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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2013Open to Public
Inspection**A For the 2013 calendar year, or tax year beginning , 2013, 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)****Room/suite**

90 PARK AVENUE, 16TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10016

F Name and address of principal officer JEFFREY BORENSTEIN, M.D.,

90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016

D Employer identification number

31-1020010

E Telephone number

(646) 681-4888

G Gross receipts \$ 12,995,558.**H(a) Is this a group return for subordinates?** Yes ☐ No ☒**H(b) Are all subordinates included?** Yes ☐ No ☐

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

H(c) Group exemption number ▶**I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) 4947(a)(1) or 527**J Website:** WWW.BBRFOUNDATION.ORG**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 & DISTRIBUTE FUNDS FOR THE MOST PROMISING PSYCHIATRIC DISEASE RESEARCH IN ORDER TO DEV. NEW PREVENT. MEASURES, BETTER DIAGNOSIS & 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	18.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18.
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	21.
	6	Total number of volunteers (estimate if necessary)	6	147.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,074.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,074.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	26,149,646.	10,650,931.
	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)	341,515.	280,892.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 42)	26,547,568.	11,203,499.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 13-15)	13,818,632.	9,627,017.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,019,893.	2,335,055.
	16a	Professional fundraising fees (Part IX, column (A), line 12)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25)		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,278,249.	1,520,433.	
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,116,774.	13,482,505.	
19	Revenue less expenses Subtract line 18 from line 12	9,430,794.	-2,279,006.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	28,754,847.	24,543,447.
	22	Net assets or fund balances Subtract line 21 from line 20	16,798,463.	14,112,485.

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	11/13/2014			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	PAUL HAMMERSCHMIDT		11/10/14		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** (2013)JSA
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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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 \$ 8,915,971 including grants of \$ 8,915,971) (Revenue \$ 0)

GRANTS AND SCHOLARSHIPS TO FUND SCIENTIFIC RESEARCH INTO THE
CAUSES, CURES, AND PREVENTION OF CHRONIC AND SEVERE MENTAL
ILLNESSES SUCH AS DEPRESSION, SCHIZOPHRENIA, ANXIETY, AUTISM,
BIPOLAR, ADHD, PTSD AND OCD.

4b (Code _____) (Expenses \$ 2,027,737 including grants of \$ 711,046) (Revenue \$ 0)

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 **▶** 10,943,708.

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
12 a 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
14 a 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2013)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	44	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	21	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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?		
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? 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?		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 or note to any line 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	18	
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	18	
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		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?		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?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization		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?		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?		

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, 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016 646-681-4888

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MILTON MALTZ DIRECTOR	.50	X						0	0	0
(16) SUE MYRICK (THRU 7/13) DIRECTOR	.25	X						0	0	0
(17) MARC R. RAPPAPORT DIRECTOR	.50	X						0	0	0
(18) BARBARA K. STEICKER DIRECTOR	.50	X						0	0	0
(19) ROBERT S. WARSHAW (THRU 4/13) DIRECTOR	.25	X						0	0	0
(20) ROBERT WEISMAN DIRECTOR	.50	X						0	0	0
(21) JEFFREY BORENSTEIN PRESIDENT & CEO	35.00			X				418,462.	0	0
(22) LOUIS INNAMORATO CFO	35.00			X				240,774.	0	35,224.
(23) LAURA WELLS VP OF MARKETING AND COMMUN.	35.00					X		141,417.	0	12,973.
(24) FAITH ROTHBLATT VICE PRESIDENT OF DEVELOPMENT	35.00					X		134,694.	0	12,973.
(25) BENITA SHOBE (THRU 12/31/2012) FORMER PRESIDENT & CEO							X	155,769.	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								1,091,116.	0	61,170.
d Total (add lines 1b and 1c)								1,091,116.	0	61,170.

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

- 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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

X

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 61,990.			
	b	Membership dues	1b			
	c	Fundraising events	1c 537,731.			
	d	Related organizations	1d 891,754			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 9,159,456.			
	g	Noncash contributions included in lines 1a-1f \$	327,161			
	h	Total. Add lines 1a-1f	10,650,931			
Program Service Revenue			Business Code			
	2a					
	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)		344,568	-1,074	345,642.
	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		
		(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		1,347,698.		
	b	Less cost or other basis and sales expenses		1,411,374		
	c	Gain or (loss)		-63,676		
	d	Net gain or (loss)		-63,676		-63,676.
	8a	Gross income from fundraising events (not including \$ 537,731. of contributions reported on line 1c) See Part IV, line 18	ATCH 3	380,685.		
	b	Less direct expenses		380,685		
	c	Net income or (loss) from fundraising events	ATCH 4	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	271,676		271,676	
c						
d	All other revenue					
e	Total. Add lines 11a-11d		271,676			
12	Total revenue. See instructions		11,203,499		-1,074	553,642

