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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2012Open to Public
Inspection**A For the 2012 calendar year, or tax year beginning****, 2012, and ending****, 20****B** Check if applicable

☐	Address change
☐	Name change
☐	Initial return
☐	Terminated
☐	Amended return
☐	Application pending

C Name of organization **NATIONAL ALLIANCE FOR RESEARCH ON****SCHIZOPHRENIA AND DEPRESSION**Doing Business As **BRAIN & BEHAVIOR RESEARCH FOUNDATION**

Number and street (or P O box if mail is not delivered to street address)

60 CUTTERMILL ROAD

Room/suite

404

City, town or post office, state, and ZIP code

GREAT NECK, NY 11021**F** Name and address of principal officer **JEFFREY BORENSTEIN, M.D.,**
60 CUTTERMILL ROAD, STE 404, GREAT NECK, NY 11021**D** Employer identification number**31-1020010****E** Telephone number**(516) 829-0091****G** Gross receipts \$ **34,387,642.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.BBRFOUNDATION.ORG****H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1981** **M** State of legal domicile **KY****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities		
	TO RAISE AND DISTRIBUTE FUNDING FOR THE MOST PROMISING PSYCHIATRIC DISEASE RESEARCH IN ORDER TO DEVELOP NEW PREVENTATIVE MEASURES, BETTER DIAGNOSIS AND IMPROVED TREATMENTS FOR THESE CONDITIONS.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	22.
	6 Total number of volunteers (estimate if necessary)	6	132.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-960.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-960.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,918,173.	26,149,646.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	308,765.	341,515.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-44,039.	56,407.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,182,899.	26,547,568.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,834,751.	13,818,632.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,155,742.	2,019,893.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 830,753.	0	0
	17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24e)	3,146,755.	1,278,249.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	11,137,248.	17,116,774.
	19 Revenue less expenses - Subtract line 18 from line 12	1,045,651.	9,430,794.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	23,309,417.	28,754,847.	
22 Net assets or fund balances - Subtract line 21 from line 20	21,478,979.	16,798,463.	
		1,830,438.	11,956,384.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Arthur Radin

Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

PAUL HAMMERSCHMIDT

Preparer's signature

Date

5/3/12

Check ☐ if self-employed

PTIN

P01384178

Firm's name ▶ BDO USA, LLP

Firm's EIN ▶ 13-5381590

Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017

Phone no 212-885-8000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)JSA
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SCANNED JUN 24 2013

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**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 ☒ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 13,037,212. including grants of \$ 13,037,212.) (Revenue \$)

GRANTS AND SCHOLARSHIPS TO FUND SCIENTIFIC RESEARCH
INTO THE CAUSES, CURES, AND PREVENTION OF CHRONIC
AND SEVERE MENTAL ILLNESSES AND SCHIZOPHRENIA.

4b (Code) (Expenses \$ 1,803,486 including grants of \$ 781,420) (Revenue \$)

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

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 **▶** 14,840,698.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
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? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	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? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23 X	
24 a 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 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	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>	34 X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 35		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 22		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966? 9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand. 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

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 to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent 1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1

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.
☒ Own website ☐ Another's website ☒ 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, physical address, and telephone number of the person who possesses the books and records of the organization ► LOUIS INNAMORATO, 60 CUTTERMILL ROAD, STE 404, GREAT NECK, NY 11021 516-829-0091

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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) SUZANNE GOLDEN VICE PRESIDENT	1.00	X		X				0	0	0
(3) ARTHUR RADIN TREASURER	1.00 1.00	X		X				0	0	0
(4) JOHN B. HOLLISTER SECRETARY	1.00	X		X				0	0	0
(5) ANNE ABRAMSON DIRECTOR	.50	X						0	0	0
(6) MARK H. ALCOTT DIRECTOR	.50	X						0	0	0
(7) J. ANTHONY BOECKH (FROM 3/2012) DIRECTOR	.50	X						0	0	0
(8) BONNIE D. HAMMERSCHLAG DIRECTOR	.50	X						0	0	0
(9) GEORGE B. HANDRAN DIRECTOR	.50 .50	X						0	0	0
(10) JOHN (KEN) HARRISON DIRECTOR	.50	X						0	0	0
(11) CAROLE MALLEMENT (FROM 10/2012) DIRECTOR	.25	X						0	0	0
(12) MILTON MALTZ DIRECTOR	.50	X						0	0	0
(13) SUE MYRICK (FROM 10/2012) DIRECTOR	.25	X						0	0	0
(14) MARC R. RAPPAPORT DIRECTOR	.50	X						0	0	0

[illegible]

1b Sub-total	0	0	0
c Total from continuation sheets to Part VII, Section A	621,134.	0	54,632.
d Total (add lines 1b and 1c)	621,134.	0	54,632.

