEW MEX., ALBUQUERQUE, NM 87131 | 85-6000642 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (4) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 103 S BLDG CAMPUS, CHAPEL HILL, NC 27599 | 56-6001393 | 501(C)(3) | 139,960. | | | | RESEARCH GRANT |
| (5) UNIVERSITY OF PITTSBURGH 128 NORTH CRAIG ST, PITTSBURGH, PA 15260 | 25-0965591 | 501(C)(3) | 304,643. | | | | RESEARCH GRANT |
| (6) UNIVERSITY OF SOUTHERN CALIFORNIA 3551 FROUSDALE PKWY, LOS ANGELES, CA 90089 | 95-1642394 | 501(C)(3) | 70,000. | | | | RESEARCH GRANT |
| (7) UNIVERSITY OF TEXAS AT AUSTIN P. O. BOX 7458, AUSTIN, TX 78713 | 74-6000203 | 501(C)(3) | 26,425. | | | | RESEARCH GRANT |
| (8) UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY AVE, EL PASO, TX 79968 | 74-6000813 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |
| (9) UNIV. OF TX HEALTH SCIENCE CTR. AT HOUSTON 7000 FANNIN, HOUSTON, TX 77030 | 74-1761309 | 501(C)(3) | 119,967. | | | | RESEARCH GRANT |
| (10) UNIVERSITY OF TEXAS SOUTHWESTERN MED. CTR. 601 COLORADO STREET, AUSTIN, TX 78701 | 75-6002868 | GOV'T | 67,500. | | | | RESEARCH GRANT |
| (11) UNIVERSITY OF UTAH 332 S 1400 EAST, SALT LAKE CITY, UT 84112 | 87-6000525 | 501(C)(3) | 169,789. | | | | RESEARCH GRANT |
| (12) UNIVERSITY OF WASHINGTON BOX 359505, SEATTLE, WA 98195 | 91-6001537 | 501(C)(3) | 50,000. | | | | RESEARCH GRANT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**
- 3 Enter total number of other organizations listed in the line 1 table **0**

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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

Name of the organization **NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION**

Employer identification number

31-1020010

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) UNIVERSITY OF WISCONSIN-MADISON 702 WEST JOHNSON STREET, MADISON, WI 53715 | 39-6006492 | GOV'T | 104,728. | | | | RESEARCH GRANT |
| (2) UT HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR, SAN ANTONIO, TX 78229 | 74-1586031 | 501(C)(3) | 134,746. | | | | RESEARCH GRANT |
| (3) VANDERBILT UNIVERSITY GIFT PROCESS., VU STAT. B, NASH., TN 37235 | 62-0476822 | 501(C)(3) | 120,000. | | | | RESEARCH GRANT |
| (4) VANDERBILT UNIVERSITY MEDICAL CENTER 2525 WEST END AVE, NASHVILLE, TN 37203 | 35-2528741 | 501(C)(3) | 70,000. | | | | RESEARCH GRANT |
| (5) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980550, RICHMOND, VA 23298 | 54-6001758 | 501(C)(3) | 84,854. | | | | RESEARCH GRANT |
| (6) VIRGINIA TECH 201 SOUTHGATE CENTER, BLACKSBURG, VA 24061 | 54-6001805 | GOV'T | 85,000. | | | | RESEARCH GRANT |
| (7) WASHINGTON UNIVERSITY CAMPUS BOX 1082, SAINT LOUIS, MO 63130 | 43-0653611 | 501(C)(3) | 134,969. | | | | RESEARCH GRANT |
| (8) WAYNE STATE UNIVERSITY 5700 CASS AVE, STE 1200, DETROIT, MI 48202 | 38-6028429 | 501(C)(3) | 35,000. | | | | RESEARCH GRANT |
| (9) YALE UNIVERSITY SCHOOL OF MEDICINE P.O. BOX 2038, NEW HAVEN, CT 06521 | 06-0646973 | 501(C)(3) | 818,951. | | | | RESEARCH GRANT |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **80.**
- 3 Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 INDIVIDUAL AWARDS/PRIZES | 7. | 327,500. | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

GENERAL:

- A) THE AWARD IS FOR A PERIOD OF UP TO 12 MONTHS.
- B) SECOND YEAR FUNDING (I.E., THIRD PAYMENT) IS SUBJECT TO THE AVAILABILITY OF FUNDS.
- C) NARSAD MUST BE NOTIFIED IN WRITING OF ALL AWARDS/GRANTS RECEIVED SUBSEQUENT TO THE NARSAD AWARD THROUGHOUT THE DURATION OF THE AWARD.
- D) A GRANTEE HAS UP TO SIX MONTHS FROM THE ORIGINALLY SCHEDULED START DATE TO ESTABLISH A REVISED START DATE.
- E) IF THE GRANT START DATE IS DELAYED, THE GRANT PERIOD WILL BE CHANGED

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

TO REFLECT THIS, AND WILL RESULT IN A DEFERRED PAYMENT SCHEDULE.