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	7,602,554.	7,602,554.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	190,000.	190,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	1,834,463.	1,834,463.		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	694,460.	277,784.	277,784.	138,892.
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.	1,311,904.	524,762.	524,762.	262,380.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9 Other employee benefits.	203,846.	81,538.	81,538.	40,770.
10 Payroll taxes.	124,845.	49,938.	49,938.	24,969.
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	13,536.		13,536.	
c Accounting.	46,909.		46,909.	
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).	101,196.	26,835.	56,461.	17,900.
12 Advertising and promotion.	90,812.	50,912.	80.	39,820.
13 Office expenses.	299,852.		146,061.	153,791.
14 Information technology.	122,423.		122,423.	
15 Royalties.	0			
16 Occupancy.	350,920.		175,460.	175,460.
17 Travel.	32,819.	538.	13,174.	19,107.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	31,283.		31,283.	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	35,975.		35,975.	
23 Insurance.	22,636.		22,636.	
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.	-481,046.	-481,046.		
b SCIENTIFIC ADVANCEMENT.	415,836.	415,836.		
c NEWSLET., BROCH., & ANN. REP.	236,008.	236,008.		
d BAD DEBTS.	107,100.	107,100.		
e All other expenses.	94,174.	26,486.	63,638.	4,050.
25 Total functional expenses. Add lines 1 through 24e.	13,482,505.	10,943,708.	1,661,658.	877,139.
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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	982,065.	1	7,924,478.
	2 Savings and temporary cash investments	11,489,244.	2	1,856,731.
	3 Pledges and grants receivable, net	4,891,407.	3	3,120,730.
	4 Accounts receivable, net	26,261.	4	87,031.
	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	19,247.	9	19,868.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 669,244.		
	b Less accumulated depreciation	10b 568,002.	10c	101,242.
	11 Investments - publicly traded securities	7,816,782.	11	6,984,067.
	12 Investments - other securities See Part IV, line 11	2,257,657.	12	2,967,893.
	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	1,169,374.	15	1,481,407.
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,754,847.	16	24,543,447.	
Liabilities	17 Accounts payable and accrued expenses	264,030.	17	311,984.
	18 Grants payable	15,224,208.	18	12,578,705.
	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	1,310,225.	25	1,221,796.
	26 Total liabilities. Add lines 17 through 25	16,798,463.	26	14,112,485.
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	7,232,884.	27	5,607,462.
	28 Temporarily restricted net assets	0	28	100,000.
	29 Permanently restricted net assets	4,723,500.	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	11,956,384.	33	10,430,962.
	34 Total liabilities and net assets/fund balances.	28,754,847.	34	24,543,447.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,203,499.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,482,505.
3	Revenue less expenses Subtract line 2 from line 1	3	-2,279,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,956,384.
5	Net unrealized gains (losses) on investments	5	753,584.
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	10,430,962.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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** (2013)

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.

OMB No 1545-0047

2013

Open to Public
Inspection

▶ Attach to Form 990 or Form 990-EZ.

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

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) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,913,026	17,734,272	11,918,173	26,149,646	10,650,931	85,366,048
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	18,913,026	17,734,272	11,918,173	26,149,646	10,650,931	85,366,048
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	4,124,816	3,064,402	4,630,426	2,311,397	1,621,940	15,752,981
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.	4,124,816	3,064,402	4,630,426	2,311,397	1,621,940	15,752,981
8 Public support. (Subtract line 7c from line 6)						69,613,067

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.	18,913,026	17,734,272	11,918,173	26,149,646	10,650,931	85,366,048
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	669,686	554,540	468,840	495,097	344,568	2,532,731
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	669,686	554,540	468,840	495,097	344,568	2,532,731
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.	-61,022	-25,679	-44,039	56,407	271,676	197,343
13 Total support. (Add lines 9, 10c, 11, and 12)	19,521,690	18,263,133	12,342,974	26,701,150	11,267,175	88,096,122
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 2013 (line 8, column (f) divided by line 13, column (f)).	15	79.02 %
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	80.11 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	2.88 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	3.49 %

- 19a 33 1/3% support tests - 2013.** 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 ☒ **X**
- b 33 1/3% support tests - 2012.** 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.** 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	2009	2010	2011	2012	2013	TOTAL
SPECIAL EVENTS NET INCOME	-61,022.	-25,679.	-44,039.			-130,740.
NET APPRECIATION OF ASSETS						
HELD IN CHAR REMAINDER TRUST				56,407	271,676	328,083
TOTALS	<u>-61,022.</u>	<u>-25,679.</u>	<u>-44,039.</u>	<u>56,407.</u>	<u>271,676.</u>	<u>197,343.</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.