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	3
---	---	---

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

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

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*

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	2
---	--	---

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	67,224			
	b	Membership dues	1b				
	c	Fundraising events	1c	409,999			
	d	Related organizations	1d	1,000,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	24,672,423			
	g	Noncash contributions included in lines 1a-1f \$		6,345,016			
	h	Total. Add lines 1a-1f		26,149,646			
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)		495,097		-960
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
		(i) Real	(ii) Personal				
6a		Gross rents					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0			
7a		(i) Securities	(ii) Other				
		7,355,606					
b		Less cost or other basis and sales expenses		7,509,188			
c		Gain or (loss)		-153,582			
d		Net gain or (loss)		-153,582			-153,582
8a		Gross income from fundraising events (not including \$ 409,999 of contributions reported on line 1c) See Part IV, line 18		330,886			
b		Less direct expenses		330,886			
c		Net income or (loss) from fundraising events		0			
9a		Gross income from gaming activities See Part IV, line 19					
b		Less: direct expenses					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	NET APPRECIATION OF ASSETS HELD IN						
b	CHARITABLE REMAINDER TRUST		900099	56,407		56,407	
c							
d	All other revenue						
e	Total. Add lines 11a-11d			56,407			
12	Total revenue. See instructions			26,547,568		-960	398,882

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 to any question 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 governments and organizations in the United States. See Part IV, line 21.	10,605,517.	10,605,517.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	115,000.	115,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	3,098,115.	3,098,115.		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	535,808.	214,324.	214,324.	107,160.
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.	1,190,337.	476,134.	476,134.	238,069.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9 Other employee benefits.	172,958.	69,183.	69,183.	34,592.
10 Payroll taxes.	120,790.	48,316.	48,316.	24,158.
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	660.		660.	
c Accounting.	44,755.		44,755.	
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).	217,045.		105,700.	111,345.
12 Advertising and promotion.	96,665.	95,130.	1,535.	
13 Office expenses.	219,934.		103,929.	116,005.
14 Information technology.	78,418.		78,418.	
15 Royalties.	0			
16 Occupancy.	342,408.		171,204.	171,204.
17 Travel.	13,440.		8,501.	4,939.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	22,638.		22,638.	
20 Interest.	27,772.	27,772.		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	34,398.		34,398.	
23 Insurance.	19,713.		19,713.	
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 GRANT REFUNDS & RELINQUISH.	-551,420.	-551,420.		
b SCIENTIFIC ADVANCEMENT.	413,580.	413,580.		
c NEWSLET, BROCH. & ANN. REP.	216,999.	216,999.		
d EQUIPMENT REPAIR/MAINTENANCE.	29,008.		29,008.	
e All other expenses.	52,236.	12,048.	16,907.	23,281.
25 Total functional expenses. Add lines 1 through 24e.	17,116,774.	14,840,698.	1,445,323.	830,753.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	876,257.	1	982,065.
	2 Savings and temporary cash investments	2,769,906.	2	11,489,244.
	3 Pledges and grants receivable, net	8,571,713.	3	4,891,407.
	4 Accounts receivable, net	43,474.	4	26,261.
	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	27,923.	9	19,247.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 634,836.		
	b Less: accumulated depreciation	10b 532,026.		
		128,669.	10c	102,810.
	11 Investments - publicly traded securities	7,929,246.	11	7,816,782.
	12 Investments - other securities See Part IV, line 11	1,849,262.	12	2,257,657.
	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	1,112,967.	15	1,169,374.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,309,417.	16	28,754,847.	
Liabilities	17 Accounts payable and accrued expenses	98,346.	17	264,030.
	18 Grants payable	20,367,157.	18	15,224,208.
	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	1,013,476.	25	1,310,225.
	26 Total liabilities. Add lines 17 through 25	21,478,979.	26	16,798,463.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-9,405,830.	27	7,232,884.
	28 Temporarily restricted net assets	5,512,768.	28	0
	29 Permanently restricted net assets	5,723,500.	29	4,723,500.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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	1,830,438.	33	11,956,384.
	34 Total liabilities and net assets/fund balances.	23,309,417.	34	28,754,847.

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,547,568.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,116,774.
3	Revenue less expenses Subtract line 2 from line 1	3	9,430,794.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,830,438.
5	Net unrealized gains (losses) on investments	5	695,152.
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	11,956,384.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** 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
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** 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
- 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?
- b** 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2012)

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. ▶ See separate instructions.