F) ANY PROJECT CHANGES MUST BE SUBMITTED IN WRITING TO NARSAD FOR REVIEW AND PRE-APPROVAL.

G) FUNDING AFTER THE AWARD PERIOD IS NON-RENEWABLE, BUT A "NO-COST" TIME EXTENSION CAN BE REQUESTED YEARLY.

USE OF FUNDS -

A) EXPENDITURES MUST BE MADE IN ACCORDANCE WITH THE GRANTEE'S INSTITUTIONAL POLICY AND MUST BE USED TO SUPPORT THE RESEARCH BUDGET DESCRIBED IN THE NARSAD APPLICATION OR AN APPROXIMATION THEREOF.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

B) FUNDS PROVIDED UNDER THIS GRANT CANNOT BE USED FOR POLITICAL PURPOSES

OR IN ATTEMPTS TO INFLUENCE GOVERNMENTAL BODIES OTHER THAN BY MAKING AVAILABLE THE RESULTS OF THE RESEARCH OR THE FACT OF THE AWARD.

C) INDIRECT COSTS AS STIPULATED BY NARSAD ARE: UP TO 8% MAY BE NEGOTIATED FOR OVERHEAD COSTS FOR ALL CATEGORIES EXCEPT EQUIPMENT. THESE OVERHEAD COSTS MUST BE INCLUDED WITHIN THE TOTAL GRANT AWARDED.

D) ALL FUNDS FROM THE NARSAD GRANT REMAINING AT THE END OF THE PROJECT OR ANY EXTENSION ALLOWED MUST BE RETURNED TO NARSAD.

FINANCIAL RECORDS - THE GRANTEE'S INSTITUTION IS RESPONSIBLE FOR THE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

Part IV Supplemental information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

EXPENDITURE OF THE AWARD, AND FOR MAINTAINING SUPPORTING RECORDS OF

RECEIPTS AND EXPENDITURES. IT IS THE RESPONSIBILITY OF THE GRANTEE TO

REQUEST TO THEIR INSTITUTION THAT A FINAL FINANCIAL REPORT BE SUBMITTED

TO NARSAD. A CUMULATIVE FINANCIAL REPORT IS REQUIRED WITHIN NINETY (90)

DAYS OF GRANT TERMINATION/COMPLETION. THIS REPORT SHOULD REFLECT AWARD

AMOUNT, EXPENDITURES AND ANY BALANCE (DUE TO NARSAD) IN U.S. DOLLARS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

2016

**Open to Public
Inspection**

Name of the organization **NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION**

Employer identification number
31-1020010

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> First-class or charter travel | | |
| <input type="checkbox"/> Travel for companions | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | | |
| <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | |
| <input type="checkbox"/> Compensation committee | | |
| <input type="checkbox"/> Independent compensation consultant | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | | |
| <input type="checkbox"/> Written employment contract | | |
| <input type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 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 related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 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 the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2016

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| JEFFREY BORENSTEIN | 400,000. | 65,000. | 21,538. | 0. | 0. | 486,538. | 0. |
| 1 PRESIDENT & CEO | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| LOUIS INNAMORATO | 237,553. | 40,000. | 10,296. | 0. | 29,991. | 317,840. | 0. |
| 2 CFO | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| FAITH ROTHBLATT | 175,606. | 0. | 6,923. | 0. | 12,020. | 194,549. | 0. |
| 3 VP OF DEVELOPMENT | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| LAUREN DURAN | 163,175. | 0. | 4,577. | 0. | 0. | 167,752. | 0. |
| 4 VP OF M&C | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 7:

MERIT BONUSES ARE PAID TO CERTAIN STAFF MEMBERS BASED ON ANNUAL

PERFORMANCE. SEE SCHEDULE O RESPONSE TO FORM 990, PART VI, SECTION B,

LINES 15A AND 15B FOR ADDITIONAL DETAIL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

| | |
|---|---|
| Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION | Employer identification number 31-1020010 |
|---|---|

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 32 . | 154,867 . | MARKET QUOTATION |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | | Yes | No |
|---|------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | X |
| b If "Yes," describe the arrangement in Part II. | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | 31 | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | X |
| b If "Yes," describe in Part II. | | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | |

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

Part I

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION**

Employer identification number
31-1020010

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

FORM 990 IS REVIEWED BY THE CFO, CHAIRMAN AND TREASURER. IT IS PROVIDED
TO THE NARSAD BOARD MEMBERS BEFORE BEING FILED WITH IRS.