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

OMB No 1545-0047

2013

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) 2013

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

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	9,232,762.	10,232,762.	11,232,762.	11,232,762.	19,232,762.
b Contributions					
c Net investment earnings, gains, and losses	901,820.	1,022,440.	261,425.	861,214.	
d Grants or scholarships					
e Other expenditures for facilities and programs	901,820.	2,022,440.	1,261,425.	861,214.	8,000,000.
f Administrative expenses					
g End of year balance	9,232,762.	9,232,762.	10,232,762.	11,232,762.	11,232,762.

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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		23,754.	15,408.	8,346.
d Equipment				
e Other		645,490.	552,594.	92,896.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				101,242.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN PARTNERSHIPS	2,967,893.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col. (B) line 12) ►	2,967,893.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	77,110.
(2) CHARITABLE REMAINDER TRUSTS	1,404,297.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15) ►	1,481,407.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	861,080.
(3) CHARITABLE GIFT ANNUITIES PAYABLE	360,716.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	1,221,796.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	13,648,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	753,584.
b	Donated services and use of facilities	2b	1,310,739.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	380,685.
e	Add lines 2a through 2d	2e	2,445,008.
3	Subtract line 2e from line 1	3	11,203,499.
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	11,203,499.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,173,929.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,310,739.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	380,685.
e	Add lines 2a through 2d	2e	1,691,424.
3	Subtract line 2e from line 1	3	13,482,505.
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	13,482,505.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT - THE BOARD OF DIRECTORS ESTABLISHED AN
ENDOWMENT FUND FOR THE BENEFIT OF NARSAD 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, 2013, 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, 2013, 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 2010.

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

SPECIAL EVENTS DIRECT EXPENSES

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
31-1020010

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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		867,476
(2) NORTH AMERICA			GRANTMAKING		662,525
(3) EAST ASIA AND THE PACIFIC			GRANTMAKING		196,416.
(4) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		57,921
(5) SOUTH AMERICA			GRANTMAKING		50,125.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.					1,834,463
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,834,463

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

Schedule F (Form 990) 2013

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				SEE ATTACHED SCHEDULE 2	1,834,463.				
(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. 35.

3 Enter total number of other organizations or entities. 35.

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

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865) ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2013

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

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

OMB No 1545-0047

2013

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	631,127.	75,472.	211,817.	918,416.
	2 Less Contributions	436,836.	58,692.	42,203.	537,731.
	3 Gross income (line 1 minus line 2).	194,291.	16,780.	169,614.	380,685.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	16,207.	16,780.	1,250.	34,237.
	7 Food and beverages	69,214.		45,493.	114,707.
	8 Entertainment	1,760.			1,760.
	9 Other direct expenses	107,110.		122,871.	229,981.
	10 Direct expense summary Add lines 4 through 9 in column (d)				380,685.
	11 Net income summary Subtract line 10 from line 3, column (d)				

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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization 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.** 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.

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number

31-1020010

OMB No 1545-0047

2013

Open to Public
Inspection

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			7,602,554.				
(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 87.
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

JSA

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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	5	190,000.			
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, 2013) 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.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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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 directors, trustees, and officers, including 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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) 2013

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				
1 JEFFREY BORENSTEIN PRESIDENT & CEO	(i) 400,000. (ii) 0	0	18,462.	0	0	418,462.	0
2 LOUIS INNAMORATO CFO	(i) 208,978. (ii) 0	15,000.	16,796.	0	35,224.	275,998.	0
3 LAURA WELLS VP OF MARKETING AND COMMUN.	(i) 141,417. (ii) 0	0	0	0	12,973.	154,390.	0
4 BENITA SHOBE (THRU 12/3) FORMER PRESIDENT & CEO	(i) 0 (ii) 0	0	155,769.	0	0	155,769.	0
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

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.

PART I, LINE 4A:

BENITA SHOBE, PRESIDENT & CEO THRU 12/31/2012, RECEIVED A SEVERANCE

PAYMENT WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

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

OMB No 1545-0047

2013**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	26.	327,161.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard
contributions?