OMB No 1545-0047

2012

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 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2012

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

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	21,440,920	18,913,026	17,734,272	11,918,173	26,149,646	96,156,037
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	21,440,920	18,913,026	17,734,272	11,918,173	26,149,646	96,156,037
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,601,491	4,124,816	3,064,402	4,630,426	2,311,397	16,732,532
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						0
c Add lines 7a and 7b.	2,601,491	4,124,816	3,064,402	4,630,426	2,311,397	16,732,532
8 Public support (Subtract line 7c from line 6)						79,423,505

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	21,440,920	18,913,026	17,734,272	11,918,173	26,149,646	96,156,037
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,274,273	669,686	554,540	-468,840	495,097	3,462,436
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,274,273	669,686	554,540	468,840	495,097	3,462,436
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH 1.	-395,171	-61,022	-25,679	-44,039	56,407	-469,504
13 Total support. (Add lines 9, 10c, 11, and 12)	22,320,022	19,521,690	18,263,133	12,342,974	26,701,150	99,148,969
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 2012 (line 8, column (f) divided by line 13, column (f)).	15	80.11 %
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	74.45 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	3.49 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	4.81 %

19a 33 1/3% support tests - 2012. 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 - 2011. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
SPECIAL EVENTS NET INCOME	-395,171.	-61,022.	-25,679.	-44,039		-525,911.
NET APPRECIATION OF ASSETS						
HELD IN CHAR. REMAINDER TRUST					56,407.	56,407.
TOTALS	<u>-395,171</u>	<u>-61,022</u>	<u>-25,679</u>	<u>-44,039</u>	<u>56,407</u>	<u>-469,504</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

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" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2012

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" to 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	10,232,762.	11,232,762.	11,232,762.	19,232,762.	19,232,762.
b Contributions					
c Net investment earnings, gains, and losses	1,022,440.	261,425.	861,214.		
d Grants or scholarships					
e Other expenditures for facilities and programs	2,022,440.	1,261,425.	861,214.	8,000,000.	
f Administrative expenses					
g End of year balance	9,232,762.	10,232,762.	11,232,762.	11,232,762.	19,232,762.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ 48.8398 %
b Permanent endowment ▶ 51.1602 %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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		14,699.	14,119.	580.
d Equipment				
e Other		620,137.	517,907.	102,230.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				102,810.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. 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	2,257,657.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	2,257,657.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	836,104.
(3) CHARITABLE GIFT ANNUITIES PAYABLE	474,121.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,310,225.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	28,699,410.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	695,152.
b	Donated services and use of facilities	2b	1,125,804.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	330,886.
e	Add lines 2a through 2d	2e	2,151,842.
3	Subtract line 2e from line 1	3	26,547,568.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	26,547,568.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	18,573,464.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,125,804.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	330,886.
e	Add lines 2a through 2d	2e	1,456,690.
3	Subtract line 2e from line 1	3	17,116,774.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	17,116,774.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, 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 AND THE INSTITUTE. 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 XIII Supplemental Information (continued)

PART X, LINE 2:

UNDER ASC 740, "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 THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION, INC. COMBINED FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED 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, 2012, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE COMBINED STATEMENT OF ACTIVITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF DECEMBER 31, 2012, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR THE YEARS PRIOR TO 2009.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D AND PART XIII, LINE 2D:

SPECIAL EVENTS DIRECT EXPENSES

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

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" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) EUROPE			GRANTMAKING		1,526,631.
(2) NORTH AMERICA			GRANTMAKING		830,747.
(3) EAST ASIA AND THE PACIFIC			GRANTMAKING		440,737
(4) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		210,000.
(5) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		30,000.
(6) SOUTH AMERICA			GRANTMAKING		30,000
(7) SUB-SAHARAN AFRICA			GRANTMAKING		30,000
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,					3,098,115.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					3,098,115

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

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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)				SEE ATTACHED SCHEDULE 2	3,023,115.				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(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. 67.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) AWARDS	EUROPE/ICELAND/GREENLAND	3	75,000	CHECK			U.S. DOLLARS
(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 US 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 US 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 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 US Owner (see Instructions for Forms 3520 and 3520-A) ☐ 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 US 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 US 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 file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to 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

Complete this part to 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" to 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. ▶ See separate instructions.