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

THE ORGANIZATION'S BOARD MEMBERS ADHERE TO NARSAD CODE OF ETHICAL
CONDUCT. ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO READ
AND SIGN THE CONFLICT OF INTEREST DISCLOSURE UPON APPOINTMENT OR HIRE, IN
ADDITION TO ANNUALLY.

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

THE ORGANIZATION HAS 3 BOARD MEETINGS SCHEDULED IN THE YEAR HELD IN
FEBRUARY OR MARCH, JULY AND OCTOBER. IN 2013 THE MEMBERS OF THE BOARD OF
DIRECTORS APPROVED THE INITIAL ANNUAL COMPENSATION OF THE PRESIDENT/CEO.
AFTER THEY OBTAINED COMPENSATION COMPARABLES, THEY EVALUATED AND APPROVED
THE COMPENSATION AND CONTEMPORANEOUSLY DOCUMENTED THEIR DECISION IN THE
BOARD MINUTES. 2016 COMPENSATION ABOVE THE BASE WAS DETERMINED AND
APPROVED BY AT LEAST TWO INDEPENDENT BOARD MEMBERS AFTER CAREFUL
CONSIDERATION OF THE PERFORMANCE OF THE PRESIDENT/CEO DURING THE YEAR AND
WITH REGARD TO FORM 990 OF OTHER ORGANIZATIONS OBTAINED IN THE PROCESS.

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

COMPENSATION TO OTHER OFFICERS FOLLOW THE SAME GUIDELINES AS STATED IN
LINE 15A WITH THE EXCEPTION THAT THE PRESIDENT OR ACTING PRESIDENT

Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION

Employer identification number
31-1020010

(OFFICER) APPROVES THE COMPENSATION OF KEY EMPLOYEES AFTER OBTAINING
COMPENSATION COMPARABLES AND EVALUATION. CHANGES IN COMPENSATION ARE
DOCUMENTED IN THE PERSONNEL FILES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EXPENSES TO PROVIDE RESEARCH GRANTS, SELECT PROSPECTIVE GRANTEEES,
SUBMIT PROPOSALS AND FURTHER PROMOTE SCIENTIFIC ADVANCEMENT AND
RESEARCH INTO THE CAUSES, CURES, AND PREVENTION OF CHRONIC AND
SEVERE MENTAL ILLNESSES.

IN ADDITION TO THE EXPENSES REPORTED, THE REPORTING ORGANIZATION'S
SCIENTIFIC COUNCIL CONTRIBUTED SERVICES OF \$1,411,334. (DONATED
SERVICES ARE NOT REPORTED AS EITHER REVENUE OR EXPENSE AS PER IRS
FORM 990 INSTRUCTIONS.) THE SCIENTIFIC COUNCIL CONSISTS OF A GROUP
OF SCIENTISTS WHO ARE LEADERS IN NEUROSCIENCE AND PSYCHIATRY.
THESE VOLUNTEERS PRIMARILY REVIEW RESEARCH GRANTS AND PROJECTS ON
BEHALF OF THE ORGANIZATION. ALSO, IN 2016 THE REPORTING
ORGANIZATION UTILIZED A GRANT WHICH PROVIDED ONLINE ADVERTISING,
AT NO COST, HAVING A VALUE OF \$475,363.

Name of the organization NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION

Employer identification number
31-1020010

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| J. SQUARED PRESS, INC. 629 GROVE STREET JERSEY CITY, NJ 07310 | PRINT. & FULFILLMENT | 302,579. |

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|-----------------|
| NEW YORK GALA | 429,584. |
| TOTAL | <u>429,584.</u> |

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u> | <u>GROSS INCOME</u> | <u>DIRECT EXPENSES</u> | <u>NET INCOME</u> |
|--------------------|---------------------|------------------------|-------------------|
| NEW YORK GALA | 165,581. | 165,581. | |
| TOTALS | <u>165,581.</u> | <u>165,581.</u> | |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/forms990.

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSION

Employer identification number
31-1020010

OMB No. 1545-0047

2016

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (1) | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (1) | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|-----|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | | Yes | No |
| (1) | MARSAD RESEARCH INSTITUTE 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016 1.1-3401438 | FUNDRAISING | NY | 501(C)(3) | 12 | NARSAD | X | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |

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

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses.
q Reimbursement paid by related organization(s) for expenses.
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s).

Table with columns 1a-1s and Yes/No checkboxes. 1a: Yes, 1b: Yes, 1c: Yes, 1d: Yes, 1e: Yes, 1f: Yes, 1g: Yes, 1h: Yes, 1i: Yes, 1j: Yes, 1k: Yes, 1l: Yes, 1m: Yes, 1n: Yes, 1o: Yes, 1p: Yes, 1q: Yes, 1r: Yes, 1s: Yes.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with columns (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows 1-6 are empty.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part VI Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.