31		X
----	--	---

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II

33 If the organization 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) (2013)

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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

2013

**Open to Public
Inspection**

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

Employer identification number
31-1020010

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

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

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

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

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

THE ORGANIZATION HAS 3 BOARD MEETINGS SCHEDULED IN THE YEAR HELD IN
FEBRUARY OR MARCH, JULY AND OCTOBER. IN 2013 THE MEMBERS OF THE BOARD OF
DIRECTORS APPROVED THE INITIAL ANNUAL COMPENSATION OF THE PRESIDENT.
AFTER THEY OBTAINED COMPENSATION COMPARABLES, THEY EVALUATED AND APPROVED
THE COMPENSATION AND CONTEMPORANEOUSLY DOCUMENTED THEIR DECISION IN THE
BOARD MINUTES.

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

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

Employer identification number
31-1020010

DOCUMENTED IN THE PERSONNEL FILES.

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

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

ATTACHMENT 1

FORM 990, PART 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	340,323.
HAKON HEIMER C/O BBRF, 60 CUTTER MILL ROAD, SUITE 404 GREAT NECK, NY 11021	WEBSITE DEVELOPMENT	122,200.

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
NEW YORK GALA & SYMPOSIUM	436,836.
CHRISSY'S WISH EVENT	58,692.
OTHER EVENTS	42,203.

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>
TOTAL	<u>537,731.</u>

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
NEW YORK GALA & SYMPOSIUM	194,291.	194,291.
CHRISSY'S WISH EVENT	16,780.	16,780.
OTHER EVENTS	169,614.	169,614.
TOTALS	<u>380,685.</u>	<u>380,685.</u>

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

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Name of the organization

NATIONAL ALLIANCE FOR RESEARCH ON

SCHIZOPHRENIA AND DEPRESSION

Employer identification number

31-1020010

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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" on 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?
(1) NARSAD RESEARCH INSTITUTE 90 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10016 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) 2013

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

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

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

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

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

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

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

	Yes	No
a Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity		X
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)		
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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
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.			
(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) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

Part VII Supplemental Information

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

National Alliance for Research on Schizophrenia and Depression			
DBA- Brain & Behavior Research Foundation			
Listing of Contributors \$5K and over 1/1/2013 - 12/31/2013			
Not open for public inspection			
Name- Organization or Individual	Cash	Stocks	Pledges
Stefan D Abrams	\$ 1,250 00	\$ 30,322 50	\$ -
The Anne and Ronald Abramson Family Foundation	-	-	960,000 00
Louis and Anne Abrons Foundation, Inc	15,000 00	-	-
Dorothy H Adams	5,000 00	-	-
Anonymous - Summersault Foundation	5,500 00	-	-
Anonymous- Elizabeth Hurry	-	5,563 15	-
Anonymous - Foster-Davis Foundation	50,000 00	-	-
Anonymous - J Anthony Boeckh	6,000 00	-	-
Anonymous- Michael Throne	5,000 00	-	-
Anonymous- Markus Penzel	5,000 00	-	-
Anonymous- John Taddiken	5,000 00	-	-
Anonymous- Elizabeth B and Arthur E Roswell Foundation	5,000 00	-	-
Anonymous- Jonathan Emery	5,000 00	-	-
Anonymous- Warren Boos	10,000 00	-	-
Anonymous- Joseph Kotzin	7,500 00	-	-
Martha Atherton	200,000 00	-	-
The Attias Family Foundation	120,000 00	-	-
Auto Mall Hyundai, Inc	5,000 00	-	-
Gerald Axelbaum	8,500 00	-	-
Sidney R Baer, Jr Foundation	150,000 00	-	-
Michael J Bass	30,000 00	-	-
Janet Y Becker	-	5,038 15	-
Thomas M Bergers	5,000 00	-	-
The Adina L Bernreuter Revocable Trust	64,669 61	-	-
Gregg Betz	5,000 00	-	-
The Blue Oak Charitable Fund	15,000 00	-	-
Donald M Boardman	16,200 00	-	-
Jeffrey Borenstein	5,000 00	-	-
Borrego Foundation, Inc	50,000 00	-	-
Sharon E Bowyer	5,000 00	-	-
Isabel Brenner	30,000 00	-	-
Jeffrey J and Mary E Burdge Charitable Trust	5,000 00	-	-
The Carmel Hill Fund	550,000 00	-	-
The Chicago Community Trust	10,000 00	-	-
The Chicago Trust Company	5,000 00	-	-
Citigroup Business Services	5,000 00	-	-
Michael G Coles	5,500 00	-	-
Columbia University	10,000 00	-	-
Command Financial Press Corporation	5,000 00	-	-
Mary Cooney & Edward Essl Foundation	5,000 00	-	-
The Pauline Davis 1987 Family Trust	1,147,903 81	-	-
E E Deschner	30,000 00	-	-
Dung Family Foundation, Inc	6,000 00	-	-
Eaglemere Foundation, Inc	5,000 00	-	-
Richard Edwards	10,000 00	-	-
Estate of Sophie Eisler	28,798 20	-	-
Will & Ann Eisner Family Foundation, Inc	5,000 00	-	-
Patricia M Elliott	24,350 00	-	-
EOS Foundation	6,000 00	-	-
Estate Of The Family of Joseph M Evans	340,413 68	-	-
Leslie Fischer Estate	8,908 56	-	-
Forest Laboratories, Inc	10,000 00	-	-
H B Friedrich	6,000 00	-	-
Kathleen E. Furness	5,000 00	-	-
The Joseph and Anna Gartner Foundation	5,000 00	-	-
Genentech, Inc	13,500 00	-	-
Thomas G Gillis	10,000 00	-	-
Golden Family Foundation	10,000 00	-	-
Suzanne Golden	2,595 00	53,049 00	-
D W Gore Family Foundation	10,000 00	-	-
H Thomas Grimes	20,000 00	-	-