OMB No 1545-0047

2012

**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" to 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 | ☐ e Solicitation of non-government grants |
| ☐ b Internet and email solicitations | ☐ f Solicitation of government grants |
| ☐ c Phone solicitations | ☐ g Special fundraising events |
| ☐ d In-person solicitations | |

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 ten 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" to 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 NY GALA & SYMP. (event type)	(b) Event #2 CHRISSY'S WISH (event type)	(c) Other events 12. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	553,235.	71,046.	116,604.	740,885.
	2 Less Contributions	355,221.	54,256.	522.	409,999.
	3 Gross income (line 1 minus line 2).	198,014.	16,790.	116,082.	330,886.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,500.	7,735.	23,341.	37,576.
	7 Food and beverages	57,335.	9,055.	8,613.	75,003.
	8 Entertainment	1,760.		927.	2,687.
	9 Other direct expenses	132,419.		83,201.	215,620.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(330,886.)
	11 Net income summary. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to 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. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10 a 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 operate 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 operated 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.** Complete this part to 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 complete this part to provide any additional information (see instructions)

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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)	SEE ATTACHED SCHEDULE 3			10,605,517				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 97.
- 3 Enter total number of other organizations listed in the line 1 table 97.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. 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	AWARDS	4	115,000.			
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to 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 (BY NO LATER THAN NOVEMBER 30, 2012) TO ESTABLISH A REVISED START

DATE.

Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

E) IF THE GRANT START DATE IS DELAYED, THE GRANT PERIOD WILL BE CHANGED

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

Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DESCRIBED IN THE NARSAD APPLICATION OR AN APPROXIMATION THEREOF.

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.

Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

**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

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., 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.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in 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.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

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 in 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 are not 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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BENITA SHOBE (THRU 12/31)	298,362.	0	0	0	11,593.	309,955.	0
1 PRESIDENT & CEO	194,407.	0	0	0	31,446.	225,853.	0
LOUIS INNAMORATO	0	0	0	0	0	0	0
2 CFO	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

**Open To Public
Inspection**

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	85.	6,345,016.	PRICE AVERAGE
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
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not 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.

Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to 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.**

OMB No 1545-0047

2012

**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.

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 2009 THE MEMBERS OF THE BOARD OF
DIRECTORS APPROVED THE INITIAL ANNUAL COMPENSATION OF THE PRESIDENT.
AFTER THEY OBTAINED COMPENSATION COMPARABLES, THEY EVALUATED AND APPROVED
THE COMPENSATION AND CONTEMPORANEOUSLY DOCUMENTED THEIR DECISION IN THE
BOARD MINUTES. THERE WAS NO CHANGE TO THE PRESIDENT'S ANNUAL COMPENSATION
FROM 2010 TO 2012.

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

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

Employer identification number
31-1020010

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.

FORM 990, PART XI, LINE 5:

NET UNREALIZED GAIN ON INVESTMENTS

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AZ, AR, CA,

FL, IL, MD,

MN, NJ, NY, OR, PA,

UT, WI,

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	266,254.
HAKON HEIMER C/O BBRF, 60 CUTTER MILL ROAD, SUITE 404 GREAT NECK, NY 11021	WEBSITE DEVELOPMENT	114,550.

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
NEW YORK GALA & SYMPOSIUM	355,221.

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

Employer identification number
31-1020010

ATTACHMENT 3 (CONT'D)

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CHRISSY'S WISH EVENT	54,256.
OTHER EVENTS	522.
TOTAL	<u>409,999.</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 & SYMPOSIUM	198,014.	198,014.	
CHRISSY'S WISH EVENT	16,790.	16,790.	
OTHER EVENTS	116,082.	116,082.	
TOTALS	<u>330,886.</u>	<u>330,886.</u>	

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate Instructions.

OMB No. 1545-0047

2012

Open to Public
InspectionName of the organization NATIONAL ALLIANCE FOR RESEARCH ON
SCHIZOPHRENIA AND DEPRESSIONEmployer identification number
31-1020010**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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) NARSAD RESEARCH INSTITUTE 60 CUTTER MILL ROAD, STE 404, GREAT NECK, NY 11021 11-3401438	FUNDRAISING	NY	501(C)(3)	11	N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

JSA

2E1307 1 000

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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			
(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" to 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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?

	Yes	No
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)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 section 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) _____													
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Schedule R (Form 990) 2012

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Depreciation and Amortization
(Including Information on Listed Property)**2012**Attachment
Sequence No **179**

Name(s) shown on return

Identifying number

NATIONAL ALLIANCE FOR RESEARCH ON31-1020010

Business or activity to which this form relates

GENERAL DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	34,398.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	34,398.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25								
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

[illegible]