National Alliance for Research on Schizophrenia and Depression			
DBA- Brain & Behavior Research Foundation			
Listing of Contributors \$5K and over 1/1/2013 - 12/31/2013			
Not open for public inspection			
Name- Organization or Individual	Cash	Stocks	Pledges
Roberta Gundersen	6,075 00	-	-
John K Harrison	5,000 00	-	-
John K Harrison, II	12,180 00	-	-
Reace B Harrison	5,000 00	-	-
Marilyn G Harwood Fund	14,717 25	-	-
Catharine Hawkins Foundation	10,000 00	-	-
Health & Medical Research Chanties of America	29,210 73	-	-
June Henebury	5,000 00	-	-
The Henry Foundation, Inc	12,000 00	-	-
Lynne Hensley	5,000 00	-	-
HIKE for Mental Health	23,576 96	-	-
Hiller Family Foundation	5,000 00	-	-
Arthur W Hills	5,000 00	-	-
Larry Hinman	10,000 00	-	-
Renate, Hans & Maria Hofmann Trust	80,000 00	-	-
Hal B Hollister	5,225 00	-	-
Hope Foundation	17,000 00	-	-
Suzanne C Hoyt	6,520 00	-	-
Independent Chanties of America	30,828 68	-	-
The Rona Jaffe Foundation	30,000 00	-	-
Donald D Jayne	5,000 00	-	-
The Kaplen Foundation	30,000 00	-	-
The Estate of Lawrence C Kastin	141,450 00	-	-
Helen Keane	100 00	5,127 08	-
Quentin J Kennedy Foundation	10,000 00	-	-
Arnold Klein	25,000 00	-	-
William M Koch	10,000 00	-	-
Jan M & Eugenia Krol Charitable Foundation	11,000 00	-	-
Sarah J Kupferberg	5,000 00	-	-
Robert S Laitman	8,880 00	-	-
Marvin Leichtung	15,000 00	-	-
Howard Levine	7,000 00	-	-
Janice R Lieber	-	46,716 00	-
The Lookout Foundation, Inc	5,000 00	-	-
Helen Lowenstein	10,040 00	-	-
Beth Maher Family Foundation	5,000 00	-	-
Carole H Mallement	30,020 00	-	-
Milton and Tamar Maltz Family Foundation	5,000 00	-	-
Robert D Martin	5,000 00	-	-
Jeanette Matye	5,000 00	-	-
McCaughan Trusts (A and B)	59,040 74	-	-
The Emil and Toby Meshberg Family Foundation	10,250 00	-	-
Microsoft Matching Gifts Program	14,773 44	-	-
Miller & Milone, P C	5,000 00	-	-
Charles S Miller	5,000 00	-	-
Daniel Mueller	6,000 00	-	-
Eleanor P Napolitano Discretionary Trust	254,973 72	-	-
NARSAD Research Institute	891,753 87	-	-
Gloria Neidorf Chantable Foundation	5,000 00	-	-
Carol A Nelson	5,000 00	-	-
Nichols Family Fund	5,000 00	-	-
Gertrude B Nielsen Charitable Trust	6,700 00	-	-
The Irene P Norell Estate	124,818 79	-	-
Otsuka America Pharmaceutical, Inc	60,000 00	-	-
William B Pasfield	12,500 00	-	-
Helen E Pearl Trust	518,998 74	-	-
Arthur Peck	6,000 00	-	-
The Adam Putter Special Needs Trust	390,610 59	-	-
QMT Associates, Inc	6,920 11	-	-
Stephen F Quinn	5,000 00	-	-
Arthur J Radin	62,500 00	-	-

National Alliance for Research on Schizophrenia and Depression			
DBA- Brain & Behavior Research Foundation			
Listing of Contributors \$5K and over 1/1/2013 - 12/31/2013			
Not open for public inspection			
Name- Organization or Individual	Cash	Stocks	Pledges
Marc R Rappaport	64,500 00	-	-
Rebecca A Rein	5,000 00	-	-
W C. Rich, Jr & J Haselton-Rich 2000 Charit Remain Unitrust	23,102 02	-	-
Lois Riemath Trust	274,000 00	-	-
William Risser Charitable Trust	58,000 00	-	-
The Toby and Nataly Ritter Family Foundation	7,000 00	-	-
River Terminal Developement Company	5,000 00	-	-
RJW Foundation	10,000 00	-	-
Curt Robbins	18,495 43	-	-
Roy H and Natalie C Roberts Family Foundation	50,000 00	-	-
Robert B Rosen	6,000 00	-	-
Mario Rossi	15,020 00	-	-
Kevin I Rowe	10,000 00	-	-
The Nancy Ruth Fund	5,000 00	-	-
Estate of Steven T Sakai	443,000.00	-	-
Sheila Scharfman	5,520 00	-	-
Estate of Joel Schenkman	6,000 00	-	-
Scott-Gentle Foundation	38,301.00	-	-
Yvonne D Segerstrom	5,000 00	-	-
Steven C Shachat	10,000 00	-	-
Shell Oil Company Foundation Matching Gifts	5,500 00	-	-
Elinor Beidler Siklosy Foundation	6,500 00	-	-
Virginia M Silver	28,975 00	-	-
Kenneth H Sonnenfeld	5,000 00	-	-
The John and Polly Sparks Foundation	30,000 00	-	-
Theodore R Stanley	25,000 00	-	-
State Street Bank & Trust Co	5,000 00	-	-
Stone Foundation, Inc	5,000 00	-	-
Lynn G Straus	5,000 00	-	-
Barbara K Streicker	32,500 00	-	30,000 00
Sunovion Pharmaceuticals, Inc	30,000 00	-	-
Taking Strides Against Mental Illness	7,200 00	-	-
Laszlo N Tauber Family Foundation	110,000 00	-	-
The Evelyn Toll Family Foundation	25,000 00	-	-
Tulchin Family Foundation	10,000 00	-	-
United Jewish Endowment Fund of The Jewish Federation	29,000 00	-	-
van Ameringen Foundation, Inc	200,000 00	-	-
Vital Projects Fund, Inc	150,000 00	-	-
Robert W Vogel	8,000 00	-	-
The Estate of Wylla Vogelgesang	6,790 06	158,523 67	-
Marilyn Waldman	10,000 00	-	-
WalMart	5,000 00	-	-
Warren County Foundation Depository	6,300 00	-	-
The Weisman Family Foundation	62,480 00	-	-
The Zarrow Families Foundation	15,000 00	-	-
Grand Totals:	\$8,128,435.99	\$304,339.55	\$990,000.00

BBRF - 2013 NARSAD Foreign Grants

Schedule F Part II

Foreign entities	Region Code	Cash Grant Total
University of Edinburgh (1), (21)	3	30,000
Florey Neuroscience Institutes		
University of Melbourne	2	79,950
University of Melbourne	2	56,740
University of Toronto (3), (11)	5	413,784
University of London (7), (10)	3	155,405
Utrecht University (13), (14)	3	49,876
McGill University, Canada (15), (1)	5	30,000
Hebrew University, Israel	4	30,000
University of British Columbia (34), (13)	5	30,000
McMaster University	5	29,514
University of Newcastle (20)	2	29,726
Laval University (26)	5	30,000
Karolinska University (27)	3	30,000
University of Oxford (31)	3	29,031
VU Medisch Centrum Vrije Universiteit Amsterdam	3	29,994
University of Sao Paulo	7	50,125
Maastricht University	3	30,000
Queen's University	5	49,734
University of Bari	3	50,000
Concordia University	5	49,853
University of Dusseldorf	3	50,000
Ceinge Biotechnologie Avanzate	3	49,680
(IDIBAPS)	3	99,904
Facultad de Medicina	3	24,475
Brescia University	3	30,000
Lyon University	3	29,611
University of Manitoba	5	29,640
Universite Bordeaux II	3	30,000
Bambino Gesù Children's Hospital	3	29,500
University College Cork	3	30,000
Université Libre de Bruxelles	3	30,000
Tel Aviv University	4	27,921
Friedrich Miescher Institute (FMI)	3	30,000
University of Coimbra	3	30,000
Korea Advanced Institute of Science and Technology (KAIST)	2	30,000
Total		1,834,463