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
TOTALS							

***Assets Retired**

JSA

2X9024 1 000

Foreign entities	Region Code	Purpose of Grant	Cash Grant Total	Manner of cash disbursement
Universidad de Costa Rica	Central America & Carib	To fund scientific research	30,000 00	Check and/or wire
Monash University (21) (12)	E A and the Pacific	To fund scientific research	86,000 00	Check and/or wire
University of New South Wales	E A and the Pacific	To fund scientific research	59,900 00	Check and/or wire
University of Melbourne	E A and the Pacific	To fund scientific research	59,824 00	Check and/or wire
Flourey Neuroscience Institutes				
University of Melbourne	E A and the Pacific	To fund scientific research	30,000 00	Check and/or wire
RIKEN Brain Science Institute (8)	E A and the Pacific	To fund scientific research	30,000 00	Check and/or wire
Konkuk University, S Korea	E A and the Pacific	To fund scientific research	30,000 00	Check and/or wire
Seoul National University Hospital				
Seoul University	E A and the Pacific	To fund scientific research	29,940 00	Check and/or wire
Deakin University	E A and the Pacific	To fund scientific research	29,612 50	Check and/or wire
University of Sydney	E A and the Pacific	To fund scientific research	29,450 00	Check and/or wire
A*STAR Neuroscience Research Partnership, Singapore	E A and the Pacific	To fund scientific research	28,010 50	Check and/or wire
Neuroscience Research Australia	E A and the Pacific	To fund scientific research	28,000 00	Check and/or wire
Institute of Psychiatry/King's college London				
University of London (7), (10)	Europe	To fund scientific research	178,001 46	Check and/or wire
Cardiff University (40)	Europe	To fund scientific research	125,867 00	Check and/or wire
University of Copenhagen	Europe	To fund scientific research	100,000 00	Check and/or wire
Karolinska University (27)	Europe	To fund scientific research	89,876 00	Check and/or wire
Max Planck Institute for Psychiatry (36)	Europe	To fund scientific research	75,000 00	Check and/or wire
University of Oxford (31)	Europe	To fund scientific research	60,000 00	Check and/or wire
University of Geneva	Europe	To fund scientific research	59,723 20	Check and/or wire
University of Cambridge, UK	Europe	To fund scientific research	56,782 00	Check and/or wire
University Medical Center Eppendorf-Hamburg				
University of Hamburg (26)	Europe	To fund scientific research	56,650 00	Check and/or wire
University of Edinburgh (1), (21)	Europe	To fund scientific research	30 000 00	Check and/or wire
Venetian Institute of Molecular Medicine	Europe	To fund scientific research	30,000 00	Check and/or wire
University of Oulu (25)	Europe	To fund scientific research	30,000 00	Check and/or wire
VU Medisch Centrum Vrije Universiteit Amsterdam	Europe	To fund scientific research	30,000 00	Check and/or wire
Universite Paris-Sud 11	Europe	To fund scientific research	30 000 00	Check and/or wire
FORTH, Hellas- Greece	Europe	To fund scientific research	30,000 00	Check and/or wire
University of Turku, Finland	Europe	To fund scientific research	30,000 00	Check and/or wire
Centre National de la Recherche Scientifique, France	Europe	To fund scientific research	30,000 00	Check and/or wire
Johann Wolfgang Goethe- University of Frankfurt am Main	Europe	To fund scientific research	30,000 00	Check and/or wire
Universite de Strasbourg, France	Europe	To fund scientific research	30 000 00	Check and/or wire
VIB, Belgium	Europe	To fund scientific research	30,000 00	Check and/or wire
Medical Research Council (MRC) Harwell	Europe	To fund scientific research	30,000 00	Check and/or wire
Royal College of Surgeons in Ireland	Europe	To fund scientific research	30,000 00	Check and/or wire
Instituto de Neurociencias de Valencia	Europe	To fund scientific research	30,000 00	Check and/or wire
City University of London	Europe	To fund scientific research	29,958 10	Check and/or wire
Maastricht University	Europe	To fund scientific research	29,939 54	Check and/or wire
Dresden University of Technology	Europe	To fund scientific research	29,900 00	Check and/or wire
University Medical Center Utrecht				
Utrecht University (13), (14)	Europe	To fund scientific research	29,775 00	Check and/or wire
University of Exeter	Europe	To fund scientific research	29,675 00	Check and/or wire
Charite - University Medicine Berlin Freie Universitat Berlin	Europe	To fund scientific research	28,050 00	Check and/or wire
University of Zurich	Europe	To fund scientific research	27,205 00	Check and/or wire
The Open University, UK	Europe	To fund scientific research	25,228 87	Check and/or wire
Hebrew University, Israel	M E and N Africa	To fund scientific research	60,000 00	Check and/or wire
Tel Aviv University	M E and N Africa	To fund scientific research	60 000 00	Check and/or wire
Bar-Ilan University, Israel	M E and N Africa	To fund scientific research	30,000 00	Check and/or wire
Chaim Sheba Medical Center				
Tel Aviv University (16) (3)	M E and N Africa	To fund scientific research	30,000 00	Check and/or wire
Tel Aviv Sourasky Medical Center	M E and N Africa	To fund scientific research	30,000 00	Check and/or wire
Centre for Addiction and Mental Health CAMH				
University of Toronto (3), (11)	North America	To fund scientific research	327,250 00	Check and/or wire
University of British Columbia (34), (13)	North America	To fund scientific research	89,956 00	Check and/or wire
Douglas Mental Health University Institute				
McGill University, Canada (15), (1)	North America	To fund scientific research	60,000 00	Check and/or wire
University Health Network				
University of Toronto	North America	To fund scientific research	59 824 00	Check and/or wire
St Joseph's Health Care - Hamilton				
McMaster University	North America	To fund scientific research	59,489 00	Check and/or wire
Queen's University	North America	To fund scientific research	30,000 00	Check and/or wire
University of Ottawa, Canada	North America	To fund scientific research	30 000 00	Check and/or wire
University of Montreal	North America	To fund scientific research	29,946 50	Check and/or wire
Rotman Research Institute				
University of Toronto	North America	To fund scientific research	29,864 00	Check and/or wire
Hopital Riviere des Prairies Univ of Montreal	North America	To fund scientific research	29,600 00	Check and/or wire
University of Waterloo, Canada	North America	To fund scientific research	29,545 00	Check and/or wire
Dalhousie University, Canada	North America	To fund scientific research	29,516 00	Check and/or wire
University of Calgary	North America	To fund scientific research	25,756 00	Check and/or wire
University of Buenos Aires	South America	To fund scientific research	30,000 00	Check and/or wire
Lagos State University College of Medicine	Sub-Saharan Africa	To fund scientific research	30,000 00	Check and/or wire
Total			3,023 114 67	