BBRF 2013 NARSAD GRANTS IN US ONLY -

University/Organization /Mailing Address	Federal ID Number	Cash Grant Total
(2) University of Iowa College of Medicine University of Iowa Iowa City, IA 52242	42-6004-813	140,000 00
(3) University of California, San Diego La Jolla, CA 92093	95-6006-144	348,937 50
(4) University of California, Davis Medical Center, University of California, Davis	94-6081352	30,000.00
(5) Icahn School of Medicine at Mount Sinai New York, NY 10029	13-6171197	239,783 70
(6) Duke University Medical Center Duke University Durham, NC 27705	56-053-2129	259,932.50
(7) Maryland Psychiatric Research Center School of Medicine, University of Maryland Baltimore, MD 21201	52-6002033	29,964 50
(8) Massachusetts Institute of Technology Cambridge, MA 02139-4307	04-210-3594	90,000 00
(9) University of Pennsylvania Philadelphia, PA 19104	23-1352685	60,000 00
(12) New York Psychiatric Institute Columbia University	13-5598093	155,000 00
(14) Stanford University San Francisco, CA 94144	94-1156365	190,000 00
(15) Johns Hopkins School of Medicine Johns Hopkins University Baltimore, MD	52-0595110	195,000.00
(16) Vanderbilt University Nashville, Tennessee 37232	62-047-6822	130,000 00
(18) Northwestern University	36-2167817	60,000 00
(20) Indiana University, Bloomington Indiana University, School of Medicine Indiana University Indianapolis, IN 46266	35-6001673	60,000 00
(23) Western Psychiatric Institute and Clinic UPMC University of Pittsburgh Pittsburgh PA 15251	25-0965591	30,000 00
(24) University of Texas Health Science Center San Antonio San Antonio, TX 78229	74-1586031	30,000 00
(25) University of California, Los Angeles Los Angeles, CA 90024	95-6006143	150,000 00
(26) University of North Carolina at Chapel Hill	56-6001393	120,000 00
(27) University of Michigan Ann Arbor, 48109	38-6006309	289,994.00
(28) Emory University School of Medicine Emory University Atlanta, GA 30322	58-0566256	214,189.50
(29) Rutgers University New Brunswick, NJ 08901	226001086	60,000.00
(32) McLean Hospital Harvard University, Belmont MA 02478	04-2697981	269,592 50
Harvard University	04-2103580	30,000.00
(33) University of California, San Francisco	94-6036493	210,000 00
(34) Washington University School of Medicine	43-0653611	100,000.00

BBRF 2013 NARSAD GRANTS IN US ONLY -

University/Organization /Mailing Address	Federal ID Number	Cash Grant Total
(36) Connecticut Mental Health Center Yale University School of Medicine Yale University New Haven, CT 06521	06-0646973	212,109.75
Yale Child Study Center		29,126.50
University of Connecticut Hartford Hospital	06-6000798	27,500.00
(37) Children's Hospital medical Center University of Cincinnati	31-0833936	15,000.00
(38) University of California, Irvine CA 92697	95-2540117	100,000.00
(40) University of Wisconsin, Madison Madison, WI 53706	39-6006492	79,769.00
(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	188,852.50
(47) University of Colorado, Boulder Denver, CO 80209	84-6000555	44,844.25
(48) Virginia Commonwealth University Richmond, VA 23284	54-6001758	99,521.00
(49) University of Illinois at Chicago Springfield, IL 62787	37-6000511	59,993.50
(50) The Rockefeller University, NY	13-1624158	190,000.00
(54) University of Texas Southwestern Medical Center at Dallas Dallas, TX 75284	756002868	120,000.00
(63) University of Nebraska, Lincoln Lincoln, NE 68588	47-0049123	30,000.00
(65) National Institute of Mental Health (NIMH/NIH) National Institutes of Health	52-0858115	78,500.00
(9) Research Foundation for Mental Hygiene Inc - Columbia University	14-1410842	75,000.00
(11) Univ of Mass Medical School	04-3167352	30,000.00
(17) University of Minnesota	41-6007513	109,213.00
(20) New York University School of Medicine New York University Child Study Center New York University	13-4097976	130,000.00
(24) University of Alabama at Birmingham	63-6005396	80,000.00
(26) Harvard University Harvard Medical School, Harvard School of Public Health Harvard University	04-2103580	140,000.00
(29) University of Colorado Denver Denver, CO 80209	84-6000-55	60,000.00
(30) Massachusetts General Hospital Harvard University	04-2697983	189,222.20
(32) University of California, Berkeley	94-6090626	30,000.00
(36) University of Rochester, NY	19-0743209	30,000.00
(40) State University of New York, Stony Brook	14-1368361	30,000.00
(42) Weill Cornell Medical College Cornell University	13-6094042	30,000.00
(45) University of Washington	91-6001537	89,569.00

BBRF 2013 NARSAD GRANTS IN US ONLY -

University/Organization /Mailing Address	Federal ID Number	Cash Grant Total
(55) The Scripps Research Institute at Florida La Jolla, CA 92037	33-0435954	30,000.00
(64) State University of New York, Upstate Medical University Albany, NY 12201	14-1368361	50,000 00
(67) Baylor College of Medicine, TX	74-1613878	50,000.00
(77) Cold Spring Harbor Laboratory	11-2013303	120,000 00
(79) Salk Institute for Biological Studies, CA	95-2160097	130,000 00
Mayo Clinic, Rochester, MN	74-6001399	60,000 00
Louisiana State University Health Science Louisiana State University	1726087770	30,000 00
University of Texas at Austin	1746000203	50,000 00
Medical University of South Carolina MUSC	1576000722	50,000 00
Purdue University	35-600241	50,000 00
Sanford Burnham Medical Research Center, La Jolla, CA	51-0197108	98,789.00
Children's Research Institute, Washington DC	52-1654453	90,000 00
Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc (HJF), Maryland	52-1317896	30,000 00
Beth Israel Deaconess- Harvard Univ, MA	04-2103881	30,000 00
Lieber Institute for Brain Development, Baltimore MD	23-3690883	130,000.00
University of Texas Medical Branch at Galveston	74-6000949	49,954 00
University of Arizona	74-2652689	50,000.00
University of Maryland School of Medicine	52-6002033	50,000 00
Weizmann Institute of Science	98-0413360	50,000 00
Brown University	05-0258809	44,899 00
University of Miami	59-0624458	90,000.00
Ohio State University	31-6025986	29,404 50
University of Wisconsin-Milwaukee	39-1805963	30,000 00
Purchase College/SUNY	38-6006309	30,000 00
Carnegie Mellon University	25-0969449	30,000 00
Washington State University, Vancouver	91-6001108	30,000 00
Bradley Hospital Brown University	05-0258806	14,899.00
University of Pittsburgh	25-0965591	88,993 50
Lehigh University	24-0795445	30,000 00
Quinnipiac University	06-0646701	30,000 00
Middlebury College	03-0179298	30,000.00
University of Texas Health Science Center at Houston	74-1761309	60,000 00
New York University School of Medicine New York University	13-5562308	30,000 00
Max Planck Florida Institute for Neuroscience	26-2117502	30,000 00
National Institute of Child Health and Human Development (NICHD/NIH)	52-0595110	15,000.00
Grand Total		7,602,554

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2013Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

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 2012 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 2014 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	35,975.

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 2013	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 2013 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	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2013 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	35,975.
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
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).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

2013

NATIONAL ALLIANCE FOR RESEARCH ON

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

[illegible]

Listed Property

[illegible]

AMORTIZATION

[illegible]

*Assets Retired

JSA

3X9024 1 000

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION	Employer identification number (EIN) or 31-1020010
	Number, street, and room or suite no. If a P.O. box, see instructions. 90 PARK AVENUE, 16TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016	

Enter the Return code for the return that this application is for (file a separate application for each return) ☒ **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of LOUIS INNAMORATO
Telephone No. 646 681-4888 Fax No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for _____
- 4 I request an additional 3-month extension of time until 11/17, 2014.
- 5 For calendar year 2013, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS
NOT YET AVAILABLE FROM THIRD PARTIES.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification must be completed for Part II only.

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

Signature ▶

Title ▶

Date ▶

Form 8868 (Rev. 1-2014)