BBRF 2012 NARSAD GRANTS IN US ONLY - Schedule I Part II				
University/Organization	Federal ID Number	IRC Section	Cash Grant Total	Purpose of grant or assistance
(36) Connecticut Mental Health Center Yale University School of Medicine Yale University New Haven, CT 06521	06-0646973	501(c)(3)	753,503.47	To fund scientific research
(28) Emory University School of Medicine Emory University Atlanta, GA 30322	58-0566256	501(c)(3)	538,850.00	To fund scientific research
(32) McLean Hospital Harvard University, Belmont MA 02478	04-2697981	501(c)(3)	519,830.00	To fund scientific research
(12) New York Psychiatric Institute Columbia University	13-5598093	501(c)(3)	489,814.50	To fund scientific research
(15) Johns Hopkins School of Medicine Johns Hopkins University Baltimore, MD	52-0595110	501(c)(3)	390,000.00	To fund scientific research
(5) Mount Sinai School of Medicine New York, NY 10029	13-6171197	501(c)(3)	369,993.00	To fund scientific research
(14) Stanford University San Francisco, CA 94144	94-1156365	501(c)(3)	368,076.00	To fund scientific research
(3) University of California, San Diego La Jolla, CA 92093	95-6006144	501(c)(3)	310,000.00	To fund scientific research
(16) Vanderbilt University Nashville, Tennessee 37232	62-0476822	501(c)(3)	310,000.00	To fund scientific research
(25) University of California, Los Angeles Los Angeles, CA 90024	95-6006143	501(c)(3)	299,761.50	To fund scientific research
(54) University of Texas Southwestern Medical Center at Dallas Dallas, TX 75284	75-6002868	501(c)(3)	280,000.00	To fund scientific research
(9) Research Foundation for Mental Hygiene Inc. - Columbia University	14-1410842	501(c)(3)	270,000.00	To fund scientific research
(7) Maryland Psychiatric Research Center School of Medicine, University of Maryland Baltimore, MD 21201	52-6002033	501(c)(3)	239,965.00	To fund scientific research
(30) Massachusetts General Hospital Harvard University	04-1564655	501(c)(3)	239,355.72	To fund scientific research
(42) Weill Cornell Medical College Cornell University	13-6094042	501(c)(3)	220,000.00	To fund scientific research
(49) University of Illinois at Chicago Springfield, IL 62787	37-6000511	501(c)(3)	180,000.00	To fund scientific research
(29) Rutgers University New Brunswick, NJ 08901	22-6001086	501(c)(3)	159,999.00	To fund scientific research
(2) University of Iowa College of Medicine University of Iowa Iowa City, IA 52242	42-6004813	501(c)(3)	150,000.00	To fund scientific research
(6) Duke University Medical Center Duke University Durham, NC 27705	56-0532129	501(c)(3)	150,000.00	To fund scientific research
(9) University of Pennsylvania Philadelphia, PA 19104	23-1352685	501(c)(3)	150,000.00	To fund scientific research
University of California, Davis	94-6036494	501(c)(3)	149,629.00	To fund scientific research
(45) Zucker Hillside Hospital Campus of the Feinstein Institute for Medical Research North Shore- Long Island Jewish Health System Lake Success, NY 11042	11-2673595	501(c)(3)	149,069.00	To fund scientific research
(65) National Institute of Mental Health (NIMH/NIH) National Institutes of Health	52-0858115	501(c)(3)	131,331.08	To fund scientific research
Pennsylvania State Univ, Lehigh Valley, PA	24-6000376	501(c)(3)	130,000.00	To fund scientific research
(27) University of Michigan Ann Arbor, 48109	38-6006309	501(c)(3)	120,000.00	To fund scientific research
(33) University of California, San Francisco	94-6036493	501(c)(3)	120,000.00	To fund scientific research

BBRF 2012 NARSAD GRANTS IN US ONLY - Schedule I Part II				
University/Organization	Federal ID Number	IRC Section3	Cash Grant Total	Purpose of grant or assistance
(77) Cold Spring Harbor Laboratory	11-2013303	501(c)(3)	120,000.00	To fund scientific research
(23) Western Psychiatric Institute and Clinic UPMC University of Pittsburgh Pittsburgh PA 15251	25-0965591	501(c)(3)	119,986.50	To fund scientific research
(24) University of Texas Health Science Center San Antonio San Antonio, TX 78229	74-1586031	501(c)(3)	119,904.00	To fund scientific research
(18) Northwestern University	36-2167817	501(c)(3)	119,727.00	To fund scientific research
(29) University of Colorado Denver Denver, CO 80209	84-6000555	501(c)(3)	119,587.00	To fund scientific research
(8) Massachusetts Institute of Technology Cambridge, MA 02139-4307	04-2103594	501(c)(3)	90,000.00	To fund scientific research
(70) Brigham and Women's Hospital Harvard University	04-2312909	501(c)(3)	90,000.00	To fund scientific research
(59) Case Western Reserve University, Ohio	34-1018992	501(c)(3)	90,000.00	To fund scientific research
(71) Boston University, MA	23-1352651	501(c)(3)	90,000.00	To fund scientific research
(79) Salk Institute for Biological Studies, CA California Institute of Technology, CA	95-2160097	501(c)(3)	90,000.00	To fund scientific research
Albert Einstein College of Medicine of Yeshiva University	95-1643307	501(c)(3)	90,000.00	To fund scientific research
Drexel University College of Medicine, PA	13-1624225	501(c)(3)	90,000.00	To fund scientific research
(26) University of North Carolina at Chapel Hill	23-1352630	501(c)(3)	90,000.00	To fund scientific research
(20) Indiana University, Bloomington Indiana University, School of Medicine Indiana University Indianapolis, IN 46266	56-6001393	501(c)(3)	89,888.00	To fund scientific research
(40) University of Wisconsin, Madison Madison, WI 53706	35-6001673	501(c)(3)	60,000.00	To fund scientific research
(46) Brown University Providence, RI 02903	39-6006492	501(c)(3)	60,000.00	To fund scientific research
(48) Virginia Commonwealth University Richmond, VA 23284	05-0258954	501(c)(3)	60,000.00	To fund scientific research
(50) The Rockefeller University, NY	54-6001758	501(c)(3)	60,000.00	To fund scientific research
(13) Children's Hospital, Boston Harvard University	13-1624158	501(c)(3)	60,000.00	To fund scientific research
Laureate Institute for Brain Research (LIBR), Tulss, OK	04-2774441	501(c)(3)	60,000.00	To fund scientific research
Children's Research Institute, Washington DC	73-1328881	501(c)(3)	60,000.00	To fund scientific research
Georgia Health Sciences University, Augusta GA	52-1654453	501(c)(3)	60,000.00	To fund scientific research
(42) Dartmouth Medical School Dartmouth College Hanover NH 03755	58-6002053	501(c)(3)	60,000.00	To fund scientific research
(31) University of Southern California	02-0222111	501(c)(3)	59,580.00	To fund scientific research
(34) Washington University School of Medicine	95-1642394	501(c)(3)	30,000.00	To fund scientific research
(38) University of California, Irvine CA 92697	43-0653611	501(c)(3)	30,000.00	To fund scientific research
(39) Robert Wood Johnson Medical School University of Medicine & Dentistry of New Jersey New Brunswick, New Jersey 08903	95-2540117	501(c)(3)	30,000.00	To fund scientific research
University of Medicine & Dentistry of NJ	22-1980408	501(c)(3)	30,000.00	To fund scientific research
(47) University of Colorado, Boulder Denver, CO 80209	22-1775306	501(c)(3)	30,000.00	To fund scientific research
(53) The Broad Institute of MIT and Harvard Cambridge, MA 02139	84-6000555	501(c)(3)	30,000.00	To fund scientific research
(60) University of Florida Gainesville, FL 32611	04-2103594	501(c)(3)	30,000.00	To fund scientific research
(61) Ernest Gallo Clinic & Research Center University of California, San Francisco Emeryville, CA 94608	59-6002052	501(c)(3)	30,000.00	To fund scientific research
	94-2697305	501(c)(3)	30,000.00	To fund scientific research

BBRF 2012 NARSAD GRANTS IN US ONLY - Schedule I Part II

University/Organization	Federal ID Number	IRC Section3	Cash Grant Total	Purpose of grant or assistance
(11) Univ. of Mass. Medical School	04-3167352	501(c)(3)	30,000.00	To fund scientific research
(17) University of Minnesota	41-6007513	501(c)(3)	30,000.00	To fund scientific research
NYU Langone Medical Center, NY	13-5562308	501(c)(3)	30,000.00	To fund scientific research
(20) New York University School of Medicine New York University Child Study Center New York University	13-4097976	501(c)(3)	30,000.00	To fund scientific research
(24) University of Alabama at Birmingham	63-6005396	501(c)(3)	30,000.00	To fund scientific research
(28) Seattle Children's Hospital Research Institute	91-0564748	501(c)(3)	30,000.00	To fund scientific research
(47) Tulane University	72-0423889	501(c)(3)	30,000.00	To fund scientific research
(48) University of Missouri, Columbia Kansas City, MO 64180	43-6003859	501(c)(3)	30,000.00	To fund scientific research
(56) Tufts University Boston, MA 02111	04-2103634	501(c)(3)	30,000.00	To fund scientific research
(64) State University of New York, Upstate Medical University Albany, NY 12201	14-1368361	501(c)(3)	30,000.00	To fund scientific research
(67) Baylor College of Medicine, TX	74-1613878	501(c)(3)	30,000.00	To fund scientific research
(69) Wayne State University Detroit, MI 48202	38-6028429	501(c)(3)	30,000.00	To fund scientific research
(86) West Virginia University	55-6017181	501(c)(3)	30,000.00	To fund scientific research
Mayo Clinic, Rochester, MN	74-6001399	501(c)(3)	30,000.00	To fund scientific research
Vollum Institute Oregon Health and Science University	93-1176109	501(c)(3)	30,000.00	To fund scientific research
Louisiana State University Health Science Louisiana State University	72-1115391	501(c)(3)	30,000.00	To fund scientific research
University of Texas at Austin	74-6000203	501(c)(3)	30,000.00	To fund scientific research
Cleveland Clinic Foundation	34-0714585	501(c)(3)	30,000.00	To fund scientific research
University of Tennessee Health Science Center, University of Tennessee, Memphis	62-6001636	501(c)(3)	30,000.00	To fund scientific research
Veterans Medical Research Foundation (VMRF), CA	33-0189397	501(c)(3)	30,000.00	To fund scientific research
Sanford Burnham Medical Research Center, La Jolla, CA	51-0197108	501(c)(3)	30,000.00	To fund scientific research
Auburn Univ, AL	63-6000724	501(c)(3)	30,000.00	To fund scientific research
Northern California Institute for Research and Education University of California, San Francisco	94-3084159	501(c)(3)	30,000.00	To fund scientific research
Seton Family of Hospitals, Texas	74-1109643	501(c)(3)	30,000.00	To fund scientific research
Beth Israel Deaconess- Harvard Univ, MA	04-2103881	501(c)(3)	30,000.00	To fund scientific research
Lieber Institute for Brain Development, Baltimore MD	23-3690883	501(c)(3)	30,000.00	To fund scientific research
Perdue University, IN		501(c)(3)	30,000.00	To fund scientific research
Whitehead Institute for Biomedical Research, Cambridge MA	06-1043412	501(c)(3)	30,000.00	To fund scientific research
South Carolina Research Foundation (SCRF) University of South Carolina	57-0967350	501(c)(3)	30,000.00	To fund scientific research
Children's Hospital of Philadelphia, University of Pennsylvania	23-1352166	501(c)(3)	30,000.00	To fund scientific research
University of Maine	01-6000769	501(c)(3)	29,978.00	To fund scientific research
(26) Harvard University Harvard Medical School, Harvard School of Public Health Harvard University	04-2103580	501(c)(3)	29,930.50	To fund scientific research
Emerson College, Boston MA	04-1286950	501(c)(3)	29,870.50	To fund scientific research
Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. (HJF), Maryland	52-1317896	501(c)(3)	29,850.00	To fund scientific research
California State University, San Marcos	33-0397688	501(c)(3)	29,775.00	To fund scientific research
University of Northern Colorado	84-6000546	501(c)(3)	29,764.00	To fund scientific research
Boston College, MA	04-2103545	501(c)(3)	29,550.00	To fund scientific research
Temple University, Philadelphia PA	23-1365971	501(c)(3)	28,949.50	To fund scientific research
Grand Total			10,605,517.